

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

Office Use Only

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

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

ADDRESS (number and street)

317 Massachusetts Ave., N.E.

1st Floor

Check if different
than previously
reported. (ACC)

Washington

DC

20002

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00343137

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

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

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2017

through

M M M / D D D / Y Y Y Y Y Y
06 30 2017

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

Lundy, W, , Douglas, MD, MBA

Type or Print Name of Treasurer

Signature of Treasurer

Lundy, W, , Douglas, MD, MBA

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 30 2017

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2017		610983.57
(b) Cash on Hand at Beginning of Reporting Period.....	610983.57	
(c) Total Receipts (from Line 19)	903246.44	903246.44
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1514230.01	1514230.01
7. Total Disbursements (from Line 31)	746497.50	746497.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	767732.51	767732.51
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
01 01 2017

To:

M M / D D / Y Y Y Y Y
06 30 2017

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).....

796914.82

796914.82

(ii) Unitemized

88812.35

88812.35

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

885727.17

885727.17

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

885727.17

885727.17

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16494.48

16494.48

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

1024.79

1024.79

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)).....▶

903246.44

903246.44

20. Total Federal Receipts

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

903246.44

903246.44

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	16347.50	16347.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	16347.50	16347.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	719850.00	719850.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	300.00	300.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	300.00	300.00
29. Other Disbursements (Including Non-Federal Donations).....	10000.00	10000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	746497.50	746497.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	746497.50	746497.50

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	885727.17	885727.17
34. Total Contribution Refunds (from Line 28(d))	300.00	300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	885427.17	885427.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	16347.50	16347.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	16494.48	16494.48
38. Net Operating Expenditures (subtract Line 37 from Line 36)	- 146.98	- 146.98

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

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

FOR LINE NUMBER: PAGE 6 OF 671

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Deffer, Philip, A, , Jr, MD

Mailing Address 1200 1st Ave E Ste C

City
Spencer

State
IA

Zip Code
51301-4342

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Avera Heart Hospital of South Dakota

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 01 / 2017

Transaction ID : 8441853

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Craig, William, Lewis, , MD

Mailing Address 423 Arbor Rd

City
Winston Salem

State
NC

Zip Code
27104-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoCarolina

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 01 / 2017

Transaction ID : 8441989

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Mirarchi, Adam, , , MD

Mailing Address 4300 Upper Dr

City
Lake Oswego

State
OR

Zip Code
97035-4350

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oregon Health and Science University

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 03 / 2017

Transaction ID : 8442586

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 671

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Pierron, Robert, Louis, , MD

Mailing Address 30765 Overlook Run

City

Buena Vista

State

CO

Zip Code

81211-9836

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 06 / 2017

Transaction ID : 8445007

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Reynolds, Kirk, Allen, , MD

Mailing Address 316 N Ridge Road

City

Little Rock

State

AR

Zip Code

72207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Arkansas Specialty Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 06 / 2017

Transaction ID : 8445009

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Daye, Lisa, Ann, , MD

Mailing Address 156 Brantwood Road

City

Snyder

State

NY

Zip Code

14226

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 06 / 2017

Transaction ID : 8445099

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1550.00

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

FOR LINE NUMBER: PAGE 8 OF 671

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Peterson, Clifton, R, , MD

Mailing Address 6634 3rd Ave

City
KenoshaState
WIZip Code
53143-5114FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
01	06	2017

Transaction ID : 8445151

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Russell, Thomas, A, , MD

Mailing Address 240 Lagrange Creek Dr

City
EadsState
TNZip Code
38028FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
01	06	2017

Transaction ID : 8445157

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Sankar, Wudbhav, N, , MD

Mailing Address 534 Montgomery School Ln

City
WynnewoodState
PAZip Code
19096FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Childrens Hospital of Philadelphia

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
01	06	2017

Transaction ID : 8445249

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

FOR LINE NUMBER: PAGE 9 OF 671

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Cantrell, Michael, W., MD

Mailing Address 2303 Covemont Dr SE

City
Huntsville

State
AL

Zip Code
35801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Crestwood Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 06 / 2017

Transaction ID : 8445251

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Lagan, Casey, Lee, , MD

Mailing Address 224 E 2nd Street

City
Dumas

State
TX

Zip Code
79029

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Moore County Hospital District

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 07 / 2017

Transaction ID : 8445253

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Boyden, Eric, Martin, , MD

Mailing Address 1101 Dartmouth Dr

City
Reno

State
NV

Zip Code
89509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Reno Orthopaedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 07 / 2017

Transaction ID : 8445260

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

2250.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 671

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

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NAME OF COMMITTEE (In Full)

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

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

A. Kaplan, F, Thomas Davies, , MD

Mailing Address 11542 Willow Springs Dr

City
Zionsville

State
IN

Zip Code
46077-7827

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Indiana Hand To Shoulder Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 07 / 2017

Transaction ID : 8445263

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Nanson, Christopher, J, , MD

Mailing Address 19150 SW 51st Ave

City
Tualatin

State
OR

Zip Code
97062

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedics Northwest

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 07 / 2017

Transaction ID : 8445265

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Goldberg, Steven, Scott, , MD

Mailing Address 5867 Whisperwood Ct

City
Naples

State
FL

Zip Code
34110

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 07 / 2017

Transaction ID : 8445267

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2500.00

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

FOR LINE NUMBER: PAGE 11 OF 671

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Hrasky, Gregory, M, , MD

Mailing Address PO Box 2767

City
ScottsdaleState
AZZip Code
85252-2767FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1017.00

Date of Receipt

M M	D D	Y Y Y Y
01	07	2017

Transaction ID : 8445269

Amount of Each Receipt this Period

1017.00

☐ Memo Item

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

B. Knowlan, Robert, V, , MD

Mailing Address 2266 Morgan Ave N

City
West LakelandState
MNZip Code
55082FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St. Croix Orthopaedics, P.A.Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M	D D	Y Y Y Y
01	07	2017

Transaction ID : 8445273

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

C. Gill, Paramjeet, Singh, , MD

Mailing Address 4105 Stone Valley Oaks Dr

City
AlamoState
CAZip Code
94507-2255FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sierra Pacific Orthopaedic CenterOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
01	07	2017

Transaction ID : 8445280

Amount of Each Receipt this Period

500.00

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

1892.00

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Gray, F, Scott, , MD

Mailing Address 25 Olmstead Lane

City
Ridgefield

State
CT

Zip Code
06877

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Connecticut Family Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 08 / 2017

Transaction ID : 8445292

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Vercillo, Michael, Thomas, , MD

Mailing Address 275 Lake Sherwood Dr

City
Lake Sherwood

State
CA

Zip Code
91361-5117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 08 / 2017

Transaction ID : 8445294

Amount of Each Receipt this Period

563.00

☐ Memo Item

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

C. Colton, Anne, E, , MD

Mailing Address 26 Springton Pointe Dr

City
Newtown Square

State
PA

Zip Code
19073

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Premier Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 08 / 2017

Transaction ID : 8445296

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1063.00

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Rosenfeld, Samuel, R, , MD

Mailing Address 1212 Bennington Dr

City
Santa Ana

State
CA

Zip Code
92705

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 08 / 2017

Transaction ID : 8445298

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Freedberg, Douglas, Bentley, , MD

Mailing Address 5315 E Calle Del Norte

City
Phoenix

State
AZ

Zip Code
85018-4449

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Arizona Sports Medicine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 08 / 2017

Transaction ID : 8445302

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Guanche, Carlos, , , MD

Mailing Address 3608 Crownridge Drive

City
Sherman Oaks

State
CA

Zip Code
91403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Southern California Ortho Institute

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 08 / 2017

Transaction ID : 8445305

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2000.00

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

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

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

A. Baker, James, K, , MD

Mailing Address 727 Belvin St

City
San Marcos

State
TX

Zip Code
78666

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 08 / 2017

Transaction ID : 8445307

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Rogozinski, Chaim, , , MD

Mailing Address 3716 University Blvd S Ste 3

City
Jacksonville

State
FL

Zip Code
32216-4318

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Rogozinski Orthopedic Clinic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 09 / 2017

Transaction ID : 8445316

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Rogozinski, Abraham, , , MD

Mailing Address 3716 University Blvd S Ste 3

City
Jacksonville

State
FL

Zip Code
32216-4318

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Rogozinski Orthopedic Clinic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 09 / 2017

Transaction ID : 8445318

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1300.00

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

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

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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

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

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

A. Jobe, Christopher, M, , MD

Mailing Address 160 W Highland

City
Redlands

State
CA

Zip Code
92373

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Loma Linda Univ Ortho

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 09 / 2017

Transaction ID : 8446961

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Sands, Kenneth, C, , MD

Mailing Address 6985 S Tropical Trail

City
Merritt Island

State
FL

Zip Code
32952

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health First

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 09 / 2017

Transaction ID : 8446967

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Enright, William, , , MD

Mailing Address 3524 Euro Ln

City
De Pere

State
WI

Zip Code
54115-7201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OSMS

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 09 / 2017

Transaction ID : 8448243

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2500.00

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. DeComas, Amalia, Maria, , MD

Mailing Address 1101 E Warner Rd Unit 117

City
Tempe

State
AZ

Zip Code
85284-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Banner Children's Specialists

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 09 / 2017

Transaction ID : 8448245

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Goggins, Colin, P, , MD

Mailing Address 1101 E Warner Rd
#117

City
Tempe

State
AZ

Zip Code
85284-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Banner Children's Specialists

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 09 / 2017

Transaction ID : 8448247

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Lane, Gregory, J, , MD

Mailing Address 11 Orchard Ln

City
Lebanon

State
NJ

Zip Code
08833-4443

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advanced Orthopaedics and Sports Med C

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 10 / 2017

Transaction ID : 8449444

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1500.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Turner, William, T, , MD

Mailing Address PO Box 97

City
Longview

State
WA

Zip Code
98632-7062

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 11 / 2017

Transaction ID : 8449456

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Gill, John, T, , MD

Mailing Address 8230 Walnut Hill Lane
Suite 708

City
Dallas

State
TX

Zip Code
75231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 11 / 2017

Transaction ID : 8449458

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. McGraw, John, J, , MD

Mailing Address 1541 Mill Springs Rd

City
New Market

State
TN

Zip Code
37820-3331

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OrthoTennessee

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 11 / 2017

Transaction ID : 8449460

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Christensen, Alan, W, , MD

Mailing Address 1011 Lincoln Circle

City
Winter Park

State
FL

Zip Code
32789-2520

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 11 / 2017

Transaction ID : 8450004

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Thordarson, David, B, , MD

Mailing Address 832 Hanley Ave

City
Los Angeles

State
CA

Zip Code
90049-1914

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cedars Sinai Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 11 / 2017

Transaction ID : 8450007

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Michaelson, Jefferey E, , MD

Mailing Address 25871 Pembroke

City
Huntington Woods

State
MI

Zip Code
48070

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Core Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 11 / 2017

Transaction ID : 8450014

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00

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

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Detailed Summary Page

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

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

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

A. Caucci, David, J, , MD

Mailing Address 201 Stoney Creek Road

City
South Abington Township

State
PA

Zip Code
18411-9709

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wayne Memorial Healthcare System

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 11 / 2017

Transaction ID : 8450015

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Banks, Willie, J, , Jr, MD

Mailing Address 2705 South 19th Street

City
Arlington

State
VA

Zip Code
22204

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dept of Veterans Affairs

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 11 / 2017

Transaction ID : 8450025

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Ugino, Michael, R, , MD

Mailing Address 1910 Blanding St

City
Columbia

State
SC

Zip Code
29201-3520

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midlands Orthopaedics & Neurosurgery

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 11 / 2017

Transaction ID : 8450028

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

750.00

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

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. McCluskey, Leland, C, , MD

Mailing Address 1910 Hilton Ave

City
Columbus

State
GA

Zip Code
31906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St. Francis Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 11 / 2017

Transaction ID : 8450029

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Carlson, Joseph, W, , MD

Mailing Address 9515 Sibley Dr

City
Bismarck

State
ND

Zip Code
58504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Resurgens Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 11 / 2017

Transaction ID : 8450030

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Makhuli, Brian, , , MD

Mailing Address 1748 Woodwalk Creek

City
Atlanta

State
GA

Zip Code
30339

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Resurgens Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 11 / 2017

Transaction ID : 8450382

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1750.00

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

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

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

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

A. Alhadeff, Joseph, E., MD

Mailing Address 710 Oakwood Dr

City
Red Lion

State
PA

Zip Code
17356

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OSS Orthopaedic Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 12 / 2017

Transaction ID : 8450383

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Wolf, Brian, R., MD

Mailing Address 66 Crabapple Ct

City
Iowa City

State
IA

Zip Code
52246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Iowa Hospitals

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 12 / 2017

Transaction ID : 8451266

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Connolly, Edward, Adrian, MD

Mailing Address 2300 53rd Ave Ste LL04

City
Bettendorf

State
IA

Zip Code
52222-7565

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ortho & Rheumatology Assoc.

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 12 / 2017

Transaction ID : 8451274

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

2000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

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

A. Rhoad, Robert, Clark, , MD

Mailing Address 6685 Wyman Ln

City
CincinnatiState
OHZip Code
45243FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wellington Orthopaedic & Sport MedicinOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	12	/	2017

Transaction ID : 8451287

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Lowry, Kent, Jason, , MD

Mailing Address 3746 N Faust Lake Rd

City
RhinelandState
WIZip Code
54501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ascension HealthOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	12	/	2017

Transaction ID : 8451288

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Sitler, David, F, , MD

Mailing Address 12701 Sagecrest Dr

City
PowayState
CAZip Code
92064FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	12	/	2017

Transaction ID : 8451418

Amount of Each Receipt this Period

400.00

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

1150.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 671

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

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NAME OF COMMITTEE (In Full)

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

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

A. Tigges, Russell, G, , MD

Mailing Address 25 Townsend Farm Road

City
Lagrangeville

State
NY

Zip Code
12540

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 13 / 2017

Transaction ID : 8451423

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Maiers, G, Peter, , II, MD

Mailing Address 201 Pennsylvania Pkwy #100

City
Indianapolis

State
IN

Zip Code
46280

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Methodist Sports Medicine

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 13 / 2017

Transaction ID : 8453217

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Jamison, James, P, , MD

Mailing Address 7092 Killdeer Dr

City
Canfield

State
OH

Zip Code
44406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 13 / 2017

Transaction ID : 8453219

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 24 OF 671

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Olin, Matthew, David, , MD

Mailing Address 605 Sunset Dr

City
Greensboro

State
NC

Zip Code
27408-6412

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 14 / 2017

Transaction ID : 8472795

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Smith, Jeffrey, Mark, , MD

Mailing Address 610 San Elijo St

City
San Diego

State
CA

Zip Code
92106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UNITE Orthopaedics Foundation

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 14 / 2017

Transaction ID : 8472796

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. McQuail, Thomas, M, , MD

Mailing Address 4125 Oberon Dr

City
Smyrna

State
GA

Zip Code
30080

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Resurgens Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 14 / 2017

Transaction ID : 8472798

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 25 OF 671

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Zoltan, Donald, J., MD

Mailing Address 1081 East Circle Dr

City
Whitefish Bay

State
WI

Zip Code
53217-5364

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midwest Orthopedic Specialty Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 14 / 2017

Transaction ID : 8472800

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Brown, Gregory, Alexander, , MD, PhD

Mailing Address 6620 46th St NW

City
Gig Harbor

State
WA

Zip Code
98335-6508

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Franciscan Orthopedic Associates

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 14 / 2017

Transaction ID : 8472802

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Lake, Jason, Edward, , MD

Mailing Address 2537 E Page Ct

City
Gilbert

State
AZ

Zip Code
85234-1311

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoArizona, Mezona Division

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 15 / 2017

Transaction ID : 8472938

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 26 OF 671

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Farjo, Laith, A, , MD

Mailing Address 1808 Hermitage

City

Ann Arbor

State

MI

Zip Code

48104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2017

Transaction ID : 8472944

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Hummer, Charles, D, , III, MD

Mailing Address 1157 Avonlea Circle

City

Glen Mills

State

PA

Zip Code

19342

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Premier Orthopaedics & Sports Medicine

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2017

Transaction ID : 8472946

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

C. Weinstein, Richard, N, , MD

Mailing Address 21 Long Pond Rd

City

Armonk

State

NY

Zip Code

10504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 16 / 2017

Transaction ID : 8472953

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

2750.00

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

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

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

FOR LINE NUMBER: PAGE 27 OF 671

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Roberts, Karl, C, , MD

Mailing Address 1118 Pinecrest SE

City

Grand Rapids

State

MI

Zip Code

49506

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

West Michigan Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 16 / 2017

Transaction ID : 8473496

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Maender, Christopher, W, , MD

Mailing Address 4509 Turtle Bay

City

Springfield

State

IL

Zip Code

62711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 17 / 2017

Transaction ID : 8473694

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Macey, Theodore, I, , MD

Mailing Address 1212 Twin Bay Dr

City

Fort Walton Beach

State

FL

Zip Code

32547

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orthopaedic Associate

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 13 / 2017

Transaction ID : 8473701

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 671
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Degenhardt, Thomas, C, , MD

Mailing Address 1405 Montgomery Dr Ste A

City
Santa RosaState
CAZip Code
95405-4557FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Santa Rosa Orthopedic MedicalOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
01	13	2017

Transaction ID : 8473712

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Shaw, Brian, A, , MD

Mailing Address 8340 Westwood Rd

City
Colorado SpringsState
COZip Code
80919-3243FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Colorado,Childrens HospiOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
01	13	2017

Transaction ID : 8473713

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Clark, Charles, Richard, , MD

Mailing Address 9 Wildberry Ct NE

City
Iowa CityState
IAZip Code
52240FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Iowa Hospitals & ClinicsOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M	D D	Y Y Y Y
01	13	2017

Transaction ID : 8473714

Amount of Each Receipt this Period

450.00

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

1700.00

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

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

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

FOR LINE NUMBER: PAGE 29 OF 671

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Cooke, C, Perry, , III, MD

Mailing Address 6797 Knollwood Rd

City
Fayetteville

State
NY

Zip Code
13066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOS

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 13 / 2017

Transaction ID : 8473715

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Donaldson, Christopher, T, , MD

Mailing Address 1500 Donato Ct

City
Johnstown

State
PA

Zip Code
15905

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Western PA Orthopedics & Sports Medici

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 13 / 2017

Transaction ID : 8473716

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Campbell, Michael, Andrew, , MD

Mailing Address 3192 Stonewood Drive

City
Virginia Beach

State
VA

Zip Code
23456

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Atlantic Ortho Specialists

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 13 / 2017

Transaction ID : 8473717

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 30 OF 671

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Griffin, William, L, , MD

Mailing Address 618 Colville Rd

City
Charlotte

State
NC

Zip Code
28207-2308

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoCarolina Hip & Knee Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 13 / 2017

Transaction ID : 8473718

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Terry, Cooper, L, , MD

Mailing Address 1106 S Lamar Blvd

City
Oxford

State
MS

Zip Code
38655-4732

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oxford Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 13 / 2017

Transaction ID : 8473719

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Smith, Michael, D, , MD

Mailing Address 140 Wildhurst Road

City
Excelsior

State
MN

Zip Code
55331-8421

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 13 / 2017

Transaction ID : 8473723

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Kwok, Moody, , , MD

Mailing Address 708 Presidential Dr

City
HorshamState
PAZip Code
19044FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2017

Transaction ID : 8473992

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Kahlon, Randeep, S, , MD

Mailing Address 206 Hockessin Cir

City
HockessinState
DEZip Code
19707FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2017

Transaction ID : 8474038

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Dhillon, Manjit, S, , MD

Mailing Address 12705 Hogans Dr

City
ChesterState
VAZip Code
23836-2676FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Southside Regional Medical Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2017

Transaction ID : 8474350

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1500.00

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

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

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

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

A. Verner, James, John, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 23075 Nottingham City Beverly Hills State MI Zip Code 48025 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Michigan Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 17 / 2017 Transaction ID : 8474367 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
B. Miller, Michael, David, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 6501 N Camino Katrina City Tucson State AZ Zip Code 85718 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) University Orthopedics Specialists Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 17 / 2017 Transaction ID : 8474371 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
C. Tompkins, John, F, , II, MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 3024 Stonybrook Rd City Oklahoma City State OK Zip Code 73120 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) VA Medical Center Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 17 / 2017 Transaction ID : 8474372 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			750.00
TOTAL This Period (last page this line number only)..... ▶			

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

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NAME OF COMMITTEE (In Full)

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

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

A. Henley, M, Bradford, , MD, MBA

Mailing Address 6853 West Mercer Way

City
Mercer Island

State
WA

Zip Code
98040-4861

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Harborview Ortho

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 17 / 2017

Transaction ID : 8474373

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Straehley, Douglas, J, , MD

Mailing Address 14590 W 58th PI

City
Arvada

State
CO

Zip Code
80004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Panorama Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 17 / 2017

Transaction ID : 8474394

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Crow, Bradley, Dean, , MD

Mailing Address 846 Diablo Road

City
Danville

State
CA

Zip Code
94526

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
East Bay Sports Medicine Assoc

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 17 / 2017

Transaction ID : 8474395

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Klein, Bruce, P, , MD

Mailing Address 5051 Butler Rd

City
Canandaigua

State
NY

Zip Code
14424

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Canandiagua Ortho Associates

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 17 / 2017

Transaction ID : 8474400

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Gracy, John, A, , MD

Mailing Address 92 Dallon Lane

City
Ringgold

State
GA

Zip Code
30736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 17 / 2017

Transaction ID : 8474403

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

c. Ochsner, J, Lockwood, , Jr, MD

Mailing Address 2018 Jefferson Ave

City
New Orleans

State
LA

Zip Code
70115-5619

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ochsner Clinic Foundation

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 17 / 2017

Transaction ID : 8474404

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Wulff, Richard, Neal, , MD

Mailing Address 10527 Everhart Bay Dr

City
Las Vegas

State
NV

Zip Code
89135-1273

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 17 / 2017

Transaction ID : 8474405

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Sommer, Charles, A, , MD

Mailing Address 6 Wagon Dr

City
Wilbraham

State
MA

Zip Code
01095

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Harrington Physician Services

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 17 / 2017

Transaction ID : 8474406

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Arciero, Robert, A, , MD

Mailing Address 10 Fallbrook

City
Avon

State
CT

Zip Code
06001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of CT Health Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 17 / 2017

Transaction ID : 8474407

Amount of Each Receipt this Period

500.00

☐ Memo Item

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1000.00

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NAME OF COMMITTEE (In Full)

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

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

A. Oliver, Todd, Michael, , MD

Mailing Address 8295 W Hwy UU

City
Columbia

State
MO

Zip Code
65203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia Orthopaedic Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 17 / 2017

Transaction ID : 8474410

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Gurman, Andrew, , , MD

Mailing Address 1701 Twelfth Ave Ste C-2

City
Altoona

State
PA

Zip Code
16601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Altoona Hand and Wrist Surgery, LLC.

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 17 / 2017

Transaction ID : 8474411

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Tyndall, William, A, , MD

Mailing Address 123 Brittany Ln

City
Holidaysburg

State
PA

Zip Code
16648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 17 / 2017

Transaction ID : 8474412

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Malumed, Jeffrey, , MD

Mailing Address 3809 West Chester Pike, Suite 150

City
Newtown Square

State
PA

Zip Code
19073

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Premier Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 17 / 2017

Transaction ID : 8474413

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Beach, William, R, , MD

Mailing Address 12295 Countyview Dr

City
Glen Allen

State
VA

Zip Code
23059

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tuckahoe Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 17 / 2017

Transaction ID : 8474417

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Solacoff, David, K, , MD

Mailing Address 100 W 10th Street, Suite 1109

City
Wilmington

State
DE

Zip Code
19801-1653

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Delaware Orthopaedic Specialists

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 17 / 2017

Transaction ID : 8474418

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00

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

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

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

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

A. Katz, Ralph, P., MD

Mailing Address 5629 Cherlyn Dr

City
New Orleans

State
LA

Zip Code
70124-1138

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Westside Ortho Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 17 / 2017

Transaction ID : 8474424

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Chimento, George, F., MD

Mailing Address 2405 Chester St

City
Metairie

State
LA

Zip Code
70001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ochsner Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 17 / 2017

Transaction ID : 8474425

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Morgan, Edward, L., MD

Mailing Address 420 Regency Blvd

City
Shreveport

State
LA

Zip Code
71106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mid-South Orthopaedic & Sports Medicin

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 17 / 2017

Transaction ID : 8474426

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1000.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Elrod, Burton, F., MD

Mailing Address 2021 Church St Ste 200

City
Nashville

State
TN

Zip Code
37203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Elite Sports Medicine

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 18 / 2017

Transaction ID : 8475147

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Moore, David, R., MD

Mailing Address 2021 Church St Ste 200

City
Nashville

State
TN

Zip Code
37203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 18 / 2017

Transaction ID : 8475149

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Willers, Jeffrey, D., MD

Mailing Address 824 Glen Leven Dr

City
Nashville

State
TN

Zip Code
37204-4316

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Elite Sports Med and Orthopaedic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 18 / 2017

Transaction ID : 8475151

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3000.00

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NAME OF COMMITTEE (In Full)

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

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

A. Dovan, Thomas, T, , MD

Mailing Address 2021 Church St Ste 200

City
Nashville

State
TN

Zip Code
37203-2087

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Elite Ortho & Sports Med Ctr PLC

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : 8475153

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Glattes, R, Christopher, , MD

Mailing Address 4104 Skyline Dr

City
Nashville

State
TN

Zip Code
37215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : 8475155

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Crosby, Colin, G, , MD

Mailing Address Suite 200

2021 Church Street

City
Nashville

State
TN

Zip Code
37215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : 8475157

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3000.00

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

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(check only one)

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NAME OF COMMITTEE (In Full)

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

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

A. Mehrle, Robert, Kersey, , MD

Mailing Address 2668 Lake Cir

City
Jackson

State
MS

Zip Code
39211-6761

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mississippi Sports Medicine & Orthopae

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 18 / 2017

Transaction ID : 8475164

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. McCollam, Stephen, M, , MD

Mailing Address 2001 Peachtree Rd NE Ste 705

City
Atlanta

State
GA

Zip Code
30309-1476

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Peachtree Orthopaedic Clinic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 18 / 2017

Transaction ID : 8475183

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Baratz, Mark, E, , MD

Mailing Address 2000 Oxford Dr
Suite 510

City
Bethel Park

State
PA

Zip Code
15102

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Pittsburgh Medical Cente

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 18 / 2017

Transaction ID : 8475184

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

2000.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Murphy, Daniel, E, , MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 18 / 2017 Transaction ID : 8475185</p>		
<p>Mailing Address 602 S Howard Ave</p>			<p>Amount of Each Receipt this Period 375.00</p>		
<p>City Tampa</p>	<p>State FL</p>	<p>Zip Code 33606-2413</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p>Aggregate Year-to-Date ▼ 375.00</p>		
<p>Name of Employer (for Individual) Tampa Orthopaedics</p>			<p>Occupation (for Individual) Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Aggregate Year-to-Date ▼ 375.00</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Olsewski, John, M, , MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 18 / 2017 Transaction ID : 8475187</p>		
<p>Mailing Address 16 Rivers Edge Drive #407</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Tarrytown</p>	<p>State NY</p>	<p>Zip Code 10591</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p>Aggregate Year-to-Date ▼ 1000.00</p>		
<p>Name of Employer (for Individual) Self Employed</p>			<p>Occupation (for Individual) Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Aggregate Year-to-Date ▼ 1000.00</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Colizza, Wayne, Anthony, , MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 18 / 2017 Transaction ID : 8475188</p>		
<p>Mailing Address 3 Hillside Court East</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Morris Plains</p>	<p>State NJ</p>	<p>Zip Code 07950</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p>Aggregate Year-to-Date ▼ 1000.00</p>		
<p>Name of Employer (for Individual) Tri-County Orthopaedics</p>			<p>Occupation (for Individual) Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>			<p>Aggregate Year-to-Date ▼ 1000.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>2375.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

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

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NAME OF COMMITTEE (In Full)

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

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

A. O'Grady, Christopher, , , MD

Mailing Address 350 James River Road

City

Gulf Breeze

State

FL

Zip Code

32561

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Andrews Institute

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : 8475189

Amount of Each Receipt this Period

875.00

☐ Memo Item

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

B. Brand, Matthew, R, , MD

Mailing Address Finger Lake Ortho Surgery
300 Hoffman St

City

Elmira

State

NY

Zip Code

14905

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Arnot Ogden Medical Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : 8475190

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Hopkins, C, Thomas, , MD

Mailing Address 717 S 8th Street

City

Griffin

State

GA

Zip Code

30224-4818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ortho Georgia

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : 8475191

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1375.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

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

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

A. Weinert, Carl, R, , Jr, MD

Mailing Address 1310 W Stewart Dr Ste 508

City
Orange

State
CA

Zip Code
92868-3856

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
APOS

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : 8475192

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Higgins, Jason, A, , MD

Mailing Address 102 Estates Dr

City
Thibodaux

State
LA

Zip Code
70301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Sports Specialists of Loui

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : 8475193

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Lager, Sean, , , MD

Mailing Address 53 Orchard Road

City
Demarest

State
NJ

Zip Code
07627

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Gotham City Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : 8475194

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1000.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Clinkscales, Carlton, M, , MD

Mailing Address 601 E Hampden Ave
Ste 500

City
Englewood

State
CO

Zip Code
80113

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hand Surgery Associates

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : 8475196

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Rosenbaum, Donald, H, , DO

Mailing Address 118 Shadowood Dr

City

Warner Robins

State
GA

Zip Code
31088

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dodge County Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : 8475198

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Savoie, Felix, H, , III, MD

Mailing Address 80 Audubon Blvd

City

New Orleans

State
LA

Zip Code
70118

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tulane University School of Medicine

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : 8475201

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1000.00

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

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

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

A. Stotts, Alan, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 746 Freeze Creek Circle City Salt Lake City State UT Zip Code 84108 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Primary Children's Hospital Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 01 / 18 / 2017 Transaction ID : 8475203 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
B. Sandmeier, Robert, H, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 2038 NW 127th Pl City Portland State OR Zip Code 97229 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 01 / 18 / 2017 Transaction ID : 8475234 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
C. Kauk, Justin, R, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 919 Steel Dust Rd City Frisco State TX Zip Code 75034 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Structure Orthopaedics Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 01 / 18 / 2017 Transaction ID : 8475236 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			1000.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

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

A. Tejwani, Nirmal, C, , MD

Mailing Address 84 Northwood Ave

City
DemarestState
NJZip Code
07627-1713FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NYU Hosp for Joint DiseasesOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
01	18	2017

Transaction ID : 8475237

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Alongi, Paul, Robert, , MD

Mailing Address 206 E Jericho Turnpike

City
Huntington StationState
NYZip Code
11746FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Spine Care of Long IslandOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
01	18	2017

Transaction ID : 8475240

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Gonzales, Ricardo, A, , MD

Mailing Address 125 Steinmetz Drive

City
ManchesterState
NHZip Code
03104FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dartmouth- Hitchcock Clinic ManchesterOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
01	18	2017

Transaction ID : 8475243

Amount of Each Receipt this Period

250.00

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

750.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Barr, Joseph, S., Jr, MD

Mailing Address 205 Edgewater Dr

City
Needham

State
MA

Zip Code
02492

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Associates, Inc

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 18 / 2017

Transaction ID : 8475244

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Kiesau, Carter, D., MD

Mailing Address 1765 Aquila Ct

City
Bellingham

State
WA

Zip Code
98226-7879

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PeaceHealth Orthopaedics & Sports Medi

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

01 / 18 / 2017

Transaction ID : 8475246

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

C. Blum, David, MD

Mailing Address 107 Dockside Circle

City
Weston

State
FL

Zip Code
33327

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Center of South Florida

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 18 / 2017

Transaction ID : 8475247

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Greene, Craig, C., MD

Mailing Address 17171 Highland Rd

City
Baton Rouge

State
LA

Zip Code
70810-3802

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baton Rouge Orthopaedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 18 / 2017

Transaction ID : 8475248

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. McKenzie, Mark, K., MD

Mailing Address 3000 W Leota St

City
North Platte

State
NE

Zip Code
69101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Platte Orthopaedic & Sports Medi

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

01 / 18 / 2017

Transaction ID : 8475249

Amount of Each Receipt this Period

625.00

☐ Memo Item

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

C. Wilson, Mark, R., MD

Mailing Address 9825 Finnegan Dr

City
Brighton

State
MI

Zip Code
48116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IHA

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 18 / 2017

Transaction ID : 8475250

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1125.00

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

A. Sarokhan, Alan, Joseph, , MD

Mailing Address 73 Old Coach Rd

City

Basking Ridge

State

NJ

Zip Code

07920

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : 8475251

Amount of Each Receipt this Period

500.00

☐

Memo Item

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

B. Prevost, Michele, A, , MD

Mailing Address 607 S 24th Ave #384

City

Wausau

State

WI

Zip Code

54401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Langlade Orthopedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : 8475253

Amount of Each Receipt this Period

250.00

☐

Memo Item

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

C. Itamura, John, Minoru, , MD

Mailing Address 921 Monterey Rd

City

South Pasadena

State

CA

Zip Code

91030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Kerlan-Jobe Orthopaedic Foundation

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐
☐

Primary

☐

General

Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : 8475256

Amount of Each Receipt this Period

500.00

☐

Memo Item

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

1250.00

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Berson, Lawrence, , , MD

Mailing Address 71 Arlen Way

City
West Hartford

State
CT

Zip Code
06117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MOS PC

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 18 / 2017

Transaction ID : 8475257

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Barnhill, Bill, S, , MD

Mailing Address #5 Citadel

City
Amarillo

State
TX

Zip Code
79102

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 18 / 2017

Transaction ID : 8475259

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

c. Quisling, Scott, Gunnar, , MD

Mailing Address 3275 Bransley Way

City
Duluth

State
GA

Zip Code
30097

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Resurgens Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 18 / 2017

Transaction ID : 8475261

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

2250.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

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

A. Huang, Fredrick, , MD

Mailing Address 4448 138th Ave SE

City
Bellevue

State
WA

Zip Code
98006

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Proliance Surgeons IHA

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : 8475270

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Levy, Andrew, Stuart, , MD

Mailing Address 69 Park Ave

City

Morristown

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Center for Advance Sports Medicine

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : 8475271

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Garino, Jonathan, P, , MD, MBA

Mailing Address 835 Stoke Road

City

Villanova

State

PA

Zip Code

19085-2031

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Premier Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : 8475272

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

3000.00

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Blitzer, Charles, M, , MD

Mailing Address 61 Canney Rd

City
Durham

State
NH

Zip Code
03824

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Seacoast Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : 8475273

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Osgood, J, Chris, , MD

Mailing Address 1720 S Karl Johan Ave

City
Tacoma

State
WA

Zip Code
98465

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Group Health Cooperative

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : 8475274

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Singh, Vineet, , , MD

Mailing Address 910 S 4th St

City
Montrose

State
CO

Zip Code
81401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : 8475275

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

2000.00

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

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

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

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

A. Christensen, David, Mark, , MD

Mailing Address Ste 1301

1411 Falls Ave East

City

Twin Falls

State

ID

Zip Code

83301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Intermountain Spine and Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2017

Transaction ID : 8475276

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Mayne, Ben, R, , MD

Mailing Address 2477 E Ravenwood Dr

City

Midland

State

MI

Zip Code

48642

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8478199

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Mansmann, Kevin, , , MD

Mailing Address 250 W Lancaster Ave Ste 310

City

Paoli

State

PA

Zip Code

19301-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Premier Orthopedic Sports & Arthritis

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8478215

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1000.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Keller, Julie, M, , MD

Mailing Address 75 Forest Hills Way

City
Cedar Grove

State
NJ

Zip Code
07009

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Restoration Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8478216

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Diehl, Mark, W, , MD

Mailing Address 1110 Hazeltine Ln

City
Kennesaw

State
GA

Zip Code
30152

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pinnacle Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8478219

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Mumford, Joseph, E, , MD

Mailing Address 3110 SW Briarwood Circle

City
Topeka

State
KS

Zip Code
66611

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stormont Vail Healthcare

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8478221

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1000.00

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

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

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

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

A. MacMaster, Benzel, C, , MD

Mailing Address 5955 Joyce Way

City
Dallas

State
TX

Zip Code
75225-1626

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8478223

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

B. Hozack, William, J, , MD

Mailing Address 925 Chestnut St 5th Fl

City

Philadelphia

State

PA

Zip Code

19107-4216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Rothman Orthopaedic Specialty Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8478224

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Savoie, Felix, H, , III, MD

Mailing Address 80 Audubon Blvd

City

New Orleans

State

LA

Zip Code

70118

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Tulane University School of Medicine

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8478264

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

2250.00

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

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

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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

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

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

A. Cody, Kieran, Daniel, , MD

Mailing Address 800 W State St Ste 201

City
Doylestown

State
PA

Zip Code
18901-5842

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bucks County Orthoedic Specialist

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8478931

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Sajadi, Kaveh, Robert, , MD

Mailing Address 2133 Woodmont Dr

City
Lexington

State
KY

Zip Code
40502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8478932

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Gainor, John, W, , MD

Mailing Address PO Box 1200

City
Santa Barbara

State
CA

Zip Code
93102-1200

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sansum Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8478933

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1250.00

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

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

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

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

A. Shovers, Jeffrey, , MD

Mailing Address 1071 East Thorne Lane

City
Fox Point

State
WI

Zip Code
53217

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Aurora Advanced Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8478935

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Viehe, Thomas, Blake, , MD

Mailing Address W287N6331 Broadwing Ct

City
Hartland

State
WI

Zip Code
53029

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Associates of Wisconsin

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8478936

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Mirrer, Franklin, , MD

Mailing Address 351 Elm Grove Ave

City
Providence

State
RI

Zip Code
02906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8478939

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1000.00

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

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

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

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

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

A. Kogan, Michael, G. , MD

Mailing Address 21908 Tall Oaks Dr

City
Kildeer

State
IL

Zip Code
60047

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midwest Bone & Joint Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2017

Transaction ID : 8478941

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Hopkinson, William, John, , MD

Mailing Address 351 E 59th St

City
Hinsdale

State
IL

Zip Code
60521

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Loyola Univ Med Ctr

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2017

Transaction ID : 8478958

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Rankin, Glenn, B. , MD

Mailing Address 651 N Granados Ave

City
Solana Beach

State
CA

Zip Code
92075

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southern California Permanente Medical

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2017

Transaction ID : 8478959

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Boucher, Henry, Robert, , MD

Mailing Address 5712 Saint Albans Way

City
Baltimore

State
MD

Zip Code
21212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MedStar

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8478965

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Tamai, Junichi, , , MD

Mailing Address 356 Warren Ave

City
Cincinnati

State
OH

Zip Code
45220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cincinnati Childrens Medical

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8478966

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Hall, Robert, , , MD

Mailing Address 10400 Blackwolf Cir

City
Anchorage

State
AK

Zip Code
99507-1202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Physicians Anchorage

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8478967

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 61 OF 671
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Edwards, Bryan, T, , MD

Mailing Address 17616 River Ford Drive

City
DavidsonState
NCZip Code
28036FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Novant HealthOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
01	20	2017

Transaction ID : 8478968

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Witham, David, M, , MD

Mailing Address PO Box 73558

City
FairbanksState
AKZip Code
99707-3558FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
01	20	2017

Transaction ID : 8478984

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Nakata, Roland, Y, , MD

Mailing Address 815 S Fairmont Ave

City
LodiState
CAZip Code
95240-5116FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
01	20	2017

Transaction ID : 8478986

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

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

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

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

A. Hollmann, Mark, W, , MD

Mailing Address 3865 Bird Dog Lane

City
Deland

State
FL

Zip Code
32724

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Florida Orthopaedic Associates, PA

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8478988

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Johnston, Roswell, MacCallum, , DO

Mailing Address 3624 Inverness Rd

City
Waterloo

State
IA

Zip Code
50701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CVMS

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8478990

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Nancollas, Michael, P, , MD

Mailing Address 3 Melville Ct

City
Lenox

State
MA

Zip Code
01240-2589

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Berkshire Orthopaedic Associates

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8478991

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

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

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

A. Raissi, Abdi, , MD

Mailing Address 2800 E Desert Inn Rd Ste 100

City
Las Vegas

State
NV

Zip Code
89121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Desert Orthopaedic Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479003

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Gelb, Howard, J, , MD

Mailing Address 6214 NW 120th Dr

City
Coral Springs

State
FL

Zip Code
33076

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479004

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Mulawka, Steven, M, , MD

Mailing Address 1901 Connecticut Ave S

City
Sartell

State
MN

Zip Code
56377

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479005

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1500.00

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 671

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

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NAME OF COMMITTEE (In Full)

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

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

A. Brooks, Andrew, T, , MD

Mailing Address 1412 Exeter Ct

City
Davis

State
CA

Zip Code
95618

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2017

Transaction ID : 8479006

Amount of Each Receipt this Period

225.00

☐ Memo Item

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

B. Clifford, David, M, , MD

Mailing Address 1801 N Alanton Dr

City

Virginia Beach

State

VA

Zip Code

23454

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2017

Transaction ID : 8479009

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

c. Morgan, Steven, Braxton, , MD

Mailing Address 1222 San Saba Ct

City

Allen

State

TX

Zip Code

75013-4623

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OrthoTexas Physicians & Surgeons

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 20 / 2017

Transaction ID : 8479010

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1225.00

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

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

FOR LINE NUMBER: PAGE 65 OF 671

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Robie, David, B, , MD</p> <p>Mailing Address 6585 Plesenton Dr S</p> <p>City Worthington State OH Zip Code 43085-2944</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Orthopaedic One Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt</p> <p>01 / 20 / 2017</p> <p>Transaction ID : 8479011</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Jensen, Wade, , , MD</p> <p>Mailing Address 400 W Tower Rd</p> <p>City Dakota Dunes State SD Zip Code 57049</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) CNOS Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt</p> <p>01 / 20 / 2017</p> <p>Transaction ID : 8479012</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Konkel, Kurt, F, , MD</p> <p>Mailing Address 3488 Lake Drive</p> <p>City Hartford State WI Zip Code 53027</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) AHC Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt</p> <p>01 / 20 / 2017</p> <p>Transaction ID : 8479013</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1000.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>		

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

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

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

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

A. Malvitz, Thomas, A, , MD

Mailing Address 5480 Forest Bend Dr

City

Ada

State

MI

Zip Code

49301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ortho Assoc of Michigan City

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479017

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Santangelo, James, R, , MD

Mailing Address 355 Edinburgh Dr

City

Fayetteville

State

NC

Zip Code

28303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Army

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479018

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Kuhlman, Jeffrey, R, , MD

Mailing Address 179 Arnold Palmer Dr

City

Advance

State

NC

Zip Code

27006

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Piedmont Healthcare

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479022

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1250.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

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

A. Valadie, Arthur, L, , III, MD

Mailing Address 526 56th St

City

Holmes Beach

State

FL

Zip Code

34217

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Coastal Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479028

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Roberts, Donald, W, , MD

Mailing Address 503 Rhododendron Dr

City

Vancouver

State

WA

Zip Code

98661

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NW Surgical Specialists

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479069

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Fraser, Michael, Robson, , Jr, MD

Mailing Address 2808 NW Walden Dr

City

Camas

State

WA

Zip Code

98607

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Navy

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479070

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1000.00

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

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Wilen, Daniel, William, , MD

Mailing Address 9202 Fort Hamilton Pkwy

City
Brooklyn

State
NY

Zip Code
11209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479072

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Oppenheim, William, L, , MD

Mailing Address 124 Outrigger Mall

City

Marina Del Rey

State

CA

Zip Code

90292-6795

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Geffen School of Medicine

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479074

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Jones, Pamela, L, , MD

Mailing Address 303 Columbus Ave #903

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Associates in Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479078

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Greenfield, Gerald, Q, , Jr, MD

Mailing Address 12 Remington Run

City
San Antonio

State
TX

Zip Code
78258-7707

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2017

Transaction ID : 8479080

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Gallentine, James, W, , MD

Mailing Address 2636 High St

City
Lincoln

State
NE

Zip Code
68502-5030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nebraska Ortho & Sports Med

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2017

Transaction ID : 8479081

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Fisher, Robert, Thomas, , MD

Mailing Address 52 Thomas Johnson Dr

City
Frederick

State
MD

Zip Code
21702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Specialists of Frederick

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2017

Transaction ID : 8479083

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Smith, John, Quentin, , MD

Mailing Address 3235 S Westbury Pl

City
Eagle

State
ID

Zip Code
83616-6776

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Treasure Valley Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479085

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

B. Meier, Mark, C, , MD

Mailing Address 4601 N Ginzel St

City
Boise

State
ID

Zip Code
83703-4263

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St. Alphonsus Hip and Knee

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479086

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Spivak, Jeffrey, M, , MD

Mailing Address 47 Bradford Rd

City
Scarsdale

State
NY

Zip Code
10583

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hosp for Joint Disease

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479112

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1150.00

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NAME OF COMMITTEE (In Full)

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

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

A. Dangles, Chris, John, , MD

Mailing Address 1107 W University Ave

City
Champaign

State
IL

Zip Code
61821

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Gibson Area Hospital Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479116

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Schemmel, Scott, P, , MD

Mailing Address 1160 Pamela Court

City
Dubuque

State
IA

Zip Code
52003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Associates Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479117

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Adrignolo, Anthony, J, , III, MD

Mailing Address 24965 Rivermere Dr

City
Eden

State
MD

Zip Code
21822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Peninsula Orthopaedic Associates

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479119

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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NAME OF COMMITTEE (In Full)

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

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

A. Kirsch, Matthew, J, , MD

Mailing Address 1527 20th St NE

City
Byron

State
MN

Zip Code
55920-6019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Olmsted Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479123

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Colville, James, M, , MD

Mailing Address 183 Buchanan Dr

City
Sausalito

State
CA

Zip Code
94965-1644

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TPMG

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479125

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. DellaMaggiore, Eugene, D, , MD

Mailing Address 1214 Sierra Ave

City
San Jose

State
CA

Zip Code
95126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
O'Connor Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479126

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

750.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Anderson, Jeffrey, John, , MD

Mailing Address 333 O'Connor Dr

City
San Jose

State
CA

Zip Code
95128-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2017

Transaction ID : 8479127

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Werner, Mark, E, , MD

Mailing Address 11310 Carmel Ave NE

City

Albuquerque

State

NM

Zip Code

87122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Albuquerque Health Partners

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2017

Transaction ID : 8479139

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Grindel, Steven, I, , MD

Mailing Address 7615 N Beach Dr

City

Fox Point

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Medical College of Wisconsin

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2017

Transaction ID : 8479140

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00

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NAME OF COMMITTEE (In Full)

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

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

A. Lyon, Roger, M, , MD

Mailing Address W339S9835 Red Brae Ct

City
Mukwonago

State
WI

Zip Code
53149-9295

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical College Wisconsin

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479141

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Biddinger, Kent, R, , MD

Mailing Address The Ortho Center
420 W Wackerly St

City
Midland

State
MI

Zip Code
48642

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479144

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Politi, Joel, Roger, , MD

Mailing Address 116 South Columbia Ave

City
Columbus

State
OH

Zip Code
43209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479145

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1000.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Bellatti, John, , MD

Mailing Address 64-5279 Kipahale St

City
Kamuela

State
HI

Zip Code
96743

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Hawaii Community Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

01 / 20 / 2017

Transaction ID : 8479147

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

B. Sherman, Jerrold, M, , MD

Mailing Address 221 S Stanley Drive

City
Beverly Hills

State
CA

Zip Code
90211

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2017

Transaction ID : 8479159

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Huebner, Melburn, K, , MD

Mailing Address 1501 North Dowell Road

City
Amarillo

State
TX

Zip Code
79124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2017

Transaction ID : 8479160

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1150.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. MacDougall, James, B, , MD

Mailing Address 38608 128th St

City
Aberdeen

State
SD

Zip Code
57401-8158

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Avera Heart Hospital of South Dakota

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479163

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Pond, Jay, David, , MD

Mailing Address 2729 Antero Drive

City
Arlington

State
TX

Zip Code
76006

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baylor Orthopedic & Spine Hospital at

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479164

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

C. Zehr, Robert, J, , MD

Mailing Address 3730 Royalfern Ct

City
Bonita Spgs

State
FL

Zip Code
34134-2655

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Zehr Center for Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479173

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2000.00

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NAME OF COMMITTEE (In Full)

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

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

A. Woo, Kent, E, , MD

Mailing Address 309 Mcalpin Dr

City
Savannah

State
GA

Zip Code
31406-8923

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Optim Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479174

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Chavda, Deepak, Virjeebhai, , MD

Mailing Address 4525 Catina Ln

City
Dallas

State
TX

Zip Code
75229-5401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479175

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Kiburz, Douglas, W, , MD

Mailing Address 5075 Hwy Y

City
Sedalia

State
MO

Zip Code
65301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2017

Transaction ID : 8479176

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

3000.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Bruch, Richard, Franklin, , MD

Mailing Address 207 Pineview Rd

City
Durham

State
NC

Zip Code
27707

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 20 / 2017

Transaction ID : 8479177

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Flatow, Evan, L, , MD

Mailing Address 390 Riverside Dr #3G

City
New York

State
NY

Zip Code
10025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai Roosevelt

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 20 / 2017

Transaction ID : 8479178

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Baum, Jeffrey, A, , MD

Mailing Address 1094 Fox Chapel Rd

City
Pittsburgh

State
PA

Zip Code
15238-2014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Three Rivers Ortho

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 20 / 2017

Transaction ID : 8479179

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3000.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Sherman, Raymond, M P, , MD

Mailing Address 865 East Sawgrass Trail

City

Dakota Dunes

State

SD

Zip Code

57049

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CNOS

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 20 / 2017

Transaction ID : 8479180

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Schmidt, Todd, A, , MD

Mailing Address 2865 Lake Park Drive

City

Jonesboro

State

GA

Zip Code

30236-4133

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OrthoAtlanta

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 21 / 2017

Transaction ID : 8479325

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. McCrosson, John, J, , MD

Mailing Address 2749 Fountainhead Way

City

Mount Pleasant

State

SC

Zip Code

29466-8590

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Charleston Hip & Knee Replacement Cent

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 21 / 2017

Transaction ID : 8479327

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1500.00

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

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

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

A. Eisler, Jesse, G., MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 24 Sunset Farm Rd City West Hartford State CT Zip Code 06107-1314 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 21 / 2017 Transaction ID : 8479334 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item
B. Halsey, David, A., MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address PO Box 9000 #132 City Edgartown State MA Zip Code 02539-9000 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Martha's Vineyard Hospital Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 22 / 2017 Transaction ID : 8479394 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
C. DeLuise, Anthony, M., Jr, MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 76 Oakwood Drive City Scituate State RI Zip Code 02825 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Foundry Orthopedics & Sports Medicine Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 22 / 2017 Transaction ID : 8479401 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional).....			1000.00
TOTAL This Period (last page this line number only).....			

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NAME OF COMMITTEE (In Full)

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

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

A. Davidson, Marc, Romaine, , MD

Mailing Address 2088 Alpine Dr

City
West Linn

State
OR

Zip Code
97068

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advantage Orthopedic & Sports Medicine

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 22 / 2017

Transaction ID : 8479405

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Prietto, Miguel, Pablo, , MD

Mailing Address 1462 Foothill Blvd

City
Santa Ana

State
CA

Zip Code
92705

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 22 / 2017

Transaction ID : 8479407

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Beauvais, Paul, Joseph, , MD

Mailing Address 86 Cedar Grove Road

City
Southbury

State
CT

Zip Code
06488

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 22 / 2017

Transaction ID : 8479409

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2500.00

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

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NAME OF COMMITTEE (In Full)

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

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

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

Mailing Address N70 W14567 Terrace Drive

City

Menomonee Falls

State

WI

Zip Code

53051-0929

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Medical College of Wisconsin

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 22 / 2017

Transaction ID : 8479411

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Noffsinger, Mark, A, , MD

Mailing Address 7208 Selah Court

City

Mattawan

State

MI

Zip Code

49071-9807

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8479412

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Barber, Thomas, C, , MD

Mailing Address 6 EL Caminito

City

Orinda

State

CA

Zip Code

94563-2302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaiser Permanente Medical Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8481770

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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750.00

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

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NAME OF COMMITTEE (In Full)

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

A. Bueche, Matthew, J., MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 813 Lyndhurst Ct City Naperville State IL Zip Code 60563 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 01 / 24 / 2017 Transaction ID : 8482556 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
B. Florack, Thomas, M., MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 2083 Lost Dauphin Rd City De Pere State WI Zip Code 54115-1605 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 01 / 24 / 2017 Transaction ID : 8482564 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item
C. Sinkov, Vladimir, A., MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 5 Veronica Dr City Bedford State NH Zip Code 03110 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) New Hampshire Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 01 / 25 / 2017 Transaction ID : 8482573 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			1250.00
TOTAL This Period (last page this line number only)..... ▶			

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

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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

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

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

A. Dawson, Jeremiah, R, , MD

Mailing Address 7150 Lorene Road

City
Redwood Valley

State
CA

Zip Code
95470

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jeremiah R H Dawson MD Med Corp

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2017

Transaction ID : 8482603

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Booth, Kevin, Charles, , MD

Mailing Address 1078 S Wedgewood Rd

City
San Ramon

State
CA

Zip Code
94582-5823

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NCSI

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2017

Transaction ID : 8482604

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Bell, David, M, , MD

Mailing Address 5924 Stoneridge Drive
Suite 202

City
Pleasanton

State
CA

Zip Code
94588

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bell Sports Medicine Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2017

Transaction ID : 8482607

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1250.00

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NAME OF COMMITTEE (In Full)

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

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

A. Burwell, Dudley, S, , MD

Mailing Address 2781 C T Switzer Sr Dr
Ste 402

City
Biloxi

State
MS

Zip Code
39531

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advanced Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8482608

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Kolavo, Jerome, , , MD

Mailing Address 27650 Ferry Rd Ste 100

City

Warrenville

State

IL

Zip Code

60555

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cadence Physician Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8482615

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Kay, Thomas, H, , MD

Mailing Address 3131 Peppercreek Bridge Pkwy

City

Valparaiso

State

IN

Zip Code

46385

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lakeshore Bone & Joint Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8482616

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00

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

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

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

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

A. Perona, Paul, G, , MD

Mailing Address 33 Oak Ridge Dr

City
Lasalle

State
IL

Zip Code
61301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Margrets Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8482617

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Jackson, John, S, , DO

Mailing Address 741 Gary Ln

City
El Paso

State
TX

Zip Code
79922-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
El Paso Orthopaedic Surgery Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8482619

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Anderson, Dale, R, , MD

Mailing Address 1401 Tompkins

City
Rapid City

State
SD

Zip Code
57701-7758

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8482649

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1750.00

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Anderson, Jeffrey, John, , MD

Mailing Address 333 O'Connor Dr

City
San Jose

State
CA

Zip Code
95128-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

01 / 23 / 2017

Transaction ID : 8482650

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Slaphey, Joseph, E, , Jr, MD

Mailing Address 350 North Rivoli Farms Drive

City
Macon

State
GA

Zip Code
31210-5384

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoGeorgia

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 24 / 2017

Transaction ID : 8482659

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Frederick, Hugh, A, , MD

Mailing Address 6330 Prestonshire Drive

City
Dallas

State
TX

Zip Code
75225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 24 / 2017

Transaction ID : 8482660

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

700.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Colbert, Jeffrey, M, , MD

Mailing Address 4644 Lincoln Blvd #530

City

Marina Del Rey

State

CA

Zip Code

90292-6391

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 24 / 2017

Transaction ID : 8482661

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Merrell, Mark, Reid, , MD

Mailing Address 4920 W 24th PI

City

Kennewick

State

WA

Zip Code

99338

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

TriCity Ortho

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 24 / 2017

Transaction ID : 8482662

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Seaberg, John, Paul, , MD

Mailing Address 2931 Georgetown Street

City

Houston

State

TX

Zip Code

77005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Houston Methodist Orthopedics and Spor

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

01 / 24 / 2017

Transaction ID : 8482663

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

1675.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Helper, Stephen, D, , MD

Mailing Address 29001 Cedar Rd Ste 519

City
Lyndhurst

State
OH

Zip Code
44124-4041

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 24 / 2017

Transaction ID : 8482665

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Taylor, Thomas, Griffin, , MD

Mailing Address 323 E Hawkins Parkway, Ste A

City
Longview

State
TX

Zip Code
75605-8162

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Longview Orthopaedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 24 / 2017

Transaction ID : 8482668

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Duncan, J, Wendell, , MD

Mailing Address 5321 Columbia Road

City
Grovettown

State
GA

Zip Code
30813-5101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Augusta Ortho & Sports Med

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 24 / 2017

Transaction ID : 8482669

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Jason, William, John, , MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 24 / 2017 Transaction ID : 8482671</p>		
<p>Mailing Address 12212 Cortez Boulevard</p>			<p>Amount of Each Receipt this Period 400.00</p>		
City Brooksville	State FL	Zip Code 34613-2631	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee. C</p>		<p>Aggregate Year-to-Date ▼ 400.00</p>			
<p>Name of Employer (for Individual) Bayfront Health Brooksville</p>		<p>Occupation (for Individual) Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 400.00</p>			
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bassewitz, Hugh, , , MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 24 / 2017 Transaction ID : 8482672</p>		
<p>Mailing Address 15 Morning Glow Ln</p>			<p>Amount of Each Receipt this Period 500.00</p>		
City Las Vegas	State NV	Zip Code 89135-2618	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee. C</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>Name of Employer (for Individual) Desert Orthopaedic Center</p>		<p>Occupation (for Individual) Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Coward, David, B, , MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 23 / 2017 Transaction ID : 8482699</p>		
<p>Mailing Address 2801 K St Ste 310</p>			<p>Amount of Each Receipt this Period 250.00</p>		
City Sacramento	State CA	Zip Code 95816-5119	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee. C</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>Name of Employer (for Individual) Sacramento Knee & Sports Medicine</p>		<p>Occupation (for Individual) Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1150.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>		

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NAME OF COMMITTEE (In Full)

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

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

A. Ripa, Daniel, R, , MD

Mailing Address 4000 S 98th St

City
Lincoln

State
NE

Zip Code
68520

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2017

Transaction ID : 8482700

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Petsche, Timothy, S, , MD

Mailing Address 2525 Kaneville Rd

City
Geneva

State
IL

Zip Code
60134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fox Valley Orthopaedic Institute

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2017

Transaction ID : 8482706

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Martin, Kenneth, A, , MD

Mailing Address 5 Platte Ct

City
Mauwelle

State
AR

Zip Code
72113

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Arkansas Surgical Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2017

Transaction ID : 8482707

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1000.00

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NAME OF COMMITTEE (In Full)

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

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

A. Capozzi, James, D, , MD

Mailing Address 14 Meadow Lane

City
East Williston

State
NY

Zip Code
11596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Winthrop Orthopaedic Associates

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8482708

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Stowell, Michael, T, , MD

Mailing Address 19254 Jamestown Drive

City
Hagerstown

State
MD

Zip Code
21742

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mid Atlantic Orthopaedic Specialist

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8482709

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

C. Holloway, G, Brian, , MD

Mailing Address 8956 Hemingway Grove Circle

City
Knoxville

State
TN

Zip Code
37922

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Knoxville Orthopaedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8482710

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

1250.00

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NAME OF COMMITTEE (In Full)

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

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Wittig, James, C, , MD</p> <p>Mailing Address 15 Club Rd</p> <p>City Montclair State NJ Zip Code 07043-2503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Hackensack University Medical Center Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt</p> <p>01 / 23 / 2017</p> <p>Transaction ID : 8482717</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Fritz, William, D, , MD</p> <p>Mailing Address 357 Camp Wilbea Rd</p> <p>City Franklin State PA Zip Code 16323</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) WCA Hospital Jamestown Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 750.00</p>			<p>Date of Receipt</p> <p>01 / 23 / 2017</p> <p>Transaction ID : 8482718</p> <p>Amount of Each Receipt this Period 750.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Rosen, Craig, H, , MD</p> <p>Mailing Address 1802 Champlain Dr</p> <p>City Voorhees Township State NJ Zip Code 08043</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Cooper Bone & Joint at Inspira Woodbur Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt</p> <p>01 / 23 / 2017</p> <p>Transaction ID : 8482720</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>			<p>1750.00</p>	
<p>TOTAL This Period (last page this line number only).....▶</p>			<p></p>	

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NAME OF COMMITTEE (In Full)

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

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

A. Aronow, Michael, S, , MD

Mailing Address 36 Braintree Dr

City
West Hartford

State
CT

Zip Code
06117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Association of Hartford

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8482722

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Noyes, Frank, R, , MD

Mailing Address 9400 Cunningham Rd

City
Cincinnati

State
OH

Zip Code
45243

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mercy Health-Cincinnati Sportsmedicine

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 25 / 2017

Transaction ID : 8482833

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Kain, Michael, S, , MD

Mailing Address 16 Blossom St

City
Lexington

State
MA

Zip Code
02421

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lahey Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8482899

Amount of Each Receipt this Period

250.00

☐ Memo Item

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1750.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Carreira, Dominic, S, , MD

Mailing Address 784 Middle River Dr

City

Fort Lauderdale

State

FL

Zip Code

33304

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Broward Hlth Dist Ctr

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8482900

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Branson, Philip, J, , MD

Mailing Address 311 Courthouse Rd

City

Princeton

State

WV

Zip Code

24740-2421

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8482905

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Liss, Frederic, E, , MD

Mailing Address 554 Church Road

City

Malvern

State

PA

Zip Code

19355

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Rothman Institute

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 09 / 2017

Transaction ID : 8482920

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1800.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Fragomen, Austin, Thomas, , MD

Mailing Address 48-25 64th St

City
Woodside

State
NY

Zip Code
11377

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hospital for Special Surgery

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 11 / 2017

Transaction ID : 8482921

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Wyzykowski, Richard, John, , MD

Mailing Address 214 Murcia Ct

City
Danville

State
CA

Zip Code
94506

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 13 / 2017

Transaction ID : 8482922

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Furry, Kimberly, Lee, , MD

Mailing Address 41 Rio Vista Cir

City
Durango

State
CO

Zip Code
81301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 17 / 2017

Transaction ID : 8482923

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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2500.00

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NAME OF COMMITTEE (In Full)

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

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Seitz, William, H, , Jr, MD</p>			<p>Date of Receipt</p> <p>MM / DD / YYYY 01 / 26 / 2017</p> <p>Transaction ID : 8483266</p>		
<p>Mailing Address 1730 W 25th St 2C</p>			<p>Amount of Each Receipt this Period</p> <p>250.00</p>		
<p>City</p> <p>Cleveland</p>	<p>State</p> <p>OH</p>	<p>Zip Code</p> <p>44113-3108</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>250.00</p>		
<p>Name of Employer (for Individual)</p> <p>Lutheran Hospital</p>			<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Stanwood, Walter, , , MD</p>			<p>Date of Receipt</p> <p>MM / DD / YYYY 01 / 26 / 2017</p> <p>Transaction ID : 8483267</p>		
<p>Mailing Address 95 Tremont St Ste 1</p>			<p>Amount of Each Receipt this Period</p> <p>1000.00</p>		
<p>City</p> <p>Duxbury</p>	<p>State</p> <p>MA</p>	<p>Zip Code</p> <p>02332</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>1000.00</p>		
<p>Name of Employer (for Individual)</p> <p>Self Employed</p>			<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Jones, David, Brynley, , Jr, MD</p>			<p>Date of Receipt</p> <p>MM / DD / YYYY 01 / 26 / 2017</p> <p>Transaction ID : 8483270</p>		
<p>Mailing Address PO Box 5116</p>			<p>Amount of Each Receipt this Period</p> <p>500.00</p>		
<p>City</p> <p>Sioux Falls</p>	<p>State</p> <p>SD</p>	<p>Zip Code</p> <p>57117</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>500.00</p>		
<p>Name of Employer (for Individual)</p> <p>Orthopedic Institute</p>			<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>					
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>			<p>1750.00</p>		
<p>TOTAL This Period (last page this line number only).....▶</p>					

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Mead, Gordon, M, , MD

Mailing Address PO Box 51455

City
Shreveport

State
LA

Zip Code
71135-1455

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Highland Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8484033

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Jones, Greg, T, , MD

Mailing Address 3 Berry Hill Road

City
Fort Smith

State
AR

Zip Code
72903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8484038

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. McGinley, Brian, J, , MD

Mailing Address 16 Caterham Ln

City
Setauket

State
NY

Zip Code
11733-1945

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Long Island Bone Joint LLP

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8484041

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1750.00

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

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

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FOR LINE NUMBER: PAGE 99 OF 671

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NAME OF COMMITTEE (In Full)

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

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

A. Momont, Michael, C., MD

Mailing Address 535 Marshall Street

City
Duluth

State
MN

Zip Code
55803

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Associates of Duluth

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 23 / 2017

Transaction ID : 8484042

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Cohen, Jason, David, MD

Mailing Address 133 Rumson Road

City
Rumson

State
NJ

Zip Code
07760

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Professional Orthopaedic Associates

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 23 / 2017

Transaction ID : 8484043

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Kube, Richard, A., MD

Mailing Address 212 W Ravinswood Rd

City
Peoria

State
IL

Zip Code
61615

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Prairie Spine & Pain Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 23 / 2017

Transaction ID : 8484044

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3000.00

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NAME OF COMMITTEE (In Full)

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

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

A. Slappey, Gregory, S, , MD

Mailing Address 3347 Oak Grove Church Rd

City
Carrollton

State
GA

Zip Code
30117-4606

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Carrollton Orthopaedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 24 / 2017

Transaction ID : 8484064

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Dorris, John, R, , MD

Mailing Address 725 Milledge Circle

City
Athens

State
GA

Zip Code
30606

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Athens Bone & Joint

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 24 / 2017

Transaction ID : 8484065

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

C. Motamedi, Ali, Reza, , MD

Mailing Address 3901 Las Posas Road
Suite 8

City
Camarillo

State
CA

Zip Code
93010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ventura Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 24 / 2017

Transaction ID : 8484076

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1125.00

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

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

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NAME OF COMMITTEE (In Full)

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

A. Adcox, Brent, M, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 4482 Mountain Park City Homer State AK Zip Code 99603 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) South Peninsula Hospital Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 24 / 2017 Transaction ID : 8484077 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
B. Gregory, Paul, R, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 4627 King Ranch Pl City Granite Bay State CA Zip Code 95746 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 24 / 2017 Transaction ID : 8484079 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item
C. Borden, Brian, A, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 5719 Spring Hill Drive City Ann Arbor State MI Zip Code 48105 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) St Joseph Mercy Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 24 / 2017 Transaction ID : 8484089 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			1000.00
TOTAL This Period (last page this line number only)..... ▶			

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

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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

A. Musgrave, Douglas, S, , MD

Mailing Address 61800 Somerset Dr

City
Bend

State
OR

Zip Code
97702-8711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northwest Surgical Specialists

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8484107

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Warden, William, H, , III, MD

Mailing Address 2760 Atlantic Ave

City

Long Beach

State

CA

Zip Code

90806

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Memorial Ortho Surgical Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8484108

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Rauh, Michael, A, , MD

Mailing Address 46 Middlebury Rd

City

Orchard Park

State

NY

Zip Code

14127

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UBMD Orthopaedics & Sports Medicine

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8484109

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1000.00

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NAME OF COMMITTEE (In Full)

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

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

A. **Curd, Richard, Blake, , MD**

Mailing Address 810 E 23rd St
P.O. Box 5116

City
Sioux Falls

State
SD

Zip Code
57117-5116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8484110

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. **Leber, Mark, , , MD**

Mailing Address 4863 Calle Del Medio

City
Phoenix

State
AZ

Zip Code
85018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Arizona Orthopedic & Surgical Specialt

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8484114

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. **Chidester, John, H, , MD**

Mailing Address 254 W Lancaster Ave Ste 2

City
Malvern

State
PA

Zip Code
19355

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8484115

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

1400.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Brecht, Julius, Stephen, , MD</p> <p>Mailing Address 25 Chatham Rd</p>			<p>Date of Receipt</p> <p>MM / DD / YYYY 01 / 23 / 2017</p> <p>Transaction ID : 8484116</p>		
<p>City</p> <p>Longmeadow</p>	<p>State</p> <p>MA</p>	<p>Zip Code</p> <p>01106</p>	<p>Amount of Each Receipt this Period</p> <p>250.00</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p><input type="checkbox"/> Memo Item</p>		
<p>Name of Employer (for Individual)</p> <p>New England Ortho Surgeons</p>		<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>			
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼</p> <p>250.00</p>			
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Karr, Scott, D, , MD</p> <p>Mailing Address 5050 N Clinton St</p>			<p>Date of Receipt</p> <p>MM / DD / YYYY 01 / 23 / 2017</p> <p>Transaction ID : 8484120</p>		
<p>City</p> <p>Fort Wayne</p>	<p>State</p> <p>IN</p>	<p>Zip Code</p> <p>46825-5822</p>	<p>Amount of Each Receipt this Period</p> <p>250.00</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p><input type="checkbox"/> Memo Item</p>		
<p>Name of Employer (for Individual)</p> <p>Ortho Northeast</p>		<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>			
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼</p> <p>250.00</p>			
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Schiffman, Kenneth, L, , MD</p> <p>Mailing Address 161 N Elmwood Ave</p>			<p>Date of Receipt</p> <p>MM / DD / YYYY 01 / 23 / 2017</p> <p>Transaction ID : 8484121</p>		
<p>City</p> <p>Oak Park</p>	<p>State</p> <p>IL</p>	<p>Zip Code</p> <p>60302</p>	<p>Amount of Each Receipt this Period</p> <p>250.00</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p><input type="checkbox"/> Memo Item</p>		
<p>Name of Employer (for Individual)</p> <p>Loyola University Chicago</p>		<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>			
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Aggregate Year-to-Date ▼</p> <p>250.00</p>			
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>			<p>750.00</p>		
<p>TOTAL This Period (last page this line number only).....▶</p>					

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NAME OF COMMITTEE (In Full)

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

A. Wolfe, Joel, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 6645 Forest Beach Dr City Holland State MI Zip Code 49423-8993 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Shoreline Orthopaedics Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 23 / 2017 Transaction ID : 8484124 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
B. Motamed, Soheil, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 332 42nd Ave City San Mateo State CA Zip Code 94403 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Mission Peak Orthopaedic Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 23 / 2017 Transaction ID : 8484128 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item
C. Schuck, Michael, R, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 3472 Research Pkwy Suite 104 - 251 City Colorado Springs State CO Zip Code 80920-1066 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Premier Orthopedics Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 23 / 2017 Transaction ID : 8484129 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			1250.00
TOTAL This Period (last page this line number only)..... ▶			

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

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NAME OF COMMITTEE (In Full)

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

A. Marino, Anthony, R, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 128 Jenkins Rd City Bedford State NH Zip Code 03110-5042 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) New Hampshire Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 23 / 2017 Transaction ID : 8484130 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item
B. Gannon, Michael, K, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 2979 Squalicum Pkwy Ste 203 City Bellingham State WA Zip Code 98225 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 23 / 2017 Transaction ID : 8484131 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
C. Looby, Peter, A, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 810 E 23rd St Ste 5000 City Sioux Falls State SD Zip Code 57105-2132 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Orthopedic Institute Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 23 / 2017 Transaction ID : 8484159 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			1750.00
TOTAL This Period (last page this line number only)..... ▶			

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

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

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

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

A. Adams, Jeffrey, T, , MD

Mailing Address 1050 N James Campbell Blvd Ste 200

City
Columbia

State
TN

Zip Code
38401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mid Tennessee Bone & Joint Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8484160

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Gerber, Samuel, D, , MD

Mailing Address 393 Commonwealth Avenue
Apt #4

City
Boston

State
MA

Zip Code
02115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Surgical Associates

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8484161

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Tripuraneni, Krishna, Raj, , MD

Mailing Address 9212 Lexie Lane NE

City
Albuquerque

State
NM

Zip Code
87122-3777

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New Mexico Orthopaedic Associates

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8484162

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3000.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Mahoney, Craig, Robert, , MD

Mailing Address 2004 S 40th Ct

City

West Des Moines

State

IA

Zip Code

50265

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Iowa Ortho

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8484163

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Stern, Peter, J, , MD

Mailing Address 5780 Drewry Farm Lane

City

Cincinnati

State

OH

Zip Code

45243

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Cincinnati College of Me

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8484164

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

c. Soghikian, Gregory, W, , MD

Mailing Address 12 Champagne Terrace

City

Bedford

State

NH

Zip Code

03110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

New Hampshire Orthopaedic Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2017

Transaction ID : 8484165

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

3000.00

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Washburn, Steven, D, , MD

Mailing Address 4830 Highway 260 Ste 103

City
Lakeside

State
AZ

Zip Code
85929

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 23 / 2017

Transaction ID : 8484166

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Callaghan, John, J, , MD

Mailing Address Dept of Orthopaedics
200 Hawkins Dr / 01029 JPP

City
Iowa City

State
IA

Zip Code
52242-1088

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of Iowa Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

01 / 23 / 2017

Transaction ID : 8484167

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

C. Bullek, David, D, , MD

Mailing Address 769 Kimball Avenue

City
Westfield

State
NJ

Zip Code
07090

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Summit Medical Group

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 23 / 2017

Transaction ID : 8484168

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

7000.00

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NAME OF COMMITTEE (In Full)

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

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

A. Lowry, Jason, Kirk, , MD

Mailing Address 800 Orthopedic Way

City
Arlington

State
TX

Zip Code
76015-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baylor Orthopedic & Spine Hospital at

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8492474

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Papierski, Paul, E, , MD

Mailing Address 913 S Dryden Pl

City
Arlington Heights

State
IL

Zip Code
60005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8494257

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Nelson, Lynn, M, , MD

Mailing Address Des Moines Ortho Surgeons
6001 Westown Parkway

City
West Des Moines

State
IA

Zip Code
50266-7702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Des Moines Ortho Surgeons

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8494259

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2300.00

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NAME OF COMMITTEE (In Full)

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

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

A. Marsicano, Joseph, Gerard, , MD

Mailing Address 1412 Crabapple Dr

City
Manasquan

State
NJ

Zip Code
08736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brielle Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8494260

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Lopez, Rafael, Antonio, , MD

Mailing Address PO Box 363682

City
San Juan

State
PR

Zip Code
00936-3682

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8494261

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Sullivan, Patrick, M, , MD

Mailing Address 6001 Westown Pkwy

City
West Des Moines

State
IA

Zip Code
50266-7702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Des Moines Orthopaedic Surgeons

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8494262

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

3000.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Martin, Joseph, G, , MD

Mailing Address 2300 53rd Ave Ste 100

City
Bettendorf

State
IA

Zip Code
52722-7565

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ORA Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2017

Transaction ID : 8494263

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Manista, Andrew, Philip, , MD

Mailing Address 1909 Golden Maple Ct NW

City
Olympia

State
WA

Zip Code
98502-3771

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Capital Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2017

Transaction ID : 8494264

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Guehlstorf, Daniel, W, , MD

Mailing Address 9083 Kensington Way

City
Franklin

State
WI

Zip Code
53132

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midwest Orthopedic Specialty Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2017

Transaction ID : 8494265

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3000.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Hagen, Robert, J., MD

Mailing Address 2105 Summertime Trail

City
Lafayette

State
IN

Zip Code
47909

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lafayette Orthopaedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8494266

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Woolf, Mark, W., MD

Mailing Address 3628 Country Club Circle

City
Ft Worth

State
TX

Zip Code
76109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baylor Orthopedic & Spine Hospital at

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8494267

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Polivy, Kenneth, D., MD

Mailing Address 120 Gordon Rd

City
Waban

State
MA

Zip Code
02468-1227

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8494268

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

3000.00

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. **Gidumal, Ramesh, , MD**

Mailing Address 300 East 74th
Apt 2G

City
New York

State
NY

Zip Code
10021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NYU

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8494269

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. **Faure, Bruce, T, , MD**

Mailing Address 6849 W Ridgeview Dr

City
Mequon

State
WI

Zip Code
53092

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8494270

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. **Speth, Steven, R, , MD**

Mailing Address 1450 Ellis St Ste 201

City
Bozeman

State
MT

Zip Code
59715

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bridger Ortho & Sports Med PC

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8494272

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1050.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Mead, Leon, P, , MD

Mailing Address 201 Barefoot Beach Blvd

City

Bonita Springs

State

FL

Zip Code

34134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8494273

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Routman, Alan, S, , MD

Mailing Address 1717 SE 9th St

City

Fort Lauderdale

State

FL

Zip Code

33316-1415

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ortho Florida

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8494274

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Romeo, Anthony, A, , MD

Mailing Address 8301 Fars Cove

City

Burr Ridge

State

IL

Zip Code

60527

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Midwest Ortho At Rush

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8494295

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

3000.00

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

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

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

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

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

A. Grondel, Robert, Jeffrey, , MD

Mailing Address 10561 Jeffreys St Ste 230

City
Henderson

State
NV

Zip Code
89052

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Institute of Henderson

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8494298

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Tait, Robert, J, , MD

Mailing Address 10561 Jeffreys St Ste 230

City
Henderson

State
NV

Zip Code
89052-4268

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ortho Institute of Henderson

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8494299

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Sheldon, Daniel, A, , MD

Mailing Address 601 North Flamingo Rd, Ste 213

City
Pembroke Pines

State
FL

Zip Code
33028-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8494300

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

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

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

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

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

A. Kenyon, Paul, S, , MD

Mailing Address 214 North West Ave

City
Jackson

State
MI

Zip Code
49203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8494301

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Cole, J, Dean, , MD

Mailing Address 500 Lakeview St

City
Orlando

State
FL

Zip Code
32804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8494303

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. West, Gregory, G, , MD

Mailing Address PO Box 1867

City
Idaho Falls

State
ID

Zip Code
83403-1867

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8494305

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

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

1250.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

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

A. Schlegel, Theodore, F, , MD

Mailing Address 8200 E Belleview Ave
Ste 615E

City
Greenwood Village

State
CO

Zip Code
80111-2898

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Steadman Hawkins ClnC-Denver

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8494324

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Adamson, Kent, R, , MD

Mailing Address 225 Via Rancho

City
San Clemente

State
CA

Zip Code
92672-4540

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 28 / 2017

Transaction ID : 8494345

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Hughes, Laurie, O, , MD

Mailing Address 46 Kings Arms Rd

City
Little Rock

State
AR

Zip Code
72227

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Central Arkansas Veterans' Healthcare

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 28 / 2017

Transaction ID : 8494351

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

1050.00

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Kelly, Edward, W, , MD

Mailing Address 2255 Sargent Ave

City
Saint Paul

State
MN

Zip Code
55105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Twin Cities Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2017

Transaction ID : 8494353

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Aarons, Chad, Elliot, , MD

Mailing Address 3224 Brayfield Pl

City
Midlothian

State
VA

Zip Code
23113-3997

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tuckahoe Orthopaedic Associates

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2017

Transaction ID : 8494355

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Murrell, Samuel, Edwin, , III, MD

Mailing Address 3946 Grandview Avenue

City
Memphis

State
TN

Zip Code
38111-7610

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoMemphis

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2017

Transaction ID : 8494398

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1500.00

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Igram, Cassim, M, , MD

Mailing Address 3014 Woodland Ridge Dr NE

City
Iowa City

State
IA

Zip Code
52240-7900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Iowa Hosp & Clinics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 29 / 2017

Transaction ID : 8494400

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Lindgren, David, M, , MD

Mailing Address 8001 Chesshire Ln N

City
Maple Grove

State
MN

Zip Code
55311

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 29 / 2017

Transaction ID : 8494403

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Papandrea, Rick, F, , MD

Mailing Address N28 W30628 Red Fox Ct

City
Pewaukee

State
WI

Zip Code
53072

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Associates of WI

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 29 / 2017

Transaction ID : 8494414

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2250.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

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

A. Slough, James, A, , MD

Mailing Address 236 Rivermist Drive

City
Buffalo

State
NY

Zip Code
14202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Excelsior Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2017

Transaction ID : 8495259

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Jennings, Randall, W, , MD

Mailing Address 93654 Mallard Lane

City

North Bend

State

OR

Zip Code

97459-8407

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Bend Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2017

Transaction ID : 8495427

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Katz, Neil, Thomas, , MD

Mailing Address PO Box 62076

City

Irvine

State

CA

Zip Code

92602-6069

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Katz Orthopaedic Surgery & Sports Medi

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2017

Transaction ID : 8495430

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

2250.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Langford, Scott, A, , MD

Mailing Address 4401 W 87th Terrace

City
Prairie Village

State
KS

Zip Code
66207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rockhill Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2017

Transaction ID : 8495445

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Marandola, Michael, S, , MD

Mailing Address 26401 Crown Valley Prkwy Ste 101

City
Mission Viejo

State
CA

Zip Code
92691

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8495447

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Wolock, Bruce, , , MD

Mailing Address 8564 Leisure Hill Dr

City
Baltimore

State
MD

Zip Code
21208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Towson Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8495449

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1250.00

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

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

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

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

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

A. Grutter, Paul, , MD

Mailing Address 1374 Rozella Way

City
Gallatin

State
TN

Zip Code
37066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tennessee Orthopedic Alliance

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8495450

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Larkin, John, J, , Jr, MD

Mailing Address 2845 Chancellor Dr Ste 100

City

Crestview Hills

State

KY

Zip Code

41017-3420

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8495451

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

c. Crutcher, James, P, , Jr, MD

Mailing Address 1000 39th Ave E

City

Seattle

State

WA

Zip Code

98112-5028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Proliance Surgeons

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8495452

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3000.00

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Tosi, Laura, Lowe, , MD

Mailing Address 3729 Harrison St, NW

City
Washington

State
DC

Zip Code
20015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Childrens Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8495453

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Cashmore, Bourck, D, , MD

Mailing Address 225 W Mt Elden Lookout Rd

City
Flagstaff

State
AZ

Zip Code
86001-3834

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northern Arizona Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8495454

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

c. Triantafyllou, Steven, J, , MD

Mailing Address 1706 Country Manor Drive

City
York

State
PA

Zip Code
17408

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OSS Orthopaedic Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8495455

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

3000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 125 OF 671
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Curtis, Joseph, F, , Jr, MD

Mailing Address 454 Taylor Rd

City

Montgomery

State

AL

Zip Code

36117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Southern Orthopaedic Specialist

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8495456

Amount of Each Receipt this Period

1000.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wertheim, Steven, B, , MD

Mailing Address 70 Old Stratton Chase NW

City

Atlanta

State

GA

Zip Code

30328-3652

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Resurgens Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8495476

Amount of Each Receipt this Period

1000.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Song, Frederick, Suh, , MD

Mailing Address 7 Beechtree Ln

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Princeton Ortho Assoc

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8495477

Amount of Each Receipt this Period

1000.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

3000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dowling, Thomas, J, , Jr, MD

Mailing Address 763 Larkfield Rd 2nd Fl

City
Commack

State
NY

Zip Code
11725-3131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Long Island Spine Specialist

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2017

Transaction ID : 8495478

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gautsch, Thomas, Lee, , MD

Mailing Address PO Box 1686

City
Gallatin

State
TN

Zip Code
37066-1686

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southern Sports Medicine Institute, PL

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2017

Transaction ID : 8495766

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mejia, Hector, A, , MD

Mailing Address 3150 Dunbar Ln

City
Tallahassee

State
FL

Zip Code
32311-3362

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tallahassee Orthopedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2017

Transaction ID : 8495767

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vazquez, Oscar, , MD

Mailing Address 801 Monroe St Apt 603

City
Hoboken

State
NJ

Zip Code
07030-6866

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2017

Transaction ID : 8495768

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Levy, Andrew, Stuart, , MD

Mailing Address 69 Park Ave

City

Morristown

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Center for Advance Sports Medicine

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2017

Transaction ID : 8495818

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Baumgarten, Keith, M, , MD

Mailing Address 807 W Chicory

City

Sioux Falls

State

SD

Zip Code

57108

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Institute

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2017

Transaction ID : 8496266

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

3000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Johnson, Wayne, Anthony, , MD

Mailing Address 8212 NW Stonebridge Ct

City
Lawton

State
OK

Zip Code
73505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Premier Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2017

Transaction ID : 8496267

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Yates, Adolph, J, , Jr, MD

Mailing Address 52 Mallard Dr.

City
Pittsburgh

State
PA

Zip Code
15238

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of Pittsburgh Med Ctr

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2017

Transaction ID : 8496268

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Meisles, Jeffrey, , , MD

Mailing Address 360 W Butterfield Rd Ste 160

City
Elmhurst

State
IL

Zip Code
60126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orthopedic Specialists

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2017

Transaction ID : 8496272

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Chambers, Henry, G, , MD

Mailing Address 5458 Sandburg Ave

City
San Diego

State
CA

Zip Code
92122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of California

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2017

Transaction ID : 8496273

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kent, Allen, Sanders, , MD

Mailing Address 6358 Lansdale

City
Fort Worth

State
TX

Zip Code
76116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2017

Transaction ID : 8496274

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mulliken, Brian, D, , MD

Mailing Address 35 Brett Manor Ct

City
Hunt Valley

State
MD

Zip Code
21030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Maryland

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2017

Transaction ID : 8496275

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kim, Young Jo, , , MD, PhD

Mailing Address 300 Longwood Avenue
 Hunnewell Building - Room 221

City
 Boston

State
 MA

Zip Code
 02115

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Boston Children's Hospital - Orthopedi

Occupation (for Individual)
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2017

Transaction ID : 8496276

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mirarchi, Adam, , , MD

Mailing Address 4300 Upper Dr

City

Lake Oswego

State

OR

Zip Code

97035-4350

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Oregon Health and Science University

Occupation (for Individual)
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2017

Transaction ID : 8496282

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pierce, Troy, D, , MD

Mailing Address 4012 Edgewater PL SE

City

Mandan

State

ND

Zip Code

58554-7968

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 The Bone & Joint Center

Occupation (for Individual)
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2017

Transaction ID : 8496285

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Houde, John, Paul, , MD

Mailing Address PO Box 175

City
Meriden

State
NH

Zip Code
03770

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Alice Peck Day Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2017

Transaction ID : 8496293

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Edelstein, David, W, , MD

Mailing Address 6504 Pickens St

City
Houston

State
TX

Zip Code
77007-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kelsey Seybold Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2017

Transaction ID : 8496334

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Davis, Pamela, F, , MD

Mailing Address 5055 School House Road

City
Bettendorf

State
IA

Zip Code
52722

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2017

Transaction ID : 8496335

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mears, Simon, , , MD

Mailing Address 5011 Hawthorne Rd

City
Little Rock

State
AR

Zip Code
72207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Arkansas For Medical Sci

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2017

Transaction ID : 8496354

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sim, Franklin, H, , MD

Mailing Address 1303 Woodland Dr SW

City
Rochester

State
MN

Zip Code
55902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mayo Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2017

Transaction ID : 8496355

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Carlson, Joseph, W, , MD

Mailing Address 9515 Sibley Dr

City
Bismarck

State
ND

Zip Code
58504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Resurgens Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2017

Transaction ID : 8496356

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

3000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Roberts, Richard, Mills, , MD

Mailing Address PO Box 1324

City
Grapevine

State
TX

Zip Code
76099-1324

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baylor Orthopedic & Spine Hospital at

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2017

Transaction ID : 8496357

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hawthorne, Kenneth, B, , MD

Mailing Address 106 N Old Kings Rd Ste E

City
Ormond Beach

State
FL

Zip Code
32174

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2017

Transaction ID : 8496358

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. McCall, Todd, Andrew, , MD

Mailing Address 1705 N Halifax Ave

City
Daytona Beach

State
FL

Zip Code
32118-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ortho Clinic of Daytona Beach

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2017

Transaction ID : 8496384

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Purcell, Derek, Brooks, , MD

Mailing Address 13620 Lauriston Pl

City

Colorado Spgs

State

CO

Zip Code

80908-7243

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Colorado Center of Orthopaedic Excellence

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
01	31	2017

Transaction ID : 8496387

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Davis, Pamela, F, , MD

Mailing Address 5055 School House Road

City

Bettendorf

State

IA

Zip Code

52722

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
01	31	2017

Transaction ID : 8496391

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Woods, Daniel, W, , MD

Mailing Address 862 Meinecke Ave Ste 100

City

San Luis Obispo

State

CA

Zip Code

93405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
01	31	2017

Transaction ID : 8496395

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 135 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kolessar, David, J, , MD

Mailing Address 950 Timbergrove Rd

City
ShavertownState
PAZip Code
18708FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Geisinger Medical CenterOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2017

Transaction ID : 8496413

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cicoria, Anthony, D, , MD

Mailing Address 23 College Park Drive

City
OneontaState
NYZip Code
13820FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2017

Transaction ID : 8496414

Amount of Each Receipt this Period

380.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Ihle, Christopher, Langdon, , MD

Mailing Address 343 N 130 St

City
OmahaState
NEZip Code
68154FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Community HospitalOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2017

Transaction ID : 8496415

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

880.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Brodie, Jeffrey, Todd, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 12 Hambleton Court City Baltimore State MD Zip Code 21208 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) University of Maryland System Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 31 / 2017 Transaction ID : 8496418 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item	
B. Johnson, Jeffrey, Einer, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 2207 Westerly Ct City Chesterfield State MO Zip Code 63017 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Washington Univ Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 31 / 2017 Transaction ID : 8496419 Amount of Each Receipt this Period 300.00 <input type="checkbox"/> Memo Item	
C. Goodwillier, Steven, E, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 402 W 19th St City Panama City State FL Zip Code 32405-4602 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 31 / 2017 Transaction ID : 8496420 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item	
SUBTOTAL of Receipts This Page (optional)..... ▶			1050.00	
TOTAL This Period (last page this line number only)..... ▶				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mogerman, Jeffrey, A, , MD

Mailing Address 206 Stevenson Road

City
Waverly

State
PA

Zip Code
18471

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wayne Memorial Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2017

Transaction ID : 8496422

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cordasco, Frank, A, , MD

Mailing Address 40 West 77th Street, Apt 5B

City
New York

State
NY

Zip Code
10024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hosp for Special Surgery

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2017

Transaction ID : 8496424

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gersten, Larry, M, , MD

Mailing Address 21 Bridgton

City
Laguna Niguel

State
CA

Zip Code
92677-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2017

Transaction ID : 8497062

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 138 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rajacich, Nicholas, , MD

Mailing Address 619 North I Street

City
TacomaState
WAZip Code
98403-2009FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
02	02	2017

Transaction ID : 8497145

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sterling, Robert, S, , MD

Mailing Address 5 Stream Valley Garth

City

Owings Mills

State

MD

Zip Code

21117-2343

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Johns Hopkins University SOM

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
02	03	2017

Transaction ID : 8497345

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pohl, Kenneth, P, , MD

Mailing Address 5692 Far Hills Ave Ste 4

City

Dayton

State

OH

Zip Code

45429-2202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	D D	Y Y Y Y
02	02	2017

Transaction ID : 8497401

Amount of Each Receipt this Period

350.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Meyer, Robert, Willse, , MD

Mailing Address 4066 West Lake Rd

City
Canandaigua

State
NY

Zip Code
14424

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2017

Transaction ID : 8497403

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Masem, Mathias, A, , MD

Mailing Address 80 Grand Ave #600

City
Oakland

State
CA

Zip Code
94612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2017

Transaction ID : 8497404

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Kiernan, Howard, A, , Jr, MD

Mailing Address 903 Park Avenue
First Floor

City
New York

State
NY

Zip Code
10075

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2017

Transaction ID : 8497405

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Ford, Rick, J, , MD</p> <p>Mailing Address 7420 Baker Road</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Weatherford</td> <td style="width: 16%;">State TX</td> <td style="width: 51%;">Zip Code 76087</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual) Self Employed</td> <td style="width: 67%;">Occupation (for Individual) Orthopaedic Surgeon</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 500.00 </p>			City Weatherford	State TX	Zip Code 76087	Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	<p>Date of Receipt</p> <p>02 / 02 / 2017</p> <p>Transaction ID : 8497410</p> <p>Amount of Each Receipt this Period</p> <p>500.00</p> <p><input type="checkbox"/> Memo Item</p>		
City Weatherford	State TX	Zip Code 76087								
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon									
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Hanson, Eric, C, , MD</p> <p>Mailing Address 1630 E Herndon Ave Ste 202</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Fresno</td> <td style="width: 16%;">State CA</td> <td style="width: 51%;">Zip Code 93720-3305</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual) Sierra Pacific Ortho & Spine Ctr</td> <td style="width: 67%;">Occupation (for Individual) Orthopaedic Surgeon</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 250.00 </p>			City Fresno	State CA	Zip Code 93720-3305	Name of Employer (for Individual) Sierra Pacific Ortho & Spine Ctr	Occupation (for Individual) Orthopaedic Surgeon	<p>Date of Receipt</p> <p>02 / 02 / 2017</p> <p>Transaction ID : 8497412</p> <p>Amount of Each Receipt this Period</p> <p>250.00</p> <p><input type="checkbox"/> Memo Item</p>		
City Fresno	State CA	Zip Code 93720-3305								
Name of Employer (for Individual) Sierra Pacific Ortho & Spine Ctr	Occupation (for Individual) Orthopaedic Surgeon									
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Buck, Leonard, J, , MD</p> <p>Mailing Address 1050 Isaac Sts Dr Ste 116</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Oregon</td> <td style="width: 16%;">State OH</td> <td style="width: 51%;">Zip Code 43616</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer (for Individual) Self Employed</td> <td style="width: 67%;">Occupation (for Individual) Orthopaedic Surgeon</td> </tr> </table> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) </p> <p>Aggregate Year-to-Date ▼ 250.00 </p>			City Oregon	State OH	Zip Code 43616	Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	<p>Date of Receipt</p> <p>02 / 02 / 2017</p> <p>Transaction ID : 8497416</p> <p>Amount of Each Receipt this Period</p> <p>250.00</p> <p><input type="checkbox"/> Memo Item</p>		
City Oregon	State OH	Zip Code 43616								
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon									
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1000.00</p>							
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>							

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Palmieri, Ana, K, , MD

Mailing Address 9716 Legends Dr

City
Germantown

State
TN

Zip Code
38139

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Collierville Ortho and Sports

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2017

Transaction ID : 8497420

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Doerr, Timothy, Eugene, , MD

Mailing Address 324 East Laguna Shore Drive

City
Eagle

State
ID

Zip Code
83616-7070

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Treasure Valley Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2017

Transaction ID : 8497421

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Whipple, Terry, L, , MD

Mailing Address PO Box 70386

City
Richmond

State
VA

Zip Code
23255-0386

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2017

Transaction ID : 8497423

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Crawford, Glen, , MD</p> <p>Mailing Address 411 Middle St</p> <p>City West Newbury State MA Zip Code 01985</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Sports Medicine Atlantic Orthopedics Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt</p> <p>02 / 02 / 2017</p> <p>Transaction ID : 8497424</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Strapko, Stefan, Ivan, , MD</p> <p>Mailing Address 18 Cherry Hollow Rd</p> <p>City Nashua State NH Zip Code 03062</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) New Hampshire Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt</p> <p>02 / 02 / 2017</p> <p>Transaction ID : 8497426</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Pulekines, Joseph, W, , MD</p> <p>Mailing Address 589 Kirkwood Dr</p> <p>City London State KY Zip Code 40744-6457</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Baptist Southeast Orthopaedics Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt</p> <p>02 / 02 / 2017</p> <p>Transaction ID : 8497428</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>			<p>1000.00</p>		
<p>TOTAL This Period (last page this line number only).....▶</p>			<p></p>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Herron, Larry, D, , MD

Mailing Address 219 Indio

City
Shell Beach

State
CA

Zip Code
93449

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2017

Transaction ID : 8497430

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rodriguez, Jose, A, , MD

Mailing Address 535 East 70th Street

City
New York

State
NY

Zip Code
10021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lenox Hill Hosp

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2017

Transaction ID : 8497431

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Burns, Stephen, J, , MD

Mailing Address 1225 E Coolspring Ave

City
Michigan City

State
IN

Zip Code
46360

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Health Partner Medical Group

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2017

Transaction ID : 8497433

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Roberson, James, R, , MD

Mailing Address Dept of Ortho

57 Executive Park Dr South, Ste 16

City

Atlanta

State

GA

Zip Code

30329-2288

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Emory University School of Medicine

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2017

Transaction ID : 8498033

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pevny, Tomas, , , MD

Mailing Address 0401 Castle Creek Rd Ste 2100

City

Aspen

State

CO

Zip Code

81611

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Aspen Valley Hospital/Ortho

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2017

Transaction ID : 8498034

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Albrigo, John, Louis, , MD

Mailing Address 2445 Army-Navy Dr

City

Arlington

State

VA

Zip Code

22206-2905

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anderson Orthopaedic Clinic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2017

Transaction ID : 8498035

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Surdam, Jonathan, William, , MD

Mailing Address 2519 E Summer Creek Dr

City
Bloomington

State
IN

Zip Code
47401-8201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IU Health

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2017

Transaction ID : 8498036

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stanton, Robert, A, , MD

Mailing Address 305 Black Rock Turnpike

City
Fairfield

State
CT

Zip Code
06825-5508

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Specialty Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2017

Transaction ID : 8498039

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Murphy, Paul, C, , MD

Mailing Address 8929 University Center Lane Ste 20

City
San Diego

State
CA

Zip Code
92122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Murphy Sportsmedicine Ctr

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2017

Transaction ID : 8498040

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Parker, Richard, Lee, , MD

Mailing Address 6 Dowling Ct

City
Old Westbury

State
NY

Zip Code
11568

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2017

Transaction ID : 8498041

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Minster, Glenn, J, , MD

Mailing Address 3100 Interlaken

City
West Bloomfield

State
MI

Zip Code
48323

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Saint Claire Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2017

Transaction ID : 8498055

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Zingas, Christopher, , , MD

Mailing Address 23829 Little Mack Ste 100

City
Saint Clair Shores

State
MI

Zip Code
48080

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2017

Transaction ID : 8498056

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
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for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 147 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tobin, Richard, W, , MD

Mailing Address 3415 Eagle Crest Rd NW

City
SalemState
ORZip Code
97304FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
02	03	2017

Transaction ID : 8498058

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Perry, Richard, T, , MD

Mailing Address 23829 Little Mack Ste 100

City

Saint Clair Shores

State
MIZip Code
48080FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Clair Ortho & Sports MedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
02	03	2017

Transaction ID : 8498059

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Duralde, Xavier, A, , MDMailing Address 3200 Downwood Circle
Suite 700

City

Atlanta

State
GAZip Code
30327FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Peachtree Orthopaedic Clinic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
02	03	2017

Transaction ID : 8498066

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

1250.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Greene, Perry, William, , III, MD**

Mailing Address 30575 N Woodward Ave
 Ste 100

City
 Royal Oak

State
 MI

Zip Code
 48073

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Oakland Orthopedics

Occupation (for Individual)
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 03 / 2017

Transaction ID : 8498068

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **Lieberman, Isador, H, , MD, MBA**

Mailing Address Scoliosis and Spine Tumor Center
 6020 W Parker Rd Ste 200

City
 Plano

State
 TX

Zip Code
 75093-8172

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Texas Back Institute

Occupation (for Individual)
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 04 / 2017

Transaction ID : 8498107

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **Renard, Regis, Louis, , MD**

Mailing Address 21 Farnham Loop

City
 Little Rock

State
 AR

Zip Code
 72223

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 UAMS, Department of Orthopaedics

Occupation (for Individual)
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 04 / 2017

Transaction ID : 8498108

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1500.00

TOTAL This Period (last page this line number only).....▶

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Locker, Joseph, R, , MD**

Mailing Address 2240 SW 76th Ln

City
Ocala

State
FL

Zip Code
34476-6770

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Orthopaedic Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2017

Transaction ID : 8498169

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **Stein, Daniel, T, , MD**

Mailing Address 11160 Warner Ave Ste 311

City

Fountain Valley

State

CA

Zip Code

92708-4055

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2017

Transaction ID : 8498181

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **Cameron, Julian A, , , MD**

Mailing Address 405 S Riverside Dr

City

Pompano Beach

State

FL

Zip Code

33062-5528

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Comprehensive Spine Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2017

Transaction ID : 8500465

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

2000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Davidson, Randall, L, , Jr, MD

Mailing Address 1050 N James Campbell Blvd, Ste 20

City
Columbia

State
TN

Zip Code
38401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2017

Transaction ID : 8500466

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lehman, William, L, , Jr, MD

Mailing Address 2605 Colecreek Ln

City
Rock Hill

State
SC

Zip Code
29732

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Carolina Health Care

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2017

Transaction ID : 8500558

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bazih, Jaafar, M, , MD

Mailing Address 2715 S Birmingham Pl

City
Tulsa

State
OK

Zip Code
74104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Tulsa Bone and Joint Assoc

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2017

Transaction ID : 8500559

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rasmussen, Linda, J, , MD

Mailing Address 649 Kanaha St

City
Kailua

State
HI

Zip Code
96734

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Windward Orthopedic Group Inc

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2017

Transaction ID : 8500560

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Billings, Charles, R, , MD

Mailing Address 1430 Tulane Ave

City

New Orleans

State

LA

Zip Code

70112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tulane University

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2017

Transaction ID : 8500565

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Van Meter, Jerry, W, , MD

Mailing Address 1010 Pensacola St

City

Honolulu

State

HI

Zip Code

96814

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2017

Transaction ID : 8500617

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Green, Daniel, William, , MD

Mailing Address 535 E 70th St

City
New York

State
NY

Zip Code
10021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hosp for Special Surgery

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2017

Transaction ID : 8500619

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Paik, Young, Nam, , MD

Mailing Address 4234 Country Club Dr

City
Bakersfield

State
CA

Zip Code
93306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2017

Transaction ID : 8502014

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Leathers, Michael, , , MD

Mailing Address 2801 K St Ste 330

City
Sacramento

State
CA

Zip Code
95816-5119

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2017

Transaction ID : 8502017

Amount of Each Receipt this Period

438.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

863.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Topper, Steven, Michael, , MD

Mailing Address 2925 Professional Pl Ste 201

City
Colorado Springs

State
CO

Zip Code
80904-8133

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Colorado Hand Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 07 / 2017

Transaction ID : 8502019

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Galleno, Humberto, A, , MD

Mailing Address Inter-Community Prof Plaza
315 N 3rd Ave Ste 302

City
Covina

State
CA

Zip Code
91723-1916

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 07 / 2017

Transaction ID : 8502028

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Horwood, Raymond, L, , MD

Mailing Address 1575 Balmoral Way

City
Westlake

State
OH

Zip Code
44145-2416

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Associates

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 07 / 2017

Transaction ID : 8502029

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Amadio, Peter, C., MD

Mailing Address 200 1st St S W

City
RochesterState
MNZip Code
55905FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mayo Clinic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
02	07	2017

Transaction ID : 8502030

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. King, Jeffrey, C., MD

Mailing Address 7665 Finnagen Dr

City
MattawanState
MIZip Code
49071-9541FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bronson Healthcare groupOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
02	07	2017

Transaction ID : 8502034

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nunley, James, Albert, II, MD

Mailing Address 4709 Creekstone Drive, Suite 200

City
DurhamState
NCZip Code
27703-0016FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Duke UniversityOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
02	07	2017

Transaction ID : 8502036

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wells, Matthew, E, , MD

Mailing Address 444 Hendricks Isle Unit 304

City

Fort Lauderdale

State

FL

Zip Code

33301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fort Lauderdale Ortho & Sports Med

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2017

Transaction ID : 8502064

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bathon, G, Howard, , II, MD

Mailing Address 127 Charlesbrooke Road

City

Baltimore

State

MD

Zip Code

21212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Great Balto Medical Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2017

Transaction ID : 8502065

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nelson, Bradley, J, , MD

Mailing Address 6820 Valley View Road

City

Edina

State

MN

Zip Code

55439

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Minnesota

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2017

Transaction ID : 8502145

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fauser, Douglas, J, , MD

Mailing Address 664 Stoneleigh Ave Ste 300

City
Carmel

State
NY

Zip Code
10512

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Somers Ortho Surgery, PC

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2017

Transaction ID : 8502146

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lang, Christopher, John, , MD

Mailing Address 1215 W Chaucer

City
Spokane

State
WA

Zip Code
99208-8675

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Spokane Orthopedics, PLLC

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2017

Transaction ID : 8502147

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jurbala, Brian, M, , MD

Mailing Address 2161 County Rd 540 A #286

City
Lakeland

State
FL

Zip Code
33813

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Highland Center For Orthopaedic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2017

Transaction ID : 8502148

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McNulty, Patrick, , MD

Mailing Address 10981 Keymar Dr

City
Las Vegas

State
NV

Zip Code
89135-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nevada Orthopedic & Spine Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2017

Transaction ID : 8502150

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mendes, John, F, , MD

Mailing Address 97 Old Chester Rd

City
Essex Fells

State
NJ

Zip Code
07021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack UMC Mountainside

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2017

Transaction ID : 8502151

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Guy, Daniel, K., , MD

Mailing Address 630 Country Club Rd

City
Lagrange

State
GA

Zip Code
30240-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Emory Southern Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2017

Transaction ID : 8502429

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cheung, Felix, Ho-Ming, , MD

Mailing Address 532 12th Ave

City
Huntington

State
WV

Zip Code
25701-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2017

Transaction ID : 8502436

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Weiss, Molly, Ann, , MD

Mailing Address 2361 Azteca Drive

City
Vincennes

State
IN

Zip Code
47591

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2017

Transaction ID : 8502450

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Townsend, Peter, F, , MD

Mailing Address 1941 Limestone Road
Suite 101

City
Wilmington

State
DE

Zip Code
19808-5413

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Delaware Orthopaedic Specialists

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2017

Transaction ID : 8502452

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Espinoza, Luis, M, , MD

Mailing Address 5 Savannah Ridge Lane

City

Metairie

State

LA

Zip Code

70001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2017

Transaction ID : 8502939

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wichman, Mark, T, , MD

Mailing Address 4414 W River Willows Ct

City

Mequon

State

WI

Zip Code

53092

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Aurora Advanced Orthopedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2017

Transaction ID : 8503307

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Coates, Kevin, E, , MD, MBA, M

Mailing Address 5651 Goldenberry Ct

City

Winston Salem

State

NC

Zip Code

27106-9840

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Forest Baptist Medical Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2017

Transaction ID : 8503308

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Robb, William, J, , III, MD

Mailing Address 23 Indian Hill Rd

City
Winnetka

State
IL

Zip Code
60093-3940

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Illinois Bone and Joint

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2017

Transaction ID : 8503309

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Weiss, Nicholas, G, , MD

Mailing Address 14916 122nd St N

City
Stillwater

State
MN

Zip Code
55082-9514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Twin City Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2017

Transaction ID : 8503313

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Yucha, David, , , MD

Mailing Address 628 Olympia Hills Circle

City
Berwyn

State
PA

Zip Code
19312

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Premier Orthopaedic & Sports Med

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2017

Transaction ID : 8503314

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Tradonsky, Steven, , MD</p> <p>Mailing Address 7485 Mission Valley Rd Ste 104</p> <p>City San Diego State CA Zip Code 92108</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) California Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt</p> <p>02 / 08 / 2017</p> <p>Transaction ID : 8503315</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Lee, Christopher, Lawrence, , MD</p> <p>Mailing Address 23829 Little Mack Ste 100</p> <p>City Saint Clair Shores State MI Zip Code 48080</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt</p> <p>02 / 08 / 2017</p> <p>Transaction ID : 8503317</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Fleeter, Thomas, B, , MD</p> <p>Mailing Address 1860 Town Center Dr Ste 300</p> <p>City Reston State VA Zip Code 20190</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt</p> <p>02 / 08 / 2017</p> <p>Transaction ID : 8503336</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1750.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Repicci, John, A, , MD</p> <p>Mailing Address 4510 Main St</p> <p>City Buffalo State NY Zip Code 14226-3800</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt</p> <p>02 / 08 / 2017</p> <p>Transaction ID : 8503338</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Ruth, Robert, M, , MD</p> <p>Mailing Address 5265 Paseo Camio</p> <p>City Santa Barbara State CA Zip Code 93111</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt</p> <p>02 / 08 / 2017</p> <p>Transaction ID : 8503350</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Cirrincione, Ciro, , , MD</p> <p>Mailing Address 19 S Meadow Ct</p> <p>City South Barrington State IL Zip Code 60010</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Barrington Orthopedics Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 375.00</p>		<p>Date of Receipt</p> <p>02 / 08 / 2017</p> <p>Transaction ID : 8503353</p> <p>Amount of Each Receipt this Period 375.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		1375.00
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Grant, Michael, P., MD

Mailing Address 75 Springdale Place

City
Longmont

State
CO

Zip Code
80504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Estes Park Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2017

Transaction ID : 8503354

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. De Campos, Juliet, M., MD

Mailing Address 3400 Oakmont Drive

City
Pensacola

State
FL

Zip Code
32503-6900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Andrews Institute Baptist Healthcare

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2017

Transaction ID : 8503356

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Oliver, R, Scott, , MD

Mailing Address Plymouth Bay Orthopedic Associates
95 Tremont Ste One

City
Duxbury

State
MA

Zip Code
02332

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2017

Transaction ID : 8503357

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fitzgibbons, Timothy, Charles, , MD

Mailing Address 9824 Nottingham Dr

City
Omaha

State
NE

Zip Code
68114

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2017

Transaction ID : 8503361

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vittetoe, David, , , MD

Mailing Address 24761 Timber Hills Ln

City
Adel

State
IA

Zip Code
50003-8421

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Des Moines Orthopaedic Surgeons PC

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2017

Transaction ID : 8503362

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Taksali, Sudeep, , , MD

Mailing Address 7535 SW Schroeder Way

City
Wilsonville

State
OR

Zip Code
97070-9574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hope Orthopedics of Oregon

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2017

Transaction ID : 8503525

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Deben, Sophia, E, , MD

Mailing Address P.O. Box 143937

City
Coral Gables

State
FL

Zip Code
33114-3937

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Specialists of Miami Beach

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2017

Transaction ID : 8503531

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lintecum, Neal, D, , MD

Mailing Address 789 N 1500 Road

City
Lawrence

State
KS

Zip Code
66049

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2017

Transaction ID : 8504164

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jolley, Jay, E, , II, MD

Mailing Address 281 N Lyerly St Ste 300

City
Chattanooga

State
TN

Zip Code
37404-2728

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2017

Transaction ID : 8504165

Amount of Each Receipt this Period

500.00

☐ Memo Item

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TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wilber, John, Howard, , MD

Mailing Address 14255 County Line Rd

City
Chagrin Falls

State
OH

Zip Code
44022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Case Western Reserve University

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2017

Transaction ID : 8504559

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Matarese, William, A, , MD

Mailing Address 248 Hidden Pond Path

City
Franklin Lakes

State
NJ

Zip Code
07417

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2017

Transaction ID : 8505440

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Talbert, Timothy, W, , MD

Mailing Address 845 Oneonta St

City
Shreveport

State
LA

Zip Code
71106-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2017

Transaction ID : 8509506

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Cook, Charles, E, , MD</p> <p>Mailing Address 1508 Bonham Court</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 02 / 10 / 2017</p> <p>Transaction ID : 8509515</p>		
<p>City</p> <p>Irving</p>	<p>State</p> <p>TX</p>	<p>Zip Code</p> <p>75038-5900</p>	<p>Amount of Each Receipt this Period</p> <p>1000.00</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Memo Item</p>		
<p>Name of Employer (for Individual)</p> <p>Self Employed</p>			<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Aggregate Year-to-Date ▼</p> <p>1000.00</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Johnson, Paul, G, , MD</p> <p>Mailing Address 18646 Vogel Farm Trail</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 02 / 10 / 2017</p> <p>Transaction ID : 8509522</p>		
<p>City</p> <p>Eden Prairie</p>	<p>State</p> <p>MN</p>	<p>Zip Code</p> <p>55347</p>	<p>Amount of Each Receipt this Period</p> <p>1000.00</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Memo Item</p>		
<p>Name of Employer (for Individual)</p> <p>Park Nicollete</p>			<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Aggregate Year-to-Date ▼</p> <p>1000.00</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Koh, Jason, L, , MD</p> <p>Mailing Address 308 Woodley Road</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 02 / 10 / 2017</p> <p>Transaction ID : 8509523</p>		
<p>City</p> <p>Winnetka</p>	<p>State</p> <p>IL</p>	<p>Zip Code</p> <p>60093</p>	<p>Amount of Each Receipt this Period</p> <p>1000.00</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Memo Item</p>		
<p>Name of Employer (for Individual)</p> <p>NorthShore Hospital</p>			<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>			<p>Aggregate Year-to-Date ▼</p> <p>1000.00</p>		
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>			<p>3000.00</p>		
<p>TOTAL This Period (last page this line number only).....▶</p>					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mack, Philip, William, , MD

Mailing Address 6 Ericka Circle

City

East Longmeadow

State

MA

Zip Code

01028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Connecticut Childrens Medical Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2017

Transaction ID : 8509524

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Proctor, Christopher, S, , MD

Mailing Address 465 Las Palmas Dr

City

Santa Barbara

State

CA

Zip Code

93110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Alta Orthopedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2017

Transaction ID : 8509525

Amount of Each Receipt this Period

525.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Duwelius, Paul, J, , MD

Mailing Address 16925 Scott Ct

City

Lake Oswego

State

OR

Zip Code

97034

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orthopedic & Fracture Specialists

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2017

Transaction ID : 8509526

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1775.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brown, Richard, A, , MD

Mailing Address 9850 Genesee Ave Ste 210

City
La Jolla

State
CA

Zip Code
92037-1206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Torrey Pines Orthopaedic Medical Group

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2017

Transaction ID : 8509527

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McInerney, Vincent, K, , MD

Mailing Address 504 Valley Road Ste 200

City
Wayne

State
NJ

Zip Code
07470-3534

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New Jersey Orthopedic Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2017

Transaction ID : 8509540

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Festa, Anthony, , , MD

Mailing Address 78 Laurel Hill Rd

City
Mountain Lakes

State
NJ

Zip Code
07046

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New Jersey Orthopaedic Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2017

Transaction ID : 8509541

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Limoni, Robert, P, , MD

Mailing Address 3072 Bay Settlement Ct

City

Green Bay

State

WI

Zip Code

54311-7274

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baycare Clinic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2017

Transaction ID : 8509543

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Patel, Milan, M, , MD

Mailing Address 3836 Sidestreet

City

Atlanta

State

GA

Zip Code

30341-1773

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Resurgens Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2017

Transaction ID : 8509586

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kessler, J, Patrick, , MD

Mailing Address 613 Hemlock Hills Dr

City

Franklin

State

NC

Zip Code

28734-0227

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Center for Orthopaedics & Sports Medic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2017

Transaction ID : 8509590

Amount of Each Receipt this Period

400.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Johnson, Gregory, K, , MD

Mailing Address 288 Groveland St

City
Haverhill

State
MA

Zip Code
01830-6669

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Associates In Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2017

Transaction ID : 8509593

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Starynski, John, Robert, , MD

Mailing Address 8118 Northern Rd

City
Minocqua

State
WI

Zip Code
54548-9103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2017

Transaction ID : 8509595

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Swayze, Orrin, Scott, , MD

Mailing Address 1601 West Wesley Road

City
Atlanta

State
GA

Zip Code
30327-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2017

Transaction ID : 8509597

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Sirounian, Gregory, H, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 10 Merillon Ave City Garden City State NY Zip Code 11530-1334 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Winthrop Orthopedic Associates Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 02 / 12 / 2017 Transaction ID : 8509613 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item
B. Malone, Stephen, L, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 923 Westover Rd City Wilmington State DE Zip Code 19807-2980 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) The Orthopaedic Spine Ctr PA Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00			Date of Receipt M M / D D / Y Y Y Y Y 02 / 13 / 2017 Transaction ID : 8509632 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
C. Galinat, Brian, J, , MD, MBA Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1101 Hillside Rd City Greenville State DE Zip Code 19807-2215 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Delaware Orthopaedic Specialists Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 02 / 13 / 2017 Transaction ID : 8509634 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			2500.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Flemister, Adolph, Samuel, , Jr, MD

Mailing Address 601 Elmwood Ave Box 665

City
Rochester

State
NY

Zip Code
14642-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of Rochester Med Ctr

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2017

Transaction ID : 8511147

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nichols, Reid, Boyce, , MD

Mailing Address 807 Berkeley Rd

City
Wilmington

State
DE

Zip Code
19807-2809

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Nemours/Al Dupont Hosp For Children

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2017

Transaction ID : 8511252

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. DiFelice, Angelo, , , Jr, MD

Mailing Address 15410 Treyburn Manor View

City
Milton

State
GA

Zip Code
30004-3099

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Resurgens Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2017

Transaction ID : 8511351

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lajam, Claudette, Malvina, , MD

Mailing Address 30 Knollwood Dr

City
Larchmont

State
NY

Zip Code
10538-1238

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hosp for Joint Disease

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2017

Transaction ID : 8511470

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Delfico, Anthony, John, , MD

Mailing Address 85 S Maple Ave

City
Ridgewood

State
NJ

Zip Code
07450

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2017

Transaction ID : 8511735

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. VanDyke, Travis, Boyd, , MD

Mailing Address 725 Baxter Street

City
Orlando

State
FL

Zip Code
32806

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orlando Orthopaedic Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2017

Transaction ID : 8511739

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Goll, Stephen, R., MD

Mailing Address 315 E New England Ave Unit 4

City
Winter Park

State
FL

Zip Code
32789-4477

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2017

Transaction ID : 8511740

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schwartzberg, Randy, Steven, MD

Mailing Address 111 Arrowhead Court

City
Winter Springs

State
FL

Zip Code
32708

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2017

Transaction ID : 8511741

Amount of Each Receipt this Period

700.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Blick, Samuel, S., MD

Mailing Address 8707 Southern Breeze Dr

City
Orlando

State
FL

Zip Code
32836

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2017

Transaction ID : 8511742

Amount of Each Receipt this Period

700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Weber, Steven, , DO**

Mailing Address 25 West Crystal Lake St Ste 200

City
Orlando

State
FL

Zip Code
32806

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2017

Transaction ID : 8511743

Amount of Each Receipt this Period

850.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **Bonenberger, Eric, Gunn, , MD**

Mailing Address 8994 Hubbard Place

City
Orlando

State
FL

Zip Code
32819

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2017

Transaction ID : 8511744

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **Burkhart, Bradd, , , MD**

Mailing Address 1600 Legion Drive

City
Winter Park

State
FL

Zip Code
32789

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orlando Orthopaedic Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2017

Transaction ID : 8511745

Amount of Each Receipt this Period

700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

2550.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jones, Craig, P, , MD

Mailing Address 1345 Spring Lake Dr

City
Orlando

State
FL

Zip Code
32804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2017

Transaction ID : 8511746

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reuss, Bryan, Lee, , MD

Mailing Address 476 Sylvan Dr

City
Winter Park

State
FL

Zip Code
32789-3975

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2017

Transaction ID : 8511747

Amount of Each Receipt this Period

600.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. McBride, G, Grady, , MD

Mailing Address 1530 Palmer Ave

City
Winter Park

State
FL

Zip Code
32789-2751

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orlando Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2017

Transaction ID : 8511748

Amount of Each Receipt this Period

700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Halperin, Lawrence, S, , MD

Mailing Address 408 Spring Valley Ln

City

Altamonte Springs

State

FL

Zip Code

32714-5828

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orlando Orthopaedic Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2017

Transaction ID : 8511749

Amount of Each Receipt this Period

850.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Toman, Jared, A, , MD, MBA

Mailing Address 105 Lower Meigs Rd

City

Moultrie

State

GA

Zip Code

31768-0495

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Southactive Orthopedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2017

Transaction ID : 8511751

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mileski, Robert, Allen, , MD

Mailing Address 8555 E Voltaire

City

Scottsdale

State

AZ

Zip Code

85260-4143

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Phoenix Orthopedic Group

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2017

Transaction ID : 8511753

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Carofino, Bradley, C, , MD

Mailing Address 3377 Herons Gate

City
Virginia Beach

State
VA

Zip Code
23452-6148

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2017

Transaction ID : 8511756

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Comisar, Bruce, Rodney, , Jr, MD

Mailing Address 7786 Brandon Rd

City
New Albany

State
OH

Zip Code
43054-9005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoNeuro

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2017

Transaction ID : 8511758

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Greisman, Richard, Alan, , MD

Mailing Address 626 Stanley

City
Ardmore

State
OK

Zip Code
73401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2017

Transaction ID : 8511759

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Halikis, Nicholas, M, , MD</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 02 / 13 / 2017</p> <p>Transaction ID : 8511785</p>		
<p>Mailing Address 23456 Hawthorne Blvd Ste 300</p>			<p>Amount of Each Receipt this Period</p> <p>300.00</p>		
<p>City</p> <p>Torrance</p>	<p>State</p> <p>CA</p>	<p>Zip Code</p> <p>90505</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>300.00</p>		
<p>Name of Employer (for Individual)</p> <p>Self Employed</p>			<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Zak, Paul, J, , MD</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 02 / 13 / 2017</p> <p>Transaction ID : 8511788</p>		
<p>Mailing Address 879 Harbor Island</p>			<p>Amount of Each Receipt this Period</p> <p>250.00</p>		
<p>City</p> <p>Clearwater Beach</p>	<p>State</p> <p>FL</p>	<p>Zip Code</p> <p>33767</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>250.00</p>		
<p>Name of Employer (for Individual)</p> <p>Coastal Spine Specialists</p>			<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Furey, Christopher, George, , MD</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 02 / 13 / 2017</p> <p>Transaction ID : 8511790</p>		
<p>Mailing Address 18900 South Woodland Road</p>			<p>Amount of Each Receipt this Period</p> <p>500.00</p>		
<p>City</p> <p>Shaker Heights</p>	<p>State</p> <p>OH</p>	<p>Zip Code</p> <p>44122</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>500.00</p>		
<p>Name of Employer (for Individual)</p> <p>Self Employed</p>			<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>					
<p>SUBTOTAL of Receipts This Page (optional).....</p>			<p>1050.00</p>		
<p>TOTAL This Period (last page this line number only).....</p>					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Heck, Christopher, , MD

Mailing Address 6233 Monticello Cove

City
Montgomery

State
AL

Zip Code
36117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southern Orthopaedic Surgeons LLC

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2017

Transaction ID : 8511791

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mesna, David, P, , MD

Mailing Address 3704 Camino Codorniz

City
Calabasas

State
CA

Zip Code
91302-3043

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaiser Permanente

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2017

Transaction ID : 8511792

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Diminick, Michael, J, , MD

Mailing Address 1492 Langhorne Rd

City
Lynchburg

State
VA

Zip Code
24503-2516

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoVirginia

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 14 / 2017

Transaction ID : 8512683

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Montgomery, Thomas, J, , MD**

Mailing Address 1301 Camellia Blvd, Ste 102

City
Lafayette

State
LA

Zip Code
70508-7090

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2017

Transaction ID : 8512694

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **Ellender, Patrick, Roan, , MD**

Mailing Address 202 Nottoway Dr

City
Houma

State
LA

Zip Code
70360-8933

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orthopedic Sports Specialists of Louis

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2017

Transaction ID : 8512697

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **Rosenzweig, Seth, , , MD**

Mailing Address 500 N Lewis Ste 280

City
New Iberia

State
LA

Zip Code
70563-2046

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2017

Transaction ID : 8512698

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Emery, Sanford, E, , MD, MBA

Mailing Address 3958 Eastlake Dr

City
Morgantown

State
WV

Zip Code
26508

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WVU Dept of Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2017

Transaction ID : 8512724

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sweetser, Edward, R, , MD

Mailing Address 5020 Creosote Run Rd

City
Las Cruces

State
NM

Zip Code
88011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mountain View Reg Med Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2017

Transaction ID : 8512729

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Donner, E, Jeffrey, , MD

Mailing Address 1500 Linden Lake Road

City
Fort Collins

State
CO

Zip Code
80524

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2017

Transaction ID : 8512730

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nenadovich, Nikola, , MD

Mailing Address 1540 Sand Creek Dr

City
ChestertonState
INZip Code
46304FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lakeshore Bone and JointOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
02	14	2017

Transaction ID : 8512732

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dart, Bradley, Robert, , MDMailing Address Ortho Res Program
929 N St Francis, Room 4076City
WichitaState
KSZip Code
67214-3882FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advanced Orthopaedic AssociatesOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
02	14	2017

Transaction ID : 8512733

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Allen, William, D, , MD

Mailing Address 1430 My Drive

City
ZanesvilleState
OHZip Code
43701FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Assoc of ZanesvilleOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
02	14	2017

Transaction ID : 8512760

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 185 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Griffith, R, Bryan, , Jr, MD

Mailing Address 8080 Bluebonnet Blvd Ste 1000

City
Baton RougeState
LAZip Code
70810FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baton Rouge Orthopaedic ClinicOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
02	14	2017

Transaction ID : 8512807

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. David, Tal, S, , MD

Mailing Address 5165 Rancho Quinta Bend

City
San DiegoState
CAZip Code
92130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Synergy Specialists Medical GroupOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
02	14	2017

Transaction ID : 8512808

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rojer, David, Eli, , MD

Mailing Address 419 Walton Rd

City
MaplewoodState
NJZip Code
07040-1119FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
02	14	2017

Transaction ID : 8513329

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

2250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Kalman, Victor, R, , DO</p> <p>Mailing Address 9 Summerknoll Circle</p> <p>City Newark State DE Zip Code 19711-2488</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt</p> <p>02 / 15 / 2017</p> <p>Transaction ID : 8513335</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Weinstein, Michael, P, , MD</p> <p>Mailing Address 360 San Miguel Dr Ste 701</p> <p>City Newport Beach State CA Zip Code 92660-5927</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00</p>			<p>Date of Receipt</p> <p>02 / 15 / 2017</p> <p>Transaction ID : 8515048</p> <p>Amount of Each Receipt this Period 375.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Rose, Nicholas, E, , MD</p> <p>Mailing Address 360 San Miguel Dr Ste 701</p> <p>City Newport Beach State CA Zip Code 92660</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt</p> <p>02 / 15 / 2017</p> <p>Transaction ID : 8515049</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1375.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mikulak, Stephen, Andrew, , MD

Mailing Address 360 San Miguel Dr Ste 701

City
Newport Beach

State
CA

Zip Code
92660

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2017

Transaction ID : 8515050

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lilley, James, Craig, , MD

Mailing Address 4475 Cardinal Cushing

City
Claremont

State
CA

Zip Code
91711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2017

Transaction ID : 8515052

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dodson, Mark, A, , MD

Mailing Address 3444 Masonic Dr

City
Alexandria

State
LA

Zip Code
71301-3615

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Central Louisiana Surgical Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2017

Transaction ID : 8515056

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Garvey, Timothy, A, , MD

Mailing Address Twin Cities Spine Center
913 E 26th St Ste 600

City
Minneapolis

State
MN

Zip Code
55404

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Twin City Spine Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2017

Transaction ID : 8515057

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dacre, Alan, , , MD

Mailing Address 141 Country Acres Road

City
Riverton

State
WY

Zip Code
82501-8933

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoMontana

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2017

Transaction ID : 8515058

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Black, Kevin, P, , MD

Mailing Address 329 Para Avenue

City
Hershey

State
PA

Zip Code
17033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Penn State Hershey Med Ctr

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2017

Transaction ID : 8515059

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Schaaf, Adam, Carlton, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">02 / 15 / 2017</div> </div> Transaction ID : 8515060	
Mailing Address 161 King George Street			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>	
City Daniel Island	State SC	Zip Code 29492	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>	
Name of Employer (for Individual) Low Country Orthopaedics			Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

B. Rivero, Dennis, P, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">02 / 15 / 2017</div> </div> Transaction ID : 8515061	
Mailing Address 8177 S Harvard St #533			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>	
City Tulsa	State OK	Zip Code 74137	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>	
Name of Employer (for Individual) Muskogee Surgical Associates			Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

C. Manson, Theodore, Thomas, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">02 / 15 / 2017</div> </div> Transaction ID : 8515062	
Mailing Address 1401 Muirfield Close			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>	
City Bel Air	State MD	Zip Code 21015	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>	
Name of Employer (for Individual) University of Maryland			Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

SUBTOTAL of Receipts This Page (optional).....	<div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div>
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gonzalez, Julio, , MD

Mailing Address 217 Bayside Dr

City
Venice

State
FL

Zip Code
34285-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Center of Venice

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2017

Transaction ID : 8515063

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pinto, Mark, C, , MD

Mailing Address 1382 Waterways Dr

City
Ann Arbor

State
MI

Zip Code
48108

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2017

Transaction ID : 8519307

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shrock, Kevin, B, , MD

Mailing Address 1414 SE 3rd Ave

City
Fort Lauderdale

State
FL

Zip Code
33316-1910

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2017

Transaction ID : 8519683

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Newson, Graham, , ,

Mailing Address 317 Massachusetts Ave NE
1st Floor

City
Washington

State
DC

Zip Code
20002-5769

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

American Academy of Orthopaedic Surg

Occupation (for Individual)

Director, Office of Government Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2017

Transaction ID : 8519684

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ritchie, William, L, , IV, MD

Mailing Address 201 Cedar SE Ste 6600

City

Albuquerque

State

NM

Zip Code

87106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2017

Transaction ID : 8519687

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ferkel, Richard, D, , MD

Mailing Address 6815 Noble Ave Frnt

City

Van Nuys

State

CA

Zip Code

91405-6515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Southern California Ortho

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2017

Transaction ID : 8519943

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Carlson, William, E, , MD</p> <p>Mailing Address 3 SE Tuscan Lane</p> <p>City Stuart State FL Zip Code 34996-6754</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) South Florida Orthopaedics Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt</p> <p>02 / 17 / 2017</p> <p>Transaction ID : 8520698</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Mandell, Peter, J, , MD</p> <p>Mailing Address 1663 Rollins Rd</p> <p>City Burlingame State CA Zip Code 94010</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>			<p>Date of Receipt</p> <p>02 / 17 / 2017</p> <p>Transaction ID : 8522020</p> <p>Amount of Each Receipt this Period 5000.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Dolan, Mark, M, , MD</p> <p>Mailing Address 747 Church St SE</p> <p>City Salem State OR Zip Code 97301</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt</p> <p>02 / 17 / 2017</p> <p>Transaction ID : 8522023</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>6250.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Carlson, Mark, E, , MD

Mailing Address 2912 Spring Creek Rd

City
Rockford

State
IL

Zip Code
61107-1062

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 17 / 2017

Transaction ID : 8522024

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bowen, William, Scott, , MD

Mailing Address 5 St Vincent Cir Ste 100

City
Little Rock

State
AR

Zip Code
72205-5412

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 17 / 2017

Transaction ID : 8522030

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kumler, K, William, , MD, MBA

Mailing Address 903 Ridgewood Dr

City
Maysville

State
KY

Zip Code
41056

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mediview Orthopedic Care Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 17 / 2017

Transaction ID : 8522046

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Saltzman, Andrew, T, , MD

Mailing Address 610 Winterwood Drive

City
Evansville

State
IN

Zip Code
47715

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 17 / 2017

Transaction ID : 8522048

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Redfern, Fred, C, , MD

Mailing Address 2218 Chatsworth Court

City
Henderson

State
NV

Zip Code
89074

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 17 / 2017

Transaction ID : 8522049

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sutker, Benjamin, David, , MD

Mailing Address 2 Hibernia Rd

City
Savannah

State
GA

Zip Code
31400

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Optim Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 17 / 2017

Transaction ID : 8522053

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

3000.00

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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Lutz, R, Bruce, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 16 Lakewood Dr City Media State PA Zip Code 19063-1808 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 17 / 2017 Transaction ID : 8522171 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
B. Snyder, Barry, J, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 497 Long Ln City Huntingdon Valley State PA Zip Code 19006-2932 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 17 / 2017 Transaction ID : 8522189 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
C. Pring, Maya, , , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 2528 Denver St City San Diego State CA Zip Code 92110-3339 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Rady Children's Hospital Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 18 / 2017 Transaction ID : 8522193 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			2500.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Noonan, Thomas, John, , MD

Mailing Address 101 Falcon Hills Dr

City
Highlands Ranch

State
CO

Zip Code
80126-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Steadman Hawkins Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2017

Transaction ID : 8522195

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Krivchenia, Gregory, B, , II, MD

Mailing Address 800 Grand Central Ave. Suite 6

City
Vienna

State
WV

Zip Code
26105-2150

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2017

Transaction ID : 8522197

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lundy, Douglas, W, , MD, MBA

Mailing Address 1368 Wynbrook Trace

City
Mableton

State
GA

Zip Code
30126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Resurgens Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2017

Transaction ID : 8522205

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wint, Jeffrey, C, , MD

Mailing Address Hand Center of Western Mass
3550 Main St Ste 204

City
Springfield

State
MA

Zip Code
01107-1708

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2017

Transaction ID : 8522208

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hsu, Joseph, R, , MD

Mailing Address 2816 Hedgewyk Pl

City

Charlotte

State

NC

Zip Code

28211-1663

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Carolinas Medical Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2017

Transaction ID : 8522209

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Murphy, Brian, A, , MD

Mailing Address 3803 Highknob Circle

City

Naperville

State

IL

Zip Code

60564-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

M & M Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2017

Transaction ID : 8522723

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 198 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Womack, Michael, Shay, , MD

Mailing Address 440 Oakmont Circle

City
MariettaState
GAZip Code
30067-4820FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Resurgens OrthopaedicsOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
02	20	2017

Transaction ID : 8524299

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Broyles, Joseph, E, , MD

Mailing Address 1371 Elmcrest Dr

City

Baton Rouge

State

LA

Zip Code

70808-8882

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
02	10	2017

Transaction ID : 8524499

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Yerger, Edward, Scott, , MD

Mailing Address 805 Woodvale Ave

City

Lafayette

State

LA

Zip Code

70503-4143

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Acadiana Orthopaedic GroupOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
02	10	2017

Transaction ID : 8524500

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. O'Brien, Michael, J, , MD			Date of Receipt M M / D D / Y Y Y Y Y 02 / 10 / 2017 Transaction ID : 8524501	
Mailing Address 44 Gull St			Amount of Each Receipt this Period 500.00	
City New Orleans	State LA	Zip Code 70124-4302	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00	
Name of Employer (for Individual) Tulane University		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gallagher, Daniel, J, , MD			Date of Receipt M M / D D / Y Y Y Y Y 02 / 10 / 2017 Transaction ID : 8524502	
Mailing Address 4633 Wichers Dr Ste 100			Amount of Each Receipt this Period 500.00	
City Marrero	State LA	Zip Code 70072-3096	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00	
Name of Employer (for Individual) Bone Joint Clinic		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Shackleton, Robert, L, , MD			Date of Receipt M M / D D / Y Y Y Y Y 02 / 10 / 2017 Transaction ID : 8524503	
Mailing Address 130 W Oakridge Park			Amount of Each Receipt this Period 1000.00	
City Metairie	State LA	Zip Code 70005-4021	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1000.00	
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional).....			2000.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Bankston, Larry, S., Jr, MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1854 Cedardale Ave City Baton Rouge State LA Zip Code 70808-2803 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 10 / 2017 Transaction ID : 8524504 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
B. Rodriguez, Ricardo, J., MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 6666 Pikes Lane City Baton Rouge State LA Zip Code 70808-4272 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 10 / 2017 Transaction ID : 8524505 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
C. Barton, R, Shane, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 11 Cliffwood Place City Shreveport State LA Zip Code 71106-7703 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 10 / 2017 Transaction ID : 8524506 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			3000.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bostick, Robert, Douglas, , MD

Mailing Address 920 Avenue B

City
Marrero

State
LA

Zip Code
70072-3112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jefferson Orthopedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2017

Transaction ID : 8524616

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Maloney, William, J, , MD

Mailing Address 450 Broadway
Mail Code 6342

City

Redwood City

State

CA

Zip Code

94063

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stanford

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2017

Transaction ID : 8524762

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jeray, Kyle, James, , MD

Mailing Address Dept. of Orthopedic Surgery
701 Grove Rd, 2nd FL Support Tower

City

Greenville

State

SC

Zip Code

29605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Greenville Health System

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2017

Transaction ID : 8525900

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bear, Brian, Jeffrey, , MD

Mailing Address 324 Roxbury Rd

City
Rockford

State
IL

Zip Code
61107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2017

Transaction ID : 8525905

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hayter, Ronald, G, , MD

Mailing Address 2146 Camden Way

City
Clearwater

State
FL

Zip Code
33759

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2017

Transaction ID : 8525906

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kelly, Robert, A, , MD

Mailing Address 3084 W Roxboro Rd NE

City
Atlanta

State
GA

Zip Code
30324-2922

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Resurgens Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2017

Transaction ID : 8525922

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Santiago-Figueroa, Jose, Miguel, , MD

Mailing Address Cond Plaza de Diego
 310 Ave de Diego Ste 301

City
 San Juan

State
 PR

Zip Code
 00909-1730

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 20 / 2017

Transaction ID : 8525946

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mungo, David, Victor, , MD

Mailing Address 11218 Clapsaddle Ave NE

City
 Alliance

State
 OH

Zip Code
 44601-9765

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Alliance Medical Foundation

Occupation (for Individual)
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 21 / 2017

Transaction ID : 8525994

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Malerich, Matthew, M, , MD

Mailing Address PO Box 1927

City
 Bakersfield

State
 CA

Zip Code
 93303-1927

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 21 / 2017

Transaction ID : 8525995

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Denton, John, R, , MD

Mailing Address 1333A North Ave
PMB 434

City
New Rochelle

State
NY

Zip Code
10804-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2017

Transaction ID : 8525996

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jacobs-EI, Jamil, , , MD

Mailing Address PO Box 5110

City

River Forest

State

IL

Zip Code

60305-5110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Dreyer Medical Clinic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2017

Transaction ID : 8525997

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Evanich, Christopher, John, , MD

Mailing Address 2323 North Mayfair Rd
Suite 300

City

Wauwatosa

State

WI

Zip Code

53226

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Midwest Orthopedic Specialty Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2017

Transaction ID : 8525999

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

3000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ginter, Jeffrey, R., MD, FACS

Mailing Address 13827 Driftwood Dr

City
Carmel

State
IN

Zip Code
46033-8511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Riverview Health

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 21 / 2017

Transaction ID : 8526000

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gorsche, Thomas, S., MD

Mailing Address 1633 Dakota Drive

City
Waterloo

State
IA

Zip Code
50701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cedar Valley Med Spec

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 21 / 2017

Transaction ID : 8526001

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fromm, Stuart, E., MD

Mailing Address PO Box 6850

City
Rapid City

State
SD

Zip Code
57709-6850

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Black Hills Ortho & Spine Ctr

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 21 / 2017

Transaction ID : 8526002

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Beal, Terry, Jackman, , MD

Mailing Address 1309 Eagle Trail

City
Copperas Cove

State
TX

Zip Code
76522-1967

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Central Texas Orthopaedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 21 / 2017

Transaction ID : 8526005

Amount of Each Receipt this Period

600.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Edwards, John, Covey, , MD

Mailing Address 1551 S Renaissance Town Dr Ste 400

City
Bountiful

State
UT

Zip Code
84010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 21 / 2017

Transaction ID : 8526008

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Lang, Gerald, J, , MD

Mailing Address 1309 Redan Drive

City
Verona

State
WI

Zip Code
53593-7820

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Wisconsin

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2017

Transaction ID : 8526410

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Catallozzi, Kenneth, R, , MD

Mailing Address 216 East Shore Road

City
JamestownState
RIZip Code
02835-1633FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Associates, IncOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2017

Transaction ID : 8526523

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. O'Hara, James, P, , MD

Mailing Address PO Box 1358

City

Point Reyes Station

State

CA

Zip Code

94956-1358

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2017

Transaction ID : 8526535

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Grogan, Thomas, J, , MD

Mailing Address 521 S. Westgate Ave

City

Los Angeles

State

CA

Zip Code

90049

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2017

Transaction ID : 8526536

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hunt, Kenneth, , , MD

Mailing Address 34 Viking Dr

City
Englewood

State
CO

Zip Code
80113-7002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Colorado

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2017

Transaction ID : 8526558

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Malone, Stephen, L, , MD

Mailing Address 923 Westover Rd

City
Wilmington

State
DE

Zip Code
19807-2980

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Orthopaedic Spine Ctr PA

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2017

Transaction ID : 8526693

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kumler, K, William, , MD, MBA

Mailing Address 903 Ridgewood Dr

City
Maysville

State
KY

Zip Code
41056

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mediview Orthopedic Care Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2017

Transaction ID : 8528216

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Kennedy, E, Jeff, , MD</p> <p>Mailing Address 235 Johnstone Dr</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 02 / 26 / 2017</p> <p>Transaction ID : 8528256</p> <p>Amount of Each Receipt this Period</p> <p>250.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p>City</p> <p>Madison</p>	<p>State</p> <p>MS</p>	<p>Zip Code</p> <p>39110-7686</p>			
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>					
<p>Name of Employer (for Individual)</p> <p>Self Employed</p>		<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>			
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼</p> <p>250.00</p>			
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Orfaly, Robert, M, , MD</p> <p>Mailing Address 13593 Streamside Dr</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 02 / 26 / 2017</p> <p>Transaction ID : 8528259</p> <p>Amount of Each Receipt this Period</p> <p>1000.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p>City</p> <p>Lake Oswego</p>	<p>State</p> <p>OR</p>	<p>Zip Code</p> <p>97035-1386</p>			
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>					
<p>Name of Employer (for Individual)</p> <p>Oregon Health & Science University</p>		<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>			
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼</p> <p>1000.00</p>			
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Gibson, Wilford, K, , MD</p> <p>Mailing Address 4003 Arrowhead Point Ct</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 02 / 26 / 2017</p> <p>Transaction ID : 8528261</p> <p>Amount of Each Receipt this Period</p> <p>1000.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p>City</p> <p>Virginia Beach</p>	<p>State</p> <p>VA</p>	<p>Zip Code</p> <p>23455-4452</p>			
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>					
<p>Name of Employer (for Individual)</p> <p>Vann Virginia Center For Orthopaedics</p>		<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>			
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>		<p>Aggregate Year-to-Date ▼</p> <p>1000.00</p>			
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>			<p>2250.00</p>		
<p>TOTAL This Period (last page this line number only).....▶</p>					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Bries, Andrew, David, , MD</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 02 / 27 / 2017</p> <p>Transaction ID : 8528262</p>		
<p>Mailing Address 3126 Westminster Rd</p>			<p>Amount of Each Receipt this Period</p> <p>250.00</p>		
<p>City</p> <p>Bettendorf</p>	<p>State</p> <p>IA</p>	<p>Zip Code</p> <p>52722</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>250.00</p>		
<p>Name of Employer (for Individual)</p> <p>ORA Orthopedics</p>			<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Williams, Gerald, R, , Jr, MD</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 02 / 27 / 2017</p> <p>Transaction ID : 8528265</p>		
<p>Mailing Address 859 Lesley Rd</p>			<p>Amount of Each Receipt this Period</p> <p>1000.00</p>		
<p>City</p> <p>Villanova</p>	<p>State</p> <p>PA</p>	<p>Zip Code</p> <p>19085-1117</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>1000.00</p>		
<p>Name of Employer (for Individual)</p> <p>Rothman Orthopaedic Specialty Hospital</p>			<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Kelly, James, D, , II, MD</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 02 / 28 / 2017</p> <p>Transaction ID : 8529094</p>		
<p>Mailing Address 2351 Clay St Ste 510</p>			<p>Amount of Each Receipt this Period</p> <p>250.00</p>		
<p>City</p> <p>San Francisco</p>	<p>State</p> <p>CA</p>	<p>Zip Code</p> <p>94115</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>250.00</p>		
<p>Name of Employer (for Individual)</p> <p>Self Employed</p>			<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>					
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>			<p>1500.00</p>		
<p>TOTAL This Period (last page this line number only).....▶</p>					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Worrell, Scott, Philip, , MD

Mailing Address 9333 Childacrest Drive

City

Boonsboro

State

MD

Zip Code

21713

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Centers For Advanced Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
02	28	2017

Transaction ID : 8529865

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Boese, Clifford, K, , MD

Mailing Address 17704 Garrett Circle

City

Council Bluffs

State

IA

Zip Code

51503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Miller Orthopaedic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
02	27	2017

Transaction ID : 8529942

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fankhauser, Richard, A, , MD

Mailing Address 815 W Broad St Ste 300

City

Columbus

State

OH

Zip Code

43222-1465

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
02	27	2017

Transaction ID : 8529943

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

2250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 212 OF 671

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Benecki, Gerard, Mark, , MD

Mailing Address 4388 Legarto Court

City
SilverdaleState
WAZip Code
98315-9525FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United States NavyOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
02	27	2017

Transaction ID : 8529946

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Baier, Thomas, E, , MD

Mailing Address 725 Stonegate

City
LibertyvilleState
ILZip Code
60048FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
02	27	2017

Transaction ID : 8529951

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Durham, Alfred, Ainsley, , MD

Mailing Address 2954 Lockridge Rd

City
RoanokeState
VAZip Code
24014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lewis Gale PhysiciansOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
02	27	2017

Transaction ID : 8529953

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Spencer, Upshur, M, , MD

Mailing Address 9124 Gloralee St

City
Anchorage

State
AK

Zip Code
99502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anchorage Fracture & Orthopedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2017

Transaction ID : 8529956

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McKinney, James, D, , MD

Mailing Address 3131 Brown's Mill Rd

City
Cookeville

State
TN

Zip Code
38506

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Upper Cumberland Ortho

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2017

Transaction ID : 8529957

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Roodbeen, Craig, William, , MD

Mailing Address 1350 Kirts Blvd Ste 160

City
Troy

State
MI

Zip Code
48084-4830

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2017

Transaction ID : 8529959

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Bacilla, Phillip, R, , Jr, MD</p> <p>Mailing Address 399 Cattle Drive</p> <p>City Opelousas State LA Zip Code 70570</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Opelousas Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt</p> <p>02 / 27 / 2017</p> <p>Transaction ID : 8530007</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Barnard, Brian, K, , MD</p> <p>Mailing Address 1240 East Lake Colony Drive</p> <p>City Maitland State FL Zip Code 32751</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Jewett Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt</p> <p>02 / 27 / 2017</p> <p>Transaction ID : 8530008</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Beckner, Mark, A, , MD</p> <p>Mailing Address 7623 Sadler Ave</p> <p>City Mount Dora State FL Zip Code 32757</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Jewett Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt</p> <p>02 / 27 / 2017</p> <p>Transaction ID : 8530009</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1250.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Billings, Joseph, B, , DO

Mailing Address 1451 Dunbrooke Loop

City
Longwood

State
FL

Zip Code
32779

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jewett Orthopaedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2017

Transaction ID : 8530010

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Chase, John, R, , MD

Mailing Address 813 Suwanee Court

City
Maitland

State
FL

Zip Code
32751

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jewett Orthopaedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2017

Transaction ID : 8530011

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Chung, Steven, C, , MD

Mailing Address 1753 Lookout Landing Circle

City
Winter Park

State
FL

Zip Code
32789

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jewett Orthopaedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2017

Transaction ID : 8530012

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Deren, Jeffrey, A, , MD

Mailing Address 3451 Technological Ave Ste 15

City
Orlando

State
FL

Zip Code
32817-8353

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jewett Orthopaedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2017

Transaction ID : 8530013

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fenichel, Adam, S, , MD

Mailing Address 801 Quinwood Ln

City
Maitland

State
FL

Zip Code
32751

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jewett Orthopaedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2017

Transaction ID : 8530014

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gasner, Kurt, A, , MD

Mailing Address 1225 Prestige Pt

City
Oviedo

State
FL

Zip Code
32765

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jewett Orthopaedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2017

Transaction ID : 8530015

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1500.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jablonski, Michael, V, , MD

Mailing Address 1602 Lookout Landing Circle

City
Winter Park

State
FL

Zip Code
32789

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jewett Orthopaedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2017

Transaction ID : 8530016

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Konsens, Richard, M, , MD

Mailing Address 1281 Via Capri

City
Winter Park

State
FL

Zip Code
32789-2635

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jewett Orthopaedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2017

Transaction ID : 8530017

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Krumins, Kenneth, A, , MD

Mailing Address 1628 Holts Grove Cr

City
Winter Park

State
FL

Zip Code
32789

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jewett Orthopaedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2017

Transaction ID : 8530018

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McFadden, Sean, , DO

Mailing Address 12161 Cattail Ln

City
Jacksonville

State
FL

Zip Code
32223-3257

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jewett Orthopaedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2017

Transaction ID : 8530019

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Meinhardt, Philip, , MD

Mailing Address 13509 Magnolia Park Ct

City
Windermere

State
FL

Zip Code
34786-7413

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jewett Orthopaedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2017

Transaction ID : 8530025

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Mintzer, Craig, Mitchell, , MD

Mailing Address 1428 Holts Grove Circle

City
Winter Park

State
FL

Zip Code
32789

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jewett Orthopaedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2017

Transaction ID : 8530026

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Papa, John, A, , MD</p> <p>Mailing Address 1440 Hibiscus Ave</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 02 / 27 / 2017</p> <p>Transaction ID : 8530027</p>	
<p>City</p> <p>Winter Park</p>	<p>State</p> <p>FL</p>	<p>Zip Code</p> <p>32789</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>	
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p><input type="checkbox"/> Memo Item</p>	
<p>Name of Employer (for Individual)</p> <p>Jewett Orthopaedic Clinic</p>		<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼</p> <p>500.00</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Robison, Janet, M, , MD</p> <p>Mailing Address 160 Alexander Pl</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 02 / 27 / 2017</p> <p>Transaction ID : 8530028</p>	
<p>City</p> <p>Winter Park</p>	<p>State</p> <p>FL</p>	<p>Zip Code</p> <p>32789</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>	
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p><input type="checkbox"/> Memo Item</p>	
<p>Name of Employer (for Individual)</p> <p>Jewett Orthopaedic</p>		<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼</p> <p>500.00</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Tall, Reginald, L, , MD</p> <p>Mailing Address 2128 Venetian Way</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 02 / 27 / 2017</p> <p>Transaction ID : 8530029</p>	
<p>City</p> <p>Winter Park</p>	<p>State</p> <p>FL</p>	<p>Zip Code</p> <p>32789-1217</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>	
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p><input type="checkbox"/> Memo Item</p>	
<p>Name of Employer (for Individual)</p> <p>Jewett Orthopaedic Clinic</p>		<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Aggregate Year-to-Date ▼</p> <p>500.00</p>		
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>			<p>1500.00</p>	
<p>TOTAL This Period (last page this line number only).....▶</p>				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Hennrikus, William, L., Jr, MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 75 Laurel Ridge Rd City Hershey State PA Zip Code 17033 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Penn State Medical School Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 27 / 2017 Transaction ID : 8530030 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
B. Weresh, Matthew, John, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 6001 Westown Pkwy City West Des Moines State IA Zip Code 50266-7702 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Des Moines Orthopaedic Surgeons Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 27 / 2017 Transaction ID : 8530031 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item
C. Festa, Anthony, , , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 78 Laurel Hill Rd City Mountain Lakes State NJ Zip Code 07046 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) New Jersey Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 27 / 2017 Transaction ID : 8530032 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			2500.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 221 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McAlister, Wade, P, , MD

Mailing Address 4899 Montrose Blvd #1206

City
HoustonState
TXZip Code
77006-6168FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UT HealthOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
02	27	2017

Transaction ID : 8530033

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DiGiovine, Nick, M, , MD

Mailing Address 425 Two Bit Ln

City
ButteState
MTZip Code
59701FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montana OrthopedicsOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
02	27	2017

Transaction ID : 8530034

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Macksoud, Wadih, Salim, , MD

Mailing Address 1717 S Orange Ave, Ste 103

City
OrlandoState
FLZip Code
32806-2946FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jewett Orthopaedic ClinicOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
02	27	2017

Transaction ID : 8530035

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Clark, Joseph, W, , MD

Mailing Address 5710 Macon Drive

City
Huntsville

State
AL

Zip Code
35802

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Orthopaedic Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2017

Transaction ID : 8530040

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sherbondy, Paul, Strawn, , MD

Mailing Address 507 Beaumont Drive

City
State College

State
PA

Zip Code
16801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2017

Transaction ID : 8530523

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rungee, James, L, , MD

Mailing Address 2802 Pavilion Pl

City
Murfreesboro

State
TN

Zip Code
37129

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tennessee Orthopedic Alliance

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2017

Transaction ID : 8530524

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1184.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mather, Richard, C, , III, MD

Mailing Address 115 Watts St

City
Durham

State
NC

Zip Code
27701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2017

Transaction ID : 8530525

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Early, John, S, , MD

Mailing Address 8210 Walnut Hill Ln Ste 130

City
Dallas

State
TX

Zip Code
75231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas Orthopaedic Associates

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2017

Transaction ID : 8530526

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Vailas, James, C, , MD

Mailing Address 42 Cortland Dr

City
Bedford

State
NH

Zip Code
03110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New Hampshire Orthopaedic Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2017

Transaction ID : 8531458

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2085.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Scutchfield, Scott, Beecher, , MD

Mailing Address 1591 Lexington Rd

City
DanvilleState
KYZip Code
40422-9795FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of KentuckyOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
02	28	2017

Transaction ID : 8531584

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gourineni, Prasad, V, , MD

Mailing Address PO Box 607

City

Oak Lawn

State

IL

Zip Code

60454-0607

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pediatric & Young Adult OrthopaedicsOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
02	28	2017

Transaction ID : 8531592

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Peterson, Paul, David, , MD

Mailing Address 5126 E 106th St

City

Tulsa

State

OK

Zip Code

74137

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tulsa Bone & Joint AssociatesOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
02	28	2017

Transaction ID : 8531593

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Patterson, Richard, J, , MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 02 / 28 / 2017 Transaction ID : 8531594</p>		
<p>Mailing Address 1521 Dalton Pl</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Winchester</p>	<p>State VA</p>	<p>Zip Code 22601-3241</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p>Aggregate Year-to-Date ▼ 500.00</p>		
<p>Name of Employer (for Individual) Self Employed</p>			<p>Occupation (for Individual) Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Aggregate Year-to-Date ▼ 500.00</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McElligott, Thomas, , , MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 02 / 27 / 2017 Transaction ID : 8531723</p>		
<p>Mailing Address 2415 Wall St Ste B</p>			<p>Amount of Each Receipt this Period 750.00</p>		
<p>City Conyers</p>	<p>State GA</p>	<p>Zip Code 30013</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p>Aggregate Year-to-Date ▼ 750.00</p>		
<p>Name of Employer (for Individual) East Metro Orthopaedic</p>			<p>Occupation (for Individual) Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Aggregate Year-to-Date ▼ 750.00</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Aslie, Ardavan, M, , MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 02 / 27 / 2017 Transaction ID : 8531725</p>		
<p>Mailing Address 630 Lilac Ln</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Sacramento</p>	<p>State CA</p>	<p>Zip Code 95864-4908</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p>Aggregate Year-to-Date ▼ 1000.00</p>		
<p>Name of Employer (for Individual) Nevada Spine Treatment Center</p>			<p>Occupation (for Individual) Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>			<p>Aggregate Year-to-Date ▼ 1000.00</p>		
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>			<p>2250.00</p>		
<p>TOTAL This Period (last page this line number only).....▶</p>					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vickaryous, Brian, Keith, , MD

Mailing Address Florida Hospital Orthopedic Instit
 3330 Lakeview Oaks Drive

City
 Longwood

State
 FL

Zip Code
 32779

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 27 / 2017

Transaction ID : 8531727

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shea, Kevin, G, , MD

Mailing Address 4620 N Bantry PI

City
 Boise

State
 ID

Zip Code
 83702-1863

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

St Luke's Clinic - Orthopedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 27 / 2017

Transaction ID : 8531740

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Warmbrod, James, G, , Jr, MD

Mailing Address 947 Grayson Ln

City
 Jackson

State
 TN

Zip Code
 38305

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

The Jackson Clinic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 27 / 2017

Transaction ID : 8531741

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cameron, Craig, Dunwody, , DO

Mailing Address 717 Big Holley Drive

City
MartinezState
GAZip Code
30907FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DD Eisenhower Army Medical CenterOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	1	7

Transaction ID : 8531742

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lonner, Baron, , , MD

Mailing Address 820 Second Avenue Suite 7A

City
New YorkState
NYZip Code
10017FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Scoliosis AssociatesOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	1	7

Transaction ID : 8531743

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gurtler, Robert, A, , MD

Mailing Address 700 Ute Ave Unit 304

City
AspenState
COZip Code
81611FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Carle Physician GroupOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	1	7

Transaction ID : 8531744

Amount of Each Receipt this Period

350.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1850.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Miller, Howard, G., MD

Mailing Address 199 Ledge View Drive

City
Huntsville

State
AL

Zip Code
35802-1481

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Crestwood Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 17 / 2017

Transaction ID : 8531882

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Paschal, Scott, , MD

Mailing Address 7115 Greenville Ave Ste 310

City
Dallas

State
TX

Zip Code
75231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2017

Transaction ID : 8531940

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Law, Brian, C., MD

Mailing Address 541 E Erie Street Unit 314

City
Milwaukee

State
WI

Zip Code
53202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical College of Wisconsin

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2017

Transaction ID : 8531942

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kwong, Louis, M, , MD

Mailing Address PO Box 422

1000 W Carson St

City

Torrance

State

CA

Zip Code

90509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 02 / 2017

Transaction ID : 8531943

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Uppal, Renny, , , MD

Mailing Address 1730 Sharpe Hill Circle

City

Reno

State

NV

Zip Code

89523-3924

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 02 / 2017

Transaction ID : 8531944

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Milam, R, Alden, , IV, MD

Mailing Address 3320 Selwyn Ave

City

Charlotte

State

NC

Zip Code

28209-3326

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OrthoCarolina Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 02 / 2017

Transaction ID : 8532207

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

834.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brophy, Robert, H, , MD

Mailing Address 7 Maryhill Dr

City
St Louis

State
MO

Zip Code
63124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Washington University Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 02 / 2017

Transaction ID : 8532585

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wyatt, Ronald, W B, , MD

Mailing Address 533 Carleton Way

City
Alamo

State
CA

Zip Code
94507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaiser Permanente

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 03 / 2017

Transaction ID : 8532775

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Krueger, Chad, A, , MD

Mailing Address 208 Sundew Court

City
Southern Pines

State
NC

Zip Code
28387

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 03 / 2017

Transaction ID : 8532776

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

434.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Santos, Erick, Manuel, , MD, PhD

Mailing Address 2638 Debra Ln

City

Corpus Christi

State

TX

Zip Code

78418

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

South Central TX Bone & Joint Center,

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 03 / 2017

Transaction ID : 8532777

Amount of Each Receipt this Period

500.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hogan, Kathleen, Anne, , MD

Mailing Address 125 Castle Hill Rd

City

Windham

State

NH

Zip Code

03087-1762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NH Ortho Ctr

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 03 / 2017

Transaction ID : 8533724

Amount of Each Receipt this Period

500.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. LaPorte, Jeffrey, M, , MD

Mailing Address 5202 Laree Ct

City

Missoula

State

MT

Zip Code

59803

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Missoula Bone and Joint

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 03 / 2017

Transaction ID : 8533725

Amount of Each Receipt this Period

1000.00



Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Albert, Todd, J, , MD

Mailing Address Hospital for Special Surgery
535 E 70th St Rm 836W

City
New York

State
NY

Zip Code
10021-4823

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hospital for Special Surgery

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 03 / 2017

Transaction ID : 8533726

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MacBeth, Ronald, A, , Jr, MD

Mailing Address PO Box 37
800 Austin Drive

City
Demorest

State
GA

Zip Code
30535-0037

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedics of North Georgia

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 03 / 2017

Transaction ID : 8533733

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sexson, Stephen, B, , MD

Mailing Address 7436 Glenvista Pl

City
Fishers

State
IN

Zip Code
46038-1190

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Community Physician Network

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 03 / 2017

Transaction ID : 8533734

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Roden, William, C, , MD

Mailing Address 70 Kingsford Xing

City

Acworth

State

GA

Zip Code

30101-2667

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 03 / 2017

Transaction ID : 8533735

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Topolski, Mark, S, , MD

Mailing Address 2104 Walnut Pl

City

Onalaska

State

WI

Zip Code

54650

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Gunderson Lutheran Clinic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 03 / 2017

Transaction ID : 8533736

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Daouk, Ayman, Ahmad, , MD

Mailing Address 1240 Poinsettia Ave

City

Orlando

State

FL

Zip Code

32804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Physicians Associates

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 03 / 2017

Transaction ID : 8533737

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 OF 671

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jacobs, Joshua, J, , MD

Mailing Address 2407 Pomona Lane

City
WilmetteState
ILZip Code
60091FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Rush Univ Med Ctr

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2017

Transaction ID : 8534075

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Garner, Richard, W, , MD

Mailing Address 7201 E Chester Heights Circle

City
AnchorageState
AKZip Code
99504-3563FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anchorage Fracture & Orthopedic Clinic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2017

Transaction ID : 8534076

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hinchey, John, William, , MD

Mailing Address 126 Normandy Ave

City
San AntonioState
TXZip Code
78209FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2017

Transaction ID : 8534077

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1335.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 235 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Santore, Richard, F, , MD

Mailing Address P.O. Box 7016

City

Rancho Santa Fe

State

CA

Zip Code

92067

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sharp Healthcare Hip Preservation Cent

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2017

Transaction ID : 8534078

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Allard, Mark, Michael, , MD

Mailing Address 3010 Cortney Circle

City

Siloam Springs

State

AR

Zip Code

72761

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2017

Transaction ID : 8551462

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Abrutyn, David, A, , MD

Mailing Address 20 Pitney Court

City

Basking Ridge

State

NJ

Zip Code

07920-2150

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2017

Transaction ID : 8551463

Amount of Each Receipt this Period

84.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

252.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 OF 671

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jonas, Glenn, J., MD

Mailing Address 3155 Arden Rd

City
AtlantaState
GAZip Code
30305FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Resurgens OrthopaedicsOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	06	2017

Transaction ID : 8553041

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Farber, Daniel, C., MD

Mailing Address 300 Fairhill Rd

City
WynnewoodState
PAZip Code
19096-1804FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Penn Medicine OrthopaedicsOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	06	2017

Transaction ID : 8553178

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Porter, Scott, Edward., MD, MBA

Mailing Address 1420 Jonesville Road

City
SimpsonvilleState
SCZip Code
29681-4411FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	07	2017

Transaction ID : 8553179

Amount of Each Receipt this Period

84.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

834.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Green, Daniel, William, , MD

Mailing Address 535 E 70th St

City
New York

State
NY

Zip Code
10021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hosp for Special Surgery

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2017

Transaction ID : 8553180

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Eichinger, Josef, Karl, , MD

Mailing Address 1731 Sailmaker St

City
Daniel Island

State
SC

Zip Code
29492-8508

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Medical University of S. Carolina

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2017

Transaction ID : 8553274

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Manning, James, B, , MD

Mailing Address 9728 Verlaine Court

City
Las Vegas

State
NV

Zip Code
89145

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2017

Transaction ID : 8553275

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

925.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Port, J, Teig, , MD

Mailing Address 456 Wyndemere

City
Heath

State
TX

Zip Code
75032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2017

Transaction ID : 8553276

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Coppola, Alfred, J, , MD

Mailing Address 8920 Quail Hollow Ct

City

Bakersfield

State

CA

Zip Code

93314-9779

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2017

Transaction ID : 8553279

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kamps, Bryan, Scott, , MD

Mailing Address 3741 Monarch Dr NE

City

Grand Rapids

State

MI

Zip Code

49525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Spectrum Health Medical Group

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2017

Transaction ID : 8553280

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 OF 671

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kofoed, John, Charles, , MD

Mailing Address 2619 Seminole Ct

City
FairfieldState
CAZip Code
94534-7871FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sutter Medical GroupOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2017

Transaction ID : 8553281

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sasso, Rick, C, , MD

Mailing Address 10674 Winterwood

City
CarmelState
INZip Code
46032FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Indiana Spine GroupOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2017

Transaction ID : 8553282

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Austin, Gregory, J, , MD

Mailing Address 26 Narragansett Bay Ave

City
WarwickState
RIZip Code
02889-6608FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic AssocOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2017

Transaction ID : 8553384

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1334.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lavoie, Stephane, , , MD

Mailing Address 101 Lake Harbor Drive

City
Deland

State
FL

Zip Code
32724

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Florida Orthopedic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2017

Transaction ID : 8553386

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Parsons, Theodore, W, , III, MD, F

Mailing Address 817 Palms Road

City

Bloomfield Hills

State

MI

Zip Code

48304

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2017

Transaction ID : 8553789

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dwyer, Thomas, F, , MD

Mailing Address 910 S 4th St

City

Montrose

State

CO

Zip Code

81401-4226

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2017

Transaction ID : 8553990

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Angel, Jeffery, D, , MD

Mailing Address 180 Westwood Drive

City
Batesville

State
AR

Zip Code
72501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
White River Health System

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2017

Transaction ID : 8554006

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schramski, Matthew, , , DO

Mailing Address 1070 W Gunn Rd

City
Rochester

State
MI

Zip Code
48306-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Clair Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2017

Transaction ID : 8554058

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bergin, Mark, A, , MD

Mailing Address 2684 Bradway Blvd

City
Bloomfield Hills

State
MI

Zip Code
48301-2704

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St. Clair Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2017

Transaction ID : 8554059

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1084.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schoch, Nicholas, , DO

Mailing Address 53948 Trent River Dr

City

Shelby Township

State

MI

Zip Code

48315

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. Clair Orthopaedics & Sports Medici

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2017

Transaction ID : 8554060

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dietz, James, J, , MD

Mailing Address 1156 Yorkshire

City

Grosse Pointe Park

State

MI

Zip Code

48230-1101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St Clair Ortho and Sports Med

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2017

Transaction ID : 8554061

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lewis, Courtland, G, , MD

Mailing Address 499 Farmington Ave, Suite 300

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ortho Assoc of Hartford

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2017

Transaction ID : 8554062

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Palafox, Andrew, J, , MD

Mailing Address 331 Crown Point Dr

City
El Paso

State
TX

Zip Code
79912

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
El Paso Orthopaedic Surgery Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2017

Transaction ID : 8554063

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Goldstein, Wayne, M, , MD

Mailing Address 2887 Lexington Ln

City
Highland Park

State
IL

Zip Code
60035

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Illinois Bone and Joint Inst

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2017

Transaction ID : 8554064

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. McCutchan, Hal, J, , MD

Mailing Address 14221 92nd St SE

City
Snohomish

State
WA

Zip Code
98290-9029

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2017

Transaction ID : 8554065

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Chase, Jeffrey, , MD

Mailing Address 1029 Dell Drive

City
Cherry Hill

State
NJ

Zip Code
08003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Virgin Islands Ortho

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2017

Transaction ID : 8554066

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Callister, Neil, B, , MD

Mailing Address 1802 Quail Run Dr

City
Ogden

State
UT

Zip Code
84403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Inter Mountain Health Card

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2017

Transaction ID : 8554067

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Finuoli, Anthony, Louis, , DO

Mailing Address 23 Legends Circle

City
Melville

State
NY

Zip Code
11747-5301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Branch Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2017

Transaction ID : 8554069

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Grossman, Robert, B, , MD

Mailing Address Bldg A, Ste 104
 1131 Broad St

City
 Shrewsbury

State
 NJ

Zip Code
 07702

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 RWJ Barnabas Health

Occupation (for Individual)
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 08 / 2017

Transaction ID : 8554070

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lenard, Alexander, N, , MD

Mailing Address 18146 Palm Point Dr

City
 Jupiter

State
 FL

Zip Code
 33458-4055

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Self Employed

Occupation (for Individual)
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 08 / 2017

Transaction ID : 8554110

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Mastey, Robert, Daniel, , MD

Mailing Address 719 Sunset Mountain Dr

City
 Chattanooga

State
 TN

Zip Code
 37421-2076

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Chatanooga Ortho Group

Occupation (for Individual)
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 08 / 2017

Transaction ID : 8554111

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1750.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wathne, Richard, , , MD

Mailing Address 333 N 18th Ave Ste D1

City
Pocatello

State
ID

Zip Code
83201-3358

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pocatello Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 08 / 2017

Transaction ID : 8554112

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sidhu, Kanwaldeep, S, , MD

Mailing Address 20 Belle Meade

City

Grosse Pointe Shores

State

MI

Zip Code

48236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Clair Orthopaedics And Sports Medic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 08 / 2017

Transaction ID : 8554113

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pagnotto, Michael, R, , MD

Mailing Address 215 Rolling Hills Dr

City

Wexford

State

PA

Zip Code

15090

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tri-State Orthopaedics & Sports Medici

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 08 / 2017

Transaction ID : 8554533

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1250.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Little, Richard, M, , MD			Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2017 Transaction ID : 8554534		
Mailing Address PO Box 1313			Amount of Each Receipt this Period 1000.00		
City Spearfish	State SD	Zip Code 57783	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00			
Name of Employer (for Individual) Regional Orthopedics		Occupation (for Individual) Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Knavel, James, Lee, , MD			Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2017 Transaction ID : 8554535		
Mailing Address 352 Peller Rd			Amount of Each Receipt this Period 250.00		
City Lake Geneva	State WI	Zip Code 53147-4543	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00			
Name of Employer (for Individual) Mercy Health Systems, Janesville WI		Occupation (for Individual) Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Smith, Brian, G, , MD			Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2017 Transaction ID : 8554536		
Mailing Address 41 N Farms Rd			Amount of Each Receipt this Period 1000.00		
City Avon	State CT	Zip Code 06001	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00			
Name of Employer (for Individual) Yale School of Medicine		Occupation (for Individual) Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					
SUBTOTAL of Receipts This Page (optional).....			2250.00		
TOTAL This Period (last page this line number only).....					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 248 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cord, Stephen, A., MD

Mailing Address 1037 Agarita Circle

City
GrafordState
TXZip Code
76449-4503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
03	08	2017

Transaction ID : 8554537

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rathjen, Karl, E., MDMailing Address Dept of Orthopaedics
2222 Welborn StCity
DallasState
TXZip Code
75219-3993FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas Scottish Rite HospOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
03	08	2017

Transaction ID : 8554543

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Clain, Michael, R., MD

Mailing Address 9 Indian Head Rd

City
RiversideState
CTZip Code
06878FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M	D D	Y Y Y Y
03	09	2017

Transaction ID : 8554552

Amount of Each Receipt this Period

84.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

1584.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lundy, Gordon, C, , MD

Mailing Address 2100 Webster St Ste 117

City

San Francisco

State

CA

Zip Code

94115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2017

Transaction ID : 8554553

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McDevitt, Edward, R, , MD

Mailing Address 405 Beards Dock Crossing

City

Annapolis

State

MD

Zip Code

21403-1307

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Bay Area Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2017

Transaction ID : 8554618

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Elia, Michael, E, , MD

Mailing Address 1 Poccia Circle

City

Larchmont

State

NY

Zip Code

10538-1121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2017

Transaction ID : 8554656

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1084.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dorr, Lawrence, D, , MD

Mailing Address 671 Bellefontaine Street

City
Pasadena

State
CA

Zip Code
91105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 09 / 2017

Transaction ID : 8554661

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bash, Evan, K, , MD

Mailing Address 136 Traymore Ln

City
Media

State
PA

Zip Code
19063-5972

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Premier Orthopaedic and Sports Medicin

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 09 / 2017

Transaction ID : 8554690

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lintecum, Neal, D, , MD

Mailing Address 789 N 1500 Road

City
Lawrence

State
KS

Zip Code
66049

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 10 / 2017

Transaction ID : 8554799

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Amendola, Annunziato, , , MD

Mailing Address Duke Sports Sciences Institute

3475 Erwin Drive, DUMC Box 3639

City

Durham

State

NC

Zip Code

27710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Duke Sports Medicine

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 09 / 2017

Transaction ID : 8557045

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Martin, Robert, C, , DO

Mailing Address 110 Patrick Ct

City

Rocky Mount

State

NC

Zip Code

27804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 09 / 2017

Transaction ID : 8557046

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cohen, Jonathan, L, , MD

Mailing Address 407 Crawford Rd

City

Modesto

State

CA

Zip Code

95356

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Stanislaus Ortho

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 09 / 2017

Transaction ID : 8557053

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

2000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Badia, Alejandro, , MD

Mailing Address 3650 NW 82nd Ave Ste 103

City
DoralState
FLZip Code
33166FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Badia Hand to Shoulder CenterOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2017

Transaction ID : 8557111

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Akelman, Edward, , MD

Mailing Address 5 Pheasant Ln

City

Barrington

State

RI

Zip Code

02806-4930

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Orthopedics IncOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2017

Transaction ID : 8557113

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Teuscher, David, , MD

Mailing Address PO Box 26

City

Paige

State

TX

Zip Code

78659-0026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2017

Transaction ID : 8557117

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1334.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 253 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shannon, Timothy, J, , MD

Mailing Address CMI

1000 Highland Park Drive SW

City

Aiken

State

SC

Zip Code

29801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 12 / 2017

Transaction ID : 8557121

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Goodman, David, , , MD

Mailing Address 380 Woodcreek Ln

City

Fayetteville

State

GA

Zip Code

30215-2971

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Resurgens Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 12 / 2017

Transaction ID : 8557123

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moon, Bryan, Scott, , MD

Mailing Address 1026 Split Elm Drive

City

Missouri City

State

TX

Zip Code

77459

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTMDACC

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 13 / 2017

Transaction ID : 8557124

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1334.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 254 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Alberta, Francis, G., MD

Mailing Address 539 Bennington Terrace

City
Ridgewood

State
NJ

Zip Code
07450

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NJOC

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 13 / 2017

Transaction ID : 8557125

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thompson, Matthew, Michael, , MD

Mailing Address 3727 Albemarle St NW

City
Washington

State
DC

Zip Code
20016-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Drisko, Fee & Parkins

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 13 / 2017

Transaction ID : 8557126

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Slover, James, D., , MD

Mailing Address 303 East 33rd Street
Apt 8A

City
New York

State
NY

Zip Code
10016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York University

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 13 / 2017

Transaction ID : 8557490

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

584.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 255 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Noonan, J, Christopher, , MD

Mailing Address 5141 Solar Heights Dr

City
Eugene

State
OR

Zip Code
97405-9587

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Samaritan Regional Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 13 / 2017

Transaction ID : 8557491

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sardelli, Matthew, Carl, , MD

Mailing Address 7248 Ardsley Lane

City
Clarkston

State
MI

Zip Code
48348-5057

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoMichigan

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 13 / 2017

Transaction ID : 8557498

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Frankle, Mark, A, , MD

Mailing Address 915 Mooring Circle

City
Tampa

State
FL

Zip Code
33602

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Florida Ortho Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 13 / 2017

Transaction ID : 8557499

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hilibrand, Alan, S., MD

Mailing Address 225 North Latches Lane

City

Merion Station

State

PA

Zip Code

19066-1726

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Rothman Orthopaedic Specialty Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2017

Transaction ID : 8557753

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Maxey, James, W., MD

Mailing Address 13004 N Georgetown Rd

City

Dunlap

State

IL

Zip Code

61525-9470

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2017

Transaction ID : 8560610

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Callahan, John, J., Jr, MD

Mailing Address 10 Braunview Way

City

Orchard Park

State

NY

Zip Code

14127-2046

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Excelsior Orthopaedics LLPOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2017

Transaction ID : 8560612

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hussain, Suleman, M, , MD

Mailing Address 2300 53rd Street, Suite #100

City
Bettendorf

State
IA

Zip Code
52804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ORA

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

03 / 14 / 2017

Transaction ID : 8560613

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Barber, James, William, , MD

Mailing Address 110 Shirley Avenue

City
Douglas

State
GA

Zip Code
31533-2211

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 14 / 2017

Transaction ID : 8561410

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Simon, Gary, S, , MD

Mailing Address 150 Helmsley Dr NW

City
Atlanta

State
GA

Zip Code
30327-4901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Resurgens Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 14 / 2017

Transaction ID : 8562343

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1584.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 258 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lemos, Mark, J., MD

Mailing Address 1164 Ocean Blvd

City
RyeState
NHZip Code
03870-2835FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lahey ClinicOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	15	2017

Transaction ID : 8563377

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Snyder, Matthew, J., MD

Mailing Address 14912 Chopine Pass

City

Roanoke

State

IN

Zip Code

46783-9308

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Orthopedic Hospital of Lutheran HeOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	16	2017

Transaction ID : 8563408

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bonutti, Peter, M., MD

Mailing Address 1303 W Evergreen Ave

City

Effingham

State

IL

Zip Code

62401-1387

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	16	2017

Transaction ID : 8564185

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

1585.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 259 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Marra, Dante, A, , MD

Mailing Address 2000 Eoff St #602

City
Wheeling

State
WV

Zip Code
26003-6389

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 16 / 2017

Transaction ID : 8564191

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McNeil, Stephen, C, , MD

Mailing Address 10 Hunter Ln

City
Canton

State
MA

Zip Code
02021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
McNeil Orthopedics, Inc

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 16 / 2017

Transaction ID : 8564193

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Hanna, Mark, Wesley, , MD

Mailing Address 1193 Angelo Ct

City
Atlanta

State
GA

Zip Code
30319-1073

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Resurgens Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 17 / 2017

Transaction ID : 8564897

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Raut, Sourendra, Sean, , MD

Mailing Address 2450 Copper Mill Trail

City
Cumming

State
GA

Zip Code
30041-4909

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Resurgens Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2017

Transaction ID : 8564898

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Napoli, David, C, , MD

Mailing Address 107 Bent Creek Preserve Rd

City
Asheville

State
NC

Zip Code
28806-5540

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2017

Transaction ID : 8564899

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shah, Roshan, P, , MD, JD

Mailing Address 610 West 110th Street
Apt 3E

City
New York

State
NY

Zip Code
10025-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia University Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2017

Transaction ID : 8564950

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

253.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Coles, Robert, E, , MD

Mailing Address 201 Lands End Rd

City

Morehead City

State

NC

Zip Code

28557-8943

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Carolinas Center For Surgery

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2017

Transaction ID : 8564951

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Higgins, Michael, E, , MD

Mailing Address 5236 Rockport Landing

City

Suffolk

State

VA

Zip Code

23435-3518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2017

Transaction ID : 8564952

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Deitch, Mark, A, , MD

Mailing Address 2 Ivey Trace Ct

City

Cockeysville

State

MD

Zip Code

21030-1713

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2017

Transaction ID : 8564956

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

668.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Diekmann, Glenn, R, , MD

Mailing Address 2453 Del Prado

City
La Verne

State
CA

Zip Code
91750-1124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaiser Permanente

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : 8564958

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bruneau, Pierre, Andre, , MD

Mailing Address 4 Tanglewood Rd

City

Pleasantville

State

NY

Zip Code

10570-2527

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : 8564959

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shen, Wen, , , MD

Mailing Address 33 Pond Hills Ct

City

Pleasant Valley

State

NY

Zip Code

12569-5135

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Associates of Dutchess Coun

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : 8564960

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cooper, Scott, Snow, , MD

Mailing Address 407 NW A St

City
BentonvilleState
ARZip Code
72712-5216FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mercy Clinic OrthopedicsOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2017

Transaction ID : 8564961

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Owen, K, Kip, , MD

Mailing Address 5111 N 10th St # 268

City
McAllenState
TXZip Code
78504-2835FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2017

Transaction ID : 8564962

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Bush-Joseph, Charles, A, , MD

Mailing Address 419 N Lincoln

City
HinsdaleState
ILZip Code
60521-3444FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midwest Orthopaedics at RushOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2017

Transaction ID : 8568489

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

584.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 264 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Matelic, Thomas, M, , MD

Mailing Address 1111 Leffingwell NE

City

Grand Rapids

State

MI

Zip Code

49525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orthopaedic Assoc of Michigan

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2017

Transaction ID : 8568490

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Russell, George, V, , Jr, MD

Mailing Address 102 Hawthorne Vale

City

Ridgeland

State

MS

Zip Code

39157

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of Mississippi Med Ctr

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2017

Transaction ID : 8568491

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jeray, Kyle, James, , MD

Mailing Address Dept. of Orthopedic Surgery

701 Grove Rd, 2nd FL Support Tower

City

Greenville

State

SC

Zip Code

29605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Greenville Health System

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8568501

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

835.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Griffin, Letha, Y, , MD

Mailing Address 2540 Brookdale Dr NW

City
Atlanta

State
GA

Zip Code
30305

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Peachtree Orthopaedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8568502

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cusmariu, Jeffrey, R, , MD

Mailing Address 494 Lake Colony Way

City
Birmingham

State
AL

Zip Code
35242

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthosports Associates, LLC

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8568503

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Monesmith, Eric, A, , MD

Mailing Address 5726 Central Avenue

City
Indianapolis

State
IN

Zip Code
46220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ortholndy

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 13 / 2017

Transaction ID : 8568509

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Feighan, John, English, , MD

Mailing Address 2260 Harcourt Dr

City

Cleveland Heights

State

OH

Zip Code

44106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 13 / 2017

Transaction ID : 8568510

Amount of Each Receipt this Period

250.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Davis, Jeffrey, C, , MD

Mailing Address 1208 Perthshire Ct

City

Hoover

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Andrews Sports Medicine

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 13 / 2017

Transaction ID : 8568513

Amount of Each Receipt this Period

250.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Scarangella, Stephen, F, , MD

Mailing Address 90 Sunrise Dr

City

Glastonbury

State

CT

Zip Code

06033-2805

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CT Orthopaedic & Hand Surgery Ctr

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 13 / 2017

Transaction ID : 8568515

Amount of Each Receipt this Period

1000.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Hariri, Sanaz, , , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1169 Trinity Dr City Menlo Park State CA Zip Code 94025-6668 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Sports and Joint Replacement Specialis Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 20 / 2017 Transaction ID : 8570286 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
B. Chandler, David, R, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 165 Middle Plantation Ln City Gulf Breeze State FL Zip Code 32561-4899 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 21 / 2017 Transaction ID : 8570287 Amount of Each Receipt this Period 85.00 <input type="checkbox"/> Memo Item
C. Stoeckl, Andrew, , , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 90 Fairlawn Dr City Amherst State NY Zip Code 14226-3422 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Excelsior Orthopedics Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 21 / 2017 Transaction ID : 8570288 Amount of Each Receipt this Period 83.33 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			1168.33
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Chapman, Cary, B, , MD

Mailing Address 51 Flag Court

City
Staten Island

State
NY

Zip Code
10304-1157

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2017

Transaction ID : 8570289

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cannada, Lisa, K, , MD

Mailing Address 12872 Willow Pond Court

City
Saint Louis

State
MO

Zip Code
63131-2158

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St Louis Univ School of Medicine

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2017

Transaction ID : 8570290

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Geiger, Douglas, F, , MD

Mailing Address 2680 Brassow Rd

City
Saline

State
MI

Zip Code
48176-8715

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Michigan Brain & Spine

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2017

Transaction ID : 8571659

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

418.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shin, Steven, S., MD

Mailing Address 9663 Santa Monica Blvd
185

City
Beverly Hills

State
CA

Zip Code
90210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2017

Transaction ID : 8571760

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mansfield, David, J., MD

Mailing Address 773 Azalea Pl

City
El Paso

State
TX

Zip Code
79922-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
El Paso Orthopaedic Surgery Group

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 22 / 2017

Transaction ID : 8571761

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McCulloch, Patrick, T., MD

Mailing Address 12 Caley Drive

City
Canonsburg

State
PA

Zip Code
15317-5990

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advanced Ortho & Rehab

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 22 / 2017

Transaction ID : 8571762

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

668.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. More, Robert, Cameron, , MD

Mailing Address 8100 Wescott Drive
Suite 101

City
Flemington

State
NJ

Zip Code
08822-4671

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hunterdon Orthopaedic Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 22 / 2017

Transaction ID : 8571764

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Johnson, Eric, T, , MD

Mailing Address 2 Nest Court

City
Wilmington

State
DE

Zip Code
19807-1147

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 22 / 2017

Transaction ID : 8572004

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Scales, Darrell, Kevin, , MD

Mailing Address 2000 Tee Dr

City
Braselton

State
GA

Zip Code
30517-4078

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 23 / 2017

Transaction ID : 8572005

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

684.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kaminski, Ken, J., MD

Mailing Address 6987 Canal St

City
Tyler

State
TX

Zip Code
75703-9404

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Azalea Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 23 / 2017

Transaction ID : 8572039

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Moon, Daniel, K., MD

Mailing Address 4964 Akron St

City
Denver

State
CO

Zip Code
80238-3742

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Washington University

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 23 / 2017

Transaction ID : 8572040

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Yarbrough, Robert, Knox., MD

Mailing Address 3965 Fouts Dr

City
Cumming

State
GA

Zip Code
30028-4933

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Resurgens Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 24 / 2017

Transaction ID : 8572358

Amount of Each Receipt this Period

275.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

775.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hartsock, Langdon, A, , MD

Mailing Address 188 Tradd Street

City
Charleston

State
SC

Zip Code
29401-1818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Med Univ of SC

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 24 / 2017

Transaction ID : 8572359

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Torres, Daniel, , , MD

Mailing Address 7303 Offats Point Cir

City
Galveston

State
TX

Zip Code
77551-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Texas Med Branch

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 24 / 2017

Transaction ID : 8572360

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Malone, Stephen, L, , MD

Mailing Address 923 Westover Rd

City
Wilmington

State
DE

Zip Code
19807-2980

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Orthopaedic Spine Ctr PA

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 24 / 2017

Transaction ID : 8572361

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

269.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Singer, Daniel, I, , MD

Mailing Address 1401 South Beretania St
Suite 750

City
Honolulu

State
HI

Zip Code
96814-1881

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Associates of Hawaii

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2017

Transaction ID : 8573364

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dean, Leslie, P, , MD

Mailing Address 11556 Tanglewood Lakes Circle

City
Anchorage

State
AK

Zip Code
99516

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anchorage Fracture & Orthopedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2017

Transaction ID : 8573366

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brindley, George, W, , MD

Mailing Address 4608 7th Street

City
Lubbock

State
TX

Zip Code
79416

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TX Tech Univ Hlth Sci Ctr

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2017

Transaction ID : 8573367

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

2350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Whaley, Andrew, Lawrence, , MD

Mailing Address 46 Cabernet

 City
 San Antonio

 State
 TX

 Zip Code
 78258

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 Andrew L Whaley MD PA

 Occupation (for Individual)
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2017
Transaction ID : 8573368

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Weinstein, Stuart, L, , MD

Mailing Address 200 Hawkins Dr Ste 01026JPP

 City
 Iowa City

 State
 IA

 Zip Code
 52242-1008

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 University of Iowa

 Occupation (for Individual)
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2017
Transaction ID : 8574455

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Epps, Howard, R, , MD

Mailing Address 1936 Wroxtton Road

 City
 Houston

 State
 TX

 Zip Code
 77005

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 Baylor College of Medicine

 Occupation (for Individual)
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2017
Transaction ID : 8574456

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Blotter, Robert, H, , MD

Mailing Address 1414 W Fair Ave Ste 190

City
Marquette

State
MI

Zip Code
49855-2693

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advanced Center of Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2017

Transaction ID : 8574459

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Parsley, Brian, S, , MD

Mailing Address 5420 West Loop South, Ste 2400

City
Bellaire

State
TX

Zip Code
77401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTHealth Physicians

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2017

Transaction ID : 8574460

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Vessely, Michael, B, , MD

Mailing Address 522 Second St

City
Lake Oswego

State
OR

Zip Code
97034

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Willamette Valley Medical Center-

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2017

Transaction ID : 8574462

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

418.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sheehan, John, P, , MD

Mailing Address 6621 Cuming St

City

Omaha

State

NE

Zip Code

68132

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Boys Town

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2017

Transaction ID : 8574466

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fragomen, Austin, Thomas, , MD

Mailing Address 48-25 64th St

City

Woodside

State

NY

Zip Code

11377

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hospital for Special Surgery

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2017

Transaction ID : 8574467

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Killian, John, Thomas, , MD

Mailing Address 314 Sterrett Ave

City

Birmingham

State

AL

Zip Code

35209-5135

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orthopedics For Kids, PC

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2017

Transaction ID : 8574468

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

834.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Keeney, James, A, , MD

Mailing Address 1106 Shallow Ridge Circle

City
Columbia

State
MO

Zip Code
65201-2930

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Missouri Orthopaedic Instit

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2017

Transaction ID : 8574469

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rodriguez, Ricardo, J, , MD

Mailing Address 6666 Pikes Lane

City
Baton Rouge

State
LA

Zip Code
70808-4272

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2017

Transaction ID : 8574470

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Granberry, William, M, , MD

Mailing Address 3615 Bellefontaine St

City
Houston

State
TX

Zip Code
77025-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2017

Transaction ID : 8574471

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lee, Thomas, H, , MD

Mailing Address 374 Jessing Trail

City
Columbus

State
OH

Zip Code
43235-1473

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 14 / 2017

Transaction ID : 8574484

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ladd, Amy, L, , MD

Mailing Address 641 Cabrillo Ave

City
Stanford

State
CA

Zip Code
94305-8403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stanford Univ School of Med

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2017

Transaction ID : 8574501

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Kontogianis, Christopher, , , MD

Mailing Address 1603 S Jurupa St

City
Kennewick

State
WA

Zip Code
99338-9394

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Benton Franklin Orthopedic Associates

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2017

Transaction ID : 8574503

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 279 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lilly, Edward, Guerrant, , III, MD

Mailing Address 1867 Hebron Rd

City
Hendersonville

State
NC

Zip Code
28739-4782

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 16 / 2017

Transaction ID : 8574504

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Weinfeld, Steven, Bennett, , MD

Mailing Address 1725 York Ave Apt 8B

City
New York

State
NY

Zip Code
10128-7809

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 16 / 2017

Transaction ID : 8574506

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Halperin, Lawrence, S, , MD

Mailing Address 408 Spring Valley Ln

City
Altamonte Springs

State
FL

Zip Code
32714-5828

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orlando Orthopaedic Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 17 / 2017

Transaction ID : 8574512

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1450.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 280 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nelson, Daniel, Richard, , MD

Mailing Address 654 W. Sawgrass Trail

City

Dakota Dunes

State

SD

Zip Code

57049

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CNOS

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2017

Transaction ID : 8574513

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hsu, Joseph, R, , MD

Mailing Address 2816 Hedgewyk Pl

City

Charlotte

State

NC

Zip Code

28211-1663

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Carolinas Medical Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2017

Transaction ID : 8574514

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Glassner, Philip, Justin, , MD

Mailing Address 67 Kingwood Stockton Rd

City

Stockton

State

NJ

Zip Code

08559-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MidJersey Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2017

Transaction ID : 8574515

Amount of Each Receipt this Period

1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1534.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 281 OF 671

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mansfield, David, J, , MD

Mailing Address 773 Azalea Pl

City
El PasoState
TXZip Code
79922-2001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
El Paso Orthopaedic Surgery GroupOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	20	2017

Transaction ID : 8574521

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Samora, Julie, B, , MD

Mailing Address 5000 Slate Run Woods Court

City
Upper ArlingtonState
OHZip Code
43220-6107FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nationwide Children's HospitalOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	20	2017

Transaction ID : 8574523

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Yakel, Demian, M, , DO

Mailing Address 4439 E 23rd St

City
CasperState
WYZip Code
82609-3378FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Casper OrthopedicOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	20	2017

Transaction ID : 8574524

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

1500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 282 OF 671

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Marrero, Pablo, , MD

Mailing Address Harding C-10 Parkville Sur

City

Guaynabo

State

PR

Zip Code

00969-4409

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of Puerto Rico

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2017

Transaction ID : 8574525

Amount of Each Receipt this Period

250.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Crabb, Ian, D, , MD

Mailing Address 9737 Fieldcrest Drive

City

Omaha

State

NE

Zip Code

68114-4932

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Columbus Orthopedics & Sports Medicine

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2017

Transaction ID : 8574527

Amount of Each Receipt this Period

500.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Rosenberg, Benjamin N, , MD

Mailing Address 500 Ridge Rd

City

Cornwall

State

VT

Zip Code

05753-9807

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Porter Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2017

Transaction ID : 8574528

Amount of Each Receipt this Period

1000.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 283 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lehman, Daniel, E, , MD

Mailing Address Orthopaedics Indianapolis
8450 Northwest Blvd

City
Indianapolis

State
IN

Zip Code
46278-1381

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoIndy

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : 8574530

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cage, Dori, N, , MD

Mailing Address 4105 Alameda Dr

City
San Diego

State
CA

Zip Code
92103-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : 8574531

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Backe, Henry, A, , Jr, MD

Mailing Address 305 Black Rock Turnpike

City
Fairfield

State
CT

Zip Code
06825-5508

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Specialty Group PC

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2017

Transaction ID : 8574533

Amount of Each Receipt this Period

1500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 284 OF 671

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Miller, Brian, , , MD

Mailing Address 8509 E Appaloosa Trail

City
ScottsdaleState
AZZip Code
85258FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sonoran Orthopaedic Trauma SurgeonsOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2017

Transaction ID : 8574538

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pushkin, Gary, W, , MD

Mailing Address 4101 Greenway

City
BaltimoreState
MDZip Code
21218-1133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cohen & Pushkin MD PAOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2017

Transaction ID : 8574539

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Boardman, Norman, Douglas, , MDMailing Address Dept of Ortho Surgery
Box 980153 MCV StationCity
RichmondState
VAZip Code
23298-0153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCV VCUMCOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2017

Transaction ID : 8574542

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 285 OF 671

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hurst, Stephen, S, , MD

Mailing Address 618 Gloucester Ln

City

Foster City

State

CA

Zip Code

94404-3615

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

San Mateo Orthopedic Medical Group Inc

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2017

Transaction ID : 8574543

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mason, J, Bohannon, , MD

Mailing Address 409 Hermitage Rd

City

Charlotte

State

NC

Zip Code

28207-1841

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoCarolinaOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2017

Transaction ID : 8574544

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wills, Christopher, A, , MDMailing Address 280 South Main Street
Suite 200

City

Orange

State

CA

Zip Code

92868-3852

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Specialty InstituteOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2017

Transaction ID : 8574554

Amount of Each Receipt this Period

84.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

584.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 286 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Fernandez, Rafael, M., MD**

Mailing Address P.O. Box 800809

City
Coto Laurel

State
PR

Zip Code
00780-0809

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2017

Transaction ID : 8574555

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **Suk, Michael, , MD**

Mailing Address 1095 Limestoneville Road

City
Milton

State
PA

Zip Code
17847

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2017

Transaction ID : 8574556

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **Blotter, Robert, H., MD**

Mailing Address 1414 W Fair Ave Ste 190

City
Marquette

State
MI

Zip Code
49855-2693

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Advanced Center of Orthopedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2017

Transaction ID : 8574557

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

600.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 287 OF 671

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Callahan, Bert, C., MD

Mailing Address 511 N. Center St.

City

Beaver Dam

State

WI

Zip Code

53916-3071

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fond Du Lac Regional Clinic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M	D D	Y Y Y Y
03	26	2017

Transaction ID : 8574559

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Keenen, Timothy, L., MD

Mailing Address 19260 SW 65th Ave Ste 270

City

Tualatin

State

OR

Zip Code

97062-5705

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Pacific Spine Specialists

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
03	26	2017

Transaction ID : 8574560

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Barry, Jason, A., MD

Mailing Address 17188 62nd Avenue North

City

Maple Grove

State

MN

Zip Code

55311

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Twin Cities Orthopedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
03	26	2017

Transaction ID : 8574562

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

1334.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kirol, Bernard, G, , MD

Mailing Address 106 Buckthorn Circle

City
Elgin

State
SC

Zip Code
29045-8695

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midlands Orthopaedics, PA

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2017

Transaction ID : 8574565

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hettrich, Carolyn, , , MD, MPH

Mailing Address 2983 Oliver Lane NE

City
Iowa City

State
IA

Zip Code
52240

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Iowa Sports Medicine Cen

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2017

Transaction ID : 8574566

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Neale, S, Glen, , MD

Mailing Address 31 Rams Roc Rd

City
Elmore

State
VT

Zip Code
05661

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Country Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2017

Transaction ID : 8574567

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

575.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 289 OF 671
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rhyne, Dennis, A, , MD

Mailing Address 24951 Sausalito St

City

Laguna Hills

State

CA

Zip Code

92653-5627

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2017

Transaction ID : 8574625

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gibbons, Timothy, Allen, , MD

Mailing Address 13732 Thrush

City

Mason City

State

IA

Zip Code

50401-2926

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2017

Transaction ID : 8574644

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hagen, Robert, J, , MD

Mailing Address 2105 Summertime Trail

City

Lafayette

State

IN

Zip Code

47909

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lafayette Orthopaedic Clinic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2017

Transaction ID : 8574651

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Furry, Kimberly, Lee, , MD**

Mailing Address 41 Rio Vista Cir

City
Durango

State
CO

Zip Code
81301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2017

Transaction ID : 8574653

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **DeMaio, Marlene, , , MD**

Mailing Address 3131 Walnut St Apt 405

City
Philadelphia

State
PA

Zip Code
19104-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Pennsylvania Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2017

Transaction ID : 8574654

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **Davenport, Stephen, R, , MD**

Mailing Address 1718 Guilford Lane

City
Nichols Hills

State
OK

Zip Code
73120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2017

Transaction ID : 8574655

Amount of Each Receipt this Period

1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

3700.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Igram, Cassim, M, , MD

Mailing Address 3014 Woodland Ridge Dr NE

City
Iowa City

State
IA

Zip Code
52240-7900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Iowa Hosp & Clinics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2017

Transaction ID : 8574656

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jackson, Jeffrey, D, , MD

Mailing Address 5150 Alvera Dr

City
Holladay

State
UT

Zip Code
84117-7121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Salt Lake Orthopedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2017

Transaction ID : 8574658

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lerman, Daniel, M, , MD

Mailing Address 1601 E 19th Ave
Suite 3300

City
Denver

State
CO

Zip Code
80218-1239

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2017

Transaction ID : 8574659

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Van Meter, Jerry, W, , MD

Mailing Address 1010 Pensacola St

City
Honolulu

State
HI

Zip Code
96814

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2017

Transaction ID : 8574660

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Chang, Jonathan, L, , MD

Mailing Address 1456 Oak Crest Ave

City
South Pasadena

State
CA

Zip Code
91030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2017

Transaction ID : 8574662

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Manner, Paul, A, , MD

Mailing Address 2222 78th Avenue SE

City
Mercer Island

State
WA

Zip Code
98040

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of WA

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2017

Transaction ID : 8574663

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Port, Joshua, , MD

Mailing Address University Orthopedics
3000 Fairway Dr

City
Altoona

State
PA

Zip Code
16602

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Blair Ortho Assoc & Sports Med

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 16 / 2017

Transaction ID : 8574666

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Palafox, Andrew, J, , MD

Mailing Address 331 Crown Point Dr

City
El Paso

State
TX

Zip Code
79912

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
El Paso Orthopaedic Surgery Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 16 / 2017

Transaction ID : 8574667

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Beverley, Laurel, A, , MD, MPH

Mailing Address 701 W Lakeside Ave #806

City
Cleveland

State
OH

Zip Code
44113

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MetroHealth

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 16 / 2017

Transaction ID : 8574669

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Barnes, Brett, C, , MD

Mailing Address 309 NW 32nd St

City
Lawton

State
OK

Zip Code
73505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MMG Orthopaedic Surgery

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2017

Transaction ID : 8574670

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Giammattei, Frank, P, , MD

Mailing Address 30 Woodbrook Rd

City
Swarthmore

State
PA

Zip Code
19081-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Premier Orthopaedic Associates

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2017

Transaction ID : 8574748

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mitros, Stephen, F, , MD

Mailing Address 51045 Erin Glen Dr

City
Granger

State
IN

Zip Code
46530-9089

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mitros Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2017

Transaction ID : 8574749

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1169.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 295 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gary, Joshua, Layne, , MD

Mailing Address 4226 Byron

City
Houston

State
TX

Zip Code
77005-3518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2017

Transaction ID : 8574750

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Easley, Mark, E, , MD

Mailing Address Duke Medicine

4709 Creekstone Drive

City
Durham

State
NC

Zip Code
27703-9822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2017

Transaction ID : 8574751

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fontanetta, A, Philip, , MD

Mailing Address 700 Hunt Ln

City
Manhasset

State
NY

Zip Code
11030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2017

Transaction ID : 8574752

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

418.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Carolan, Gregory, Francis, , MD

Mailing Address 1806 Meadow Ridge Ct

City
BethlehemState
PAZip Code
18015-5003FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Luke's Ortho Surg GroupOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2017

Transaction ID : 8574753

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Foster, W, Stanley, , MD

Mailing Address 108 Valerie Dr

City
LafayetteState
LAZip Code
70508-6008FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2017

Transaction ID : 8574754

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Razi, Afshin, , , MD

Mailing Address 66-37 Saunders Street

City
Rego ParkState
NYZip Code
11374-4635FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2017

Transaction ID : 8574755

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

418.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 297 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lemker, Joseph, F, , MD

Mailing Address 219 Chambersburg Dr

City
DuluthState
MNZip Code
55811FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Duluth ClinicOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
03	27	2017

Transaction ID : 8574780

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Steel, Jack, R, , MD

Mailing Address 630 Fern Street

City
HuntingtonState
WVZip Code
25701FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Scott Orthopedic CenterOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
03	27	2017

Transaction ID : 8574787

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lamberta, Francis, J, , MD

Mailing Address 1926 Clover Drive

City
PalatineState
ILZip Code
60067FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
03	27	2017

Transaction ID : 8574797

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

1250.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 298 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schmidt, Todd, A., MD

Mailing Address 2865 Lake Park Drive

City
Jonesboro

State
GA

Zip Code
30236-4133

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoAtlanta

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2017

Transaction ID : 8574798

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Piasecki, Andrew, W., MD

Mailing Address 1112 Mill St

City
Camden

State
SC

Zip Code
29020

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Camden Bone & Joint

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2017

Transaction ID : 8574799

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hayden, Shawn, A., MD

Mailing Address 5124 Marble Falls Ln

City
Plano

State
TX

Zip Code
75093-7545

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8574889

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1650.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Polly, David, W, , Jr, MD

Mailing Address 7405 Hyde Park Dr

City
MinneapolisState
MNZip Code
55439-1741FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of MinnesotaOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
03	15	2017

Transaction ID : 8574892

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mannino, Joseph, Andrew, , MD

Mailing Address 124 Tamarack Lane

City
TrumansburgState
NYZip Code
14886FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cayuga Med AssociatesOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
03	15	2017

Transaction ID : 8574893

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ficke, James, R, , MD

Mailing Address 10715 Pot Spring Rd

City
CockeysvilleState
MDZip Code
21030-3019FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Johns HopkinsOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
03	15	2017

Transaction ID : 8574894

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Carlson, William, E, , MD

Mailing Address 3 SE Tuscan Lane

City
Stuart

State
FL

Zip Code
34996-6754

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
South Florida Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8574895

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bodenstab, Alex, B, , MD

Mailing Address 105 Fawn Lane

City

Chadds Ford

State

PA

Zip Code

19317

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
First State Othopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8574900

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Marks, Michael, , , MD, MBA

Mailing Address 24 Marine Ave

City

Westport

State

CT

Zip Code

06880-6923

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8574901

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gallagher, Daniel, J., MD

Mailing Address 4633 Wichers Dr Ste 100

City
Marrero

State
LA

Zip Code
70072-3096

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bone Joint Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8574902

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zilberfarb, Jeffrey, L., MD

Mailing Address 1 Rollins Pl

City
Boston

State
MA

Zip Code
02114

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8574904

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Prutzman, George, W., Jr, MD

Mailing Address 18124 Wedge Pkwy, #1059

City
Reno

State
NV

Zip Code
89511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8574905

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Winter, John, Eric, , MD

Mailing Address 773 Oakhurst

City
CheyenneState
WYZip Code
82009FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2017

Transaction ID : 8574906

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sanders, Steven, M, , MD

Mailing Address 9124 Eagle Hills Dr

City
Las VegasState
NVZip Code
89134FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2017

Transaction ID : 8574908

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Adkison, John, W, , MD

Mailing Address 1211 N 16th Ave

City
YakimaState
WAZip Code
98902FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2017

Transaction ID : 8574917

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 303 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lenderman, Lawrence, L, , MD

Mailing Address 215 Branch Oak Way

City

Shavano Park

State

TX

Zip Code

78230

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8574918

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gutzman, Dennis, Raymond, , MD

Mailing Address 2 Cotswold Lane

City

San Antonio

State

TX

Zip Code

78257

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8574919

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Alander, Dirk, H, , MD

Mailing Address 1302 W Adams Ave

City

Kirkwood

State

MO

Zip Code

63122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Grisinger

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8574920

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Haus, Mary, , , MD

Mailing Address 110 Alyssum Drive

City
ButlerState
PAZip Code
16001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio Valley Medical CenterOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8574921

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Diment, Michael, T, , MD

Mailing Address 4425 Appomattox Drive

City
SylvaniaState
OHZip Code
43560FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Promedica PhysiciansOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8574922

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nordstrom, Thomas, J, , MD

Mailing Address 28 Gateshead Drive

City
BridgewaterState
NJZip Code
08807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8574924

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

2500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Rashid, Rola, H, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 42 Delancey Ct City Pittsford State NY Zip Code 14534 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 15 / 2017 Transaction ID : 8574925 Amount of Each Receipt this Period 400.00 <input type="checkbox"/> Memo Item
B. Kunkle, Herbert, L, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 276 Hawsworth Dr City Oxford State PA Zip Code 19363-2524 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 15 / 2017 Transaction ID : 8574926 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
C. Young, Andrea, J, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 25020 NE 50th Ave City Ridgefield State WA Zip Code 98642 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Peacehealth Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 15 / 2017 Transaction ID : 8574927 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			900.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ryan, Adrian, B., MD

Mailing Address 13000 Birch Road

City

Anchorage

State

AK

Zip Code

99516

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anchorage Fracture and Orthopedic Clin

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8574929

Amount of Each Receipt this Period

1200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Glassman, Andrew, H., MD

Mailing Address 126 North Drexel Avenue

City

Columbus

State

OH

Zip Code

43209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ohio State University Wexner Medical C

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8574930

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Muzzonigro, Thomas, S., MD

Mailing Address 5017 Karrington Dr

City

Gibsonia

State

PA

Zip Code

15044

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Tri Rivers Musculoskeletal Centers

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8574931

Amount of Each Receipt this Period

1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

2700.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Alhadeff, Joseph, E, , MD

Mailing Address 710 Oakwood Dr

City
Red Lion

State
PA

Zip Code
17356

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OSS Orthopaedic Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8574932

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Halpin, Patrick, J, , MD

Mailing Address 3125 Anchor Ln NW

City
Olympia

State
WA

Zip Code
98502-3929

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Capital Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8574933

Amount of Each Receipt this Period

1200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wilkerson, Rick, , , DO

Mailing Address Walnut Lane Farm
2470 Hwy 18

City
Spencer

State
IA

Zip Code
51301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NWIA Bone and Joint Sports Surgeons, P

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8574934

Amount of Each Receipt this Period

1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

2600.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Bosco, Joseph, A, , III, MD</p>		<p>Date of Receipt</p> <p>03 / 15 / 2017</p> <p>Transaction ID : 8574935</p>	
<p>Mailing Address 301 East 17th Street Suite 1402</p>		<p>Amount of Each Receipt this Period</p> <p>1000.00</p>	
<p>City New York</p>	<p>State NY</p>	<p>Zip Code 10003-3804</p>	<p><input type="checkbox"/> Memo Item</p>
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>		<p>Aggregate Year-to-Date ▼</p> <p>1000.00</p>	
<p>Name of Employer (for Individual) NYU Hosp for Joint Diseases</p>		<p>Occupation (for Individual) Orthopaedic Surgeon</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Sraj, Shafic, A, , MD</p>		<p>Date of Receipt</p> <p>03 / 15 / 2017</p> <p>Transaction ID : 8574936</p>	
<p>Mailing Address 44 Overlook Dr</p>		<p>Amount of Each Receipt this Period</p> <p>400.00</p>	
<p>City Bridgeport</p>	<p>State WV</p>	<p>Zip Code 26330</p>	<p><input type="checkbox"/> Memo Item</p>
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>		<p>Aggregate Year-to-Date ▼</p> <p>400.00</p>	
<p>Name of Employer (for Individual) West Virginia University</p>		<p>Occupation (for Individual) Orthopaedic Surgeon</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>c. Carolan, Gregory, Francis, , MD</p>		<p>Date of Receipt</p> <p>03 / 15 / 2017</p> <p>Transaction ID : 8574937</p>	
<p>Mailing Address 1806 Meadow Ridge Ct</p>		<p>Amount of Each Receipt this Period</p> <p>200.00</p>	
<p>City Bethlehem</p>	<p>State PA</p>	<p>Zip Code 18015-5003</p>	<p><input type="checkbox"/> Memo Item</p>
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>		<p>Aggregate Year-to-Date ▼</p> <p>368.00</p>	
<p>Name of Employer (for Individual) St Luke's Ortho Surg Group</p>		<p>Occupation (for Individual) Orthopaedic Surgeon</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>			
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p>1600.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kennedy, E, Jeff, , MD

Mailing Address 235 Johnstone Dr

City
Madison

State
MS

Zip Code
39110-7686

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8574938

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kinnucan, Elspeth R E, , MD

Mailing Address 1917 Oak Crest Dr

City
Roseville

State
CA

Zip Code
95661-4060

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kaiser Roseville Medical Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8574939

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bredthauer, Bryan, D, , MD

Mailing Address 9814 Harney Pkwy North

City
Omaha

State
NE

Zip Code
68114-4945

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OrthoNebraska

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8574940

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1200.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Klassen, Michael, Gayle, , MD

Mailing Address 1011 Rodeo Road

City
Pebble Beach

State
CA

Zip Code
93953

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8574941

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Blasier, R, Dale, , MD

Mailing Address 205 Hickory Creek Ln

City
Little Rock

State
AR

Zip Code
72212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Arkansas Children's Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8574943

Amount of Each Receipt this Period

1200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ryan, Andrew, Wilson, , MD

Mailing Address 2537 Larkin Rd

City
Lexington

State
KY

Zip Code
40503-3201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2017

Transaction ID : 8574944

Amount of Each Receipt this Period

1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3150.00

SCHEDULE A (FEC Form 3X)
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for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 311 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Finkenberg, John, G, , MD

Mailing Address 4848 La Cruz Pl

City
La MesaState
CAZip Code
91941FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2017

Transaction ID : 8575605

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schmitz, Miguel, Antonio, , MD

Mailing Address 8624 E Maringo Dr

City
SpokaneState
WAZip Code
99212FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Alpine Orthopaedic and Spine PC

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2017

Transaction ID : 8575609

Amount of Each Receipt this Period

625.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moitoza, James, R, , MD

Mailing Address 4510 Executive Dr Ste 125

City
San DiegoState
CAZip Code
92121-3054FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2017

Transaction ID : 8575610

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

1125.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vetter, Carole, S, , MD

Mailing Address 793 Woodthrusn Ln

City
Colgate

State
WI

Zip Code
53017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCW at FMLH East

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 17 / 2017

Transaction ID : 8575611

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kazaglis, Jeffrey, A, , MD

Mailing Address 11 Stoneridge Drive

City
Barrington

State
IL

Zip Code
60010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 17 / 2017

Transaction ID : 8575612

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lundy, Douglas, W, , MD, MBA

Mailing Address 1368 Wynbrook Trace

City
Mableton

State
GA

Zip Code
30126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Resurgens Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 17 / 2017

Transaction ID : 8575613

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Mrasky, Gregory, M, , MD**Mailing Address **PO Box 2767**

City
Scottsdale

State
AZ

Zip Code
85252-2767

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

03 / 17 / 2017

Transaction ID : **8575618**

Amount of Each Receipt this Period

183.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **Flandry, Frederick, C, , MD**

Mailing Address **Jack Hughston Memorial Hospital Re**
6262 Veterans Pkwy, PO Box 9517

City
Columbus

State
GA

Zip Code
31908-9517

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Jack Hughston Memorial Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

03 / 17 / 2017

Transaction ID : **8575619**

Amount of Each Receipt this Period

1200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **Stem, Eric, S, , MD**Mailing Address **421 Barfield Dr**

City
Summerville

State
SC

Zip Code
29485

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 17 / 2017

Transaction ID : **8575620**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2383.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brock, Gary, T, , MD

Mailing Address 5 Pinehill Lane

City
Houston

State
TX

Zip Code
77019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas Orthopedic Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 17 / 2017

Transaction ID : 8575621

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lister, Daniel, , , MD

Mailing Address 2407 Evergreen Ln

City
Aberdeen

State
SD

Zip Code
57401-1663

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sanford Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 17 / 2017

Transaction ID : 8575622

Amount of Each Receipt this Period

1200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mir, Hassan, Riaz, , MD, MBA, F

Mailing Address 3619 W Cleveland St

City
Tampa

State
FL

Zip Code
33609

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Trauma Service

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 17 / 2017

Transaction ID : 8575625

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jafarnia, Kourosh, Korsh, , MD

Mailing Address 6400 Fannin St
Suite 1700

City
Houston

State
TX

Zip Code
77030-1526

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UT Physicians

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 30 / 2017

Transaction ID : 8575731

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Chihlas, Christopher, N, , MD

Mailing Address 230 River Farm Drive

City

East Greenwich

State

RI

Zip Code

02818-2198

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Southcoast Physicians Group

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 30 / 2017

Transaction ID : 8575732

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Braaton, Paul, J, , MD

Mailing Address 1335 Coffee Rd Ste 100

City

Modesto

State

CA

Zip Code

95355

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

318.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 17 / 2017

Transaction ID : 8575818

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 316 OF 671

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Slough, James, A, , MD

Mailing Address 236 Rivermist Drive

City
Buffalo

State
NY

Zip Code
14202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Excelsior Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2017

Transaction ID : 8575826

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Scutchfield, Scott, Beecher, , MD

Mailing Address 1591 Lexington Rd

City
Danville

State
KY

Zip Code
40422-9795

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Kentucky

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2017

Transaction ID : 8575827

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hagen, Robert, J, , MD

Mailing Address 2105 Summertime Trail

City
Lafayette

State
IN

Zip Code
47909

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lafayette Orthopaedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1175.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2017

Transaction ID : 8575830

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

350.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kontogianis, Christopher, , MD

Mailing Address 1603 S Jurupa St

City
Kennewick

State
WA

Zip Code
99338-9394

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Benton Franklin Orthopedic Associates

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2017

Transaction ID : 8575832

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Halsey, David, A, , MD

Mailing Address PO Box 9000 #132

City
Edgartown

State
MA

Zip Code
02539-9000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Martha's Vineyard Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2017

Transaction ID : 8575833

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Murrell, Samuel, Edwin, , III, MD

Mailing Address 3946 Grandview Avenue

City
Memphis

State
TN

Zip Code
38111-7610

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoMemphis

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2017

Transaction ID : 8575835

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sowards, Ken, , MBA

Mailing Address 3200 Lovers Lane

City
Dallas

State
TX

Zip Code
75225-7626

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2017

Transaction ID : 8575836

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Muzzonigro, Thomas, S, , MD

Mailing Address 5017 Karrington Dr

City
Gibsonia

State
PA

Zip Code
15044

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tri Rivers Musculoskeletal Centers

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2017

Transaction ID : 8575837

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Lajam, Claudette, Malvina, , MD

Mailing Address 30 Knollwood Dr

City
Larchmont

State
NY

Zip Code
10538-1238

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hosp for Joint Disease

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2017

Transaction ID : 8575838

Amount of Each Receipt this Period

225.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Bosco, Joseph, A, , III, MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 301 East 17th Street Suite 1402 City New York State NY Zip Code 10003-3804 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) NYU Hosp for Joint Diseases Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1225.00			Date of Receipt M M / D D / Y Y Y Y Y 03 / 17 / 2017 Transaction ID : 8575839 Amount of Each Receipt this Period 225.00 <input type="checkbox"/> Memo Item
B. Geline, Richard, Allen, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1225 Central Rd City Glenview State IL Zip Code 60025 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2017 Transaction ID : 8575847 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
C. Van Meter, Jerry, W, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1010 Pensacola St City Honolulu State HI Zip Code 96814 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2200.00			Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2017 Transaction ID : 8576093 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			1475.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Portland, Gregory, H, , MD

Mailing Address 666 Garland Ave

City
Winnetka

State
IL

Zip Code
60093

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IBJI

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2017

Transaction ID : 8577146

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Axe, Jeremie, M, , MD

Mailing Address 148 Gloucester Blvd

City
Middletown

State
DE

Zip Code
19709-8327

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
First State Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2017

Transaction ID : 8577147

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. O'Hollaren, Robert, M, , MD

Mailing Address 3525 Loma Vista Rd

City
Ventura

State
CA

Zip Code
93003-3101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ventura Orthopedic Medical Group Inc.

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2017

Transaction ID : 8577148

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Buckner, John, H., MD

Mailing Address 95 Croton Ave Ste 2

City
OssiningState
NYZip Code
10562-4985FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	31	2017

Transaction ID : 8577161

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sculco, Thomas, P., MD

Mailing Address 132 E 95th St

City
New YorkState
NYZip Code
10128-1705FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hospital for Special SurgeryOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	31	2017

Transaction ID : 8577162

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mollano, Anthony, V., MD

Mailing Address 163 Galloping Hill Rd

City
ContoocookState
NHZip Code
03229-3401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Concord OrthopaedicsOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	23	2017

Transaction ID : 8577176

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Besh, Basil, R, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 6135 Clubhouse Dr City Pleasanton State CA Zip Code 94566 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) FORM Hand, Wrist & Elbow Institute Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 23 / 2017 Transaction ID : 8577177 Amount of Each Receipt this Period 84.00 <input type="checkbox"/> Memo Item
B. Stephenson, John, Michael, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 23 Hickory Creek Dr City Little Rock State AR Zip Code 72212-2509 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) University of Arkansas For Medical Sci Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 28 / 2017 Transaction ID : 8577178 Amount of Each Receipt this Period 84.00 <input type="checkbox"/> Memo Item
c. Waddell, Bradford, Sutton, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 344 Audubon St City New Orleans State LA Zip Code 70118-4941 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Ochsner Clinic Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2017 Transaction ID : 8577179 Amount of Each Receipt this Period 84.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			252.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sherbondy, Paul, Strawn, , MD

Mailing Address 507 Beaumont Drive

City

State College

State

PA

Zip Code

16801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 01 / 2017

Transaction ID : 8577322

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Deffer, Philip, A, , Jr, MD

Mailing Address 1200 1st Ave E Ste C

City

Spencer

State

IA

Zip Code

51301-4342

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Avera Heart Hospital of South Dakota

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 01 / 2017

Transaction ID : 8577323

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rungee, James, L, , MD

Mailing Address 2802 Pavilion Pl

City

Murfreesboro

State

TN

Zip Code

37129

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Tennessee Orthopedic Alliance

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 01 / 2017

Transaction ID : 8577324

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

434.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mather, Richard, C, , III, MD

Mailing Address 115 Watts St

City
Durham

State
NC

Zip Code
27701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2017

Transaction ID : 8577325

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Craig, William, Lewis, , MD

Mailing Address 423 Arbor Rd

City

Winston Salem

State

NC

Zip Code

27104-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OrthoCarolina

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2017

Transaction ID : 8577326

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Uppal, Renny, , , MD

Mailing Address 1730 Sharpe Hill Circle

City

Reno

State

NV

Zip Code

89523-3924

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2017

Transaction ID : 8578029

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

419.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Templeton, Jesse, Ellis, , MD

Mailing Address 2906 Nottingham Drive

City
Parma

State
OH

Zip Code
44134-5523

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Associates Inc

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2017

Transaction ID : 8578221

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wyatt, Ronald, W B, , MD

Mailing Address 533 Carleton Way

City
Alamo

State
CA

Zip Code
94507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaiser Permanente

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2017

Transaction ID : 8578704

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Krueger, Chad, A, , MD

Mailing Address 208 Sundew Court

City
Southern Pines

State
NC

Zip Code
28387

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2017

Transaction ID : 8578705

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2684.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Garner, Richard, W, , MD

Mailing Address 7201 E Chester Heights Circle

City

Anchorage

State

AK

Zip Code

99504-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anchorage Fracture & Orthopedic Clinic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2017

Transaction ID : 8581916

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Santore, Richard, F, , MD

Mailing Address P.O. Box 7016

City

Rancho Santa Fe

State

CA

Zip Code

92067

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sharp Healthcare Hip Preservation Cent

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2017

Transaction ID : 8581917

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Allard, Mark, Michael, , MD

Mailing Address 3010 Cortney Circle

City

Siloam Springs

State

AR

Zip Code

72761

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2017

Transaction ID : 8582627

Amount of Each Receipt this Period

84.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

253.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 327 OF 671

(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Abrutyn, David, A, , MD

Mailing Address 20 Pitney Court

City
Basking RidgeState
NJZip Code
07920-2150FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M	D D	Y Y Y Y
04	05	2017

Transaction ID : 8582628

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Seaberg, John, Paul, , MD

Mailing Address 2931 Georgetown Street

City
HoustonState
TXZip Code
77005FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Houston Methodist Orthopedics and Spor

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M	D D	Y Y Y Y
04	05	2017

Transaction ID : 8582629

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wapner, Keith, L, , MD

Mailing Address 651 N Heilbron Dr

City
MediaState
PAZip Code
19063FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Penn Ortho Foot & Ankle Surg

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
04	04	2017

Transaction ID : 8582965

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

959.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 328 OF 671

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lane, Joseph, M, , MD

Mailing Address 535 E 86th St Apt 14F

City

New York City

State

NY

Zip Code

10028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hosp for Special Surgery

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2017

Transaction ID : 8582966

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Foran, Jared, R H, , MD

Mailing Address 340 Bellaire St

City

Denver

State

CO

Zip Code

80220-4931

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado HospitalOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2017

Transaction ID : 8582977

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ellman, Michael, Brian, , MD

Mailing Address 11646 E Maplewood Ave

City

Englewood

State

CO

Zip Code

80111-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado HospitalOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2017

Transaction ID : 8582978

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

1000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Johnson, James, T, , MD

Mailing Address 4901 S Franklin St

City
Englewood

State
CO

Zip Code
80113-7032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Panorama Orthopedics & Spine Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 04 / 2017

Transaction ID : 8582979

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gottlob, Charles, Adam, , MD

Mailing Address Panorama Orthopedics
660 Golden Ridge Rd #250

City
Golden

State
CO

Zip Code
80401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 04 / 2017

Transaction ID : 8582980

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Drewek, Michael, , , MD

Mailing Address 660 Golden Ridge Rd, Ste 250

City
Golden

State
CO

Zip Code
80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 04 / 2017

Transaction ID : 8582981

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fuller, Michael, A, , DO

Mailing Address 12933 Silver Elk Ln

City
Littleton

State
CO

Zip Code
80127-6106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2017

Transaction ID : 8582982

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Froelich, John, Marshal, , MD

Mailing Address 831 Uinta Way

City
Denver

State
CO

Zip Code
80230-6824

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2017

Transaction ID : 8582983

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Desai, Bharat, M, , MD

Mailing Address 7955 Spirit Ranch Rd

City
Golden

State
CO

Zip Code
80403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2017

Transaction ID : 8582984

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

750.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 331 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Friermood, Thomas, G, , MD

Mailing Address 2635 Vivian St

City
Lakewood

State
CO

Zip Code
80215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Panorama Orthopedics & Spine Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2017

Transaction ID : 8582985

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Loutzenhiser, Lonnie, E, , MD

Mailing Address 1745 Foothills Dr S

City
Golden

State
CO

Zip Code
80401-9167

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2017

Transaction ID : 8582986

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Agarwala, Amit, , , MD

Mailing Address 660 Golden Ridge Rd Suite 250

City
Golden

State
CO

Zip Code
80401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2017

Transaction ID : 8582987

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

750.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 332 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Murken, Roger, E, , MD

Mailing Address 660 Golden Ridge Rd Ste 250

City
Golden

State
CO

Zip Code
80401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2017

Transaction ID : 8582988

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Patel, Nimesh, , , MD

Mailing Address 570 Eagle Nest Ct.

City
Golden

State
CO

Zip Code
80401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2017

Transaction ID : 8582989

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Foulk, Douglas, A, , MD

Mailing Address 660 Golden Ridge Road
Ste 250

City
Golden

State
CO

Zip Code
80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2017

Transaction ID : 8582990

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Peace, William, Joseph, , MD

Mailing Address 18968 W 54th Ln

City
Golden

State
CO

Zip Code
80403-2182

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2017

Transaction ID : 8582991

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lammens, Peter, , , MD

Mailing Address 660 Golden Ridge Rd Ste 250

City
Golden

State
CO

Zip Code
80401-9522

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2017

Transaction ID : 8582992

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lehman, Timothy, James, , MD

Mailing Address 7050 S Polo Ridge Dr

City
Littleton

State
CO

Zip Code
80128-2504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2017

Transaction ID : 8582993

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 334 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Schneider, David, J, , MD**

Mailing Address 711 Skywalker Point

City
Lafayette

State
CO

Zip Code
80026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2017

Transaction ID : 8582994

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **Conklin, Mark, J, , MD**

Mailing Address 1702 Sand Lily Dr

City
Golden

State
CO

Zip Code
80401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2017

Transaction ID : 8582995

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **Lodha, Sameer, J, , MD**

Mailing Address 2538 W 36th Ave

City
Denver

State
CO

Zip Code
80211-2849

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2017

Transaction ID : 8582996

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 335 OF 671

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Knight, Karen, H, , MD

Mailing Address 660 Golden Ridge Road, Ste 250

City
GoldenState
COZip Code
80401-9541FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado HospitalOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
04	04	2017

Transaction ID : 8582997

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Horner, Michael, , , DO

Mailing Address 660 Golden Ridge Rd, Ste 250

City
GoldenState
COZip Code
80401-9541FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado HospitalOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
04	04	2017

Transaction ID : 8582998

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Deol, Premjit, , , DO

Mailing Address 4145 Utica Street

City
DenverState
COZip Code
80212-2248FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado HospitalOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
04	04	2017

Transaction ID : 8583001

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 336 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Arnold, William, V, , MD

Mailing Address 1070 Randolph Road

City

Meadowbrook

State

PA

Zip Code

19046

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Rothman Orthopaedic Specialty Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2017

Transaction ID : 8583034

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mason, Richard, J, , MD

Mailing Address 510 Idlewild Ave

City

Easton

State

MD

Zip Code

21601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Shere Orthopedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2017

Transaction ID : 8583036

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Axe, Michael, J, , MD

Mailing Address 4745 Ogletown Stanton Rd Ste 225

City

Newark

State

DE

Zip Code

19713-1340

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

First State Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2017

Transaction ID : 8583037

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 337 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Reddy, Nithin, C, , MD		Date of Receipt M M / D D / Y Y Y Y Y 04 / 04 / 2017 Transaction ID : 8583038	
Mailing Address 5436 Soledad Rd		Amount of Each Receipt this Period 500.00	
City La Jolla	State CA	Zip Code 92037-7042	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Southern California Permanente Med Grp		Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Salyers, Steve, G, , MD		Date of Receipt M M / D D / Y Y Y Y Y 04 / 04 / 2017 Transaction ID : 8583039	
Mailing Address 1060 Rossvie Rd		Amount of Each Receipt this Period 1000.00	
City Clarksville	State TN	Zip Code 37043-1908	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Premier Orthopaedics		Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kofoed, John, Charles, , MD		Date of Receipt M M / D D / Y Y Y Y Y 04 / 04 / 2017 Transaction ID : 8583040	
Mailing Address 2619 Seminole Ct		Amount of Each Receipt this Period 84.00	
City Fairfield	State CA	Zip Code 94534-7871	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Sutter Medical Group		Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 336.00	
SUBTOTAL of Receipts This Page (optional).....▶		1584.00	
TOTAL This Period (last page this line number only).....▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 338 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Snyder, Mark, A, , MD

Mailing Address 7229 Overton Way

City
Maineville

State
OH

Zip Code
45039

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Trihealth Orthopaedic & Spine Institut

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2017

Transaction ID : 8583183

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Scillia, Anthony, James, , MD

Mailing Address 110 Clark Road

City

Bernardsville

State

NJ

Zip Code

07924

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New Jersey Orthopaedic Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2017

Transaction ID : 8583186

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pierron, Robert, Louis, , MD

Mailing Address 30765 Overlook Run

City

Buena Vista

State

CO

Zip Code

81211-9836

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2017

Transaction ID : 8583187

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 339 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reynolds, Kirk, Allen, , MD

Mailing Address 316 N Ridge Road

City
Little Rock

State
AR

Zip Code
72207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Arkansas Specialty Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2017

Transaction ID : 8583188

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Weber, Kristy, L, , MD

Mailing Address 3035 Hermosa Ln

City
Havertown

State
PA

Zip Code
19083

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Pennsylvania Dept of Ort

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2017

Transaction ID : 8583196

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Duncan, Scott, F M, , MD, MPH, M

Mailing Address 828 Royal St
PMB 324

City
New Orleans

State
LA

Zip Code
70116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2017

Transaction ID : 8583247

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

2250.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 340 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wong, Douglas, Cabot, , MD

Mailing Address 23769 Shooting Star Dr

City
Golden

State
CO

Zip Code
80401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2017

Transaction ID : 8583272

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Robinson, Mitchel, S, , MD

Mailing Address 660 Golden Ridge Road
Suite 250

City
Golden

State
CO

Zip Code
80401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2017

Transaction ID : 8583273

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Puschak, Thomas, Joseph, , MD

Mailing Address 5275 Dunraven Circle

City
Golden

State
CO

Zip Code
80403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2017

Transaction ID : 8583274

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 341 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Mills, Mark, F, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 67 West Ranch Trail City Morrison State CO Zip Code 80465 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) OrthoColorado Hospital Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 04 / 06 / 2017 Transaction ID : 8583275 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item	
B. McNair, Patrick, , , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 10363 Carriage Club Drive City Lone Tree State CO Zip Code 80124 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) OrthoColorado Hospital Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 04 / 06 / 2017 Transaction ID : 8583276 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item	
C. Seemann, Mitchell, D, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 660 Golden Ridge Road, Ste. 250 City Golden State CO Zip Code 80401-9541 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) OrthoColorado Hospital Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 04 / 06 / 2017 Transaction ID : 8583277 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item	
SUBTOTAL of Receipts This Page (optional)..... ▶			750.00	
TOTAL This Period (last page this line number only)..... ▶				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 342 OF 671

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rowland, Edmund, B, , Jr, MD

Mailing Address 265 Skyhill Dr

City
EvergreenState
COZip Code
80439-3797FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado HospitalOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
04	06	2017

Transaction ID : 8583278

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Robinson, Walter, G, , Jr, MD

Mailing Address 660 Golden Ridge Rd Ste 250

City
GoldenState
COZip Code
80401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Panorama Orthopedics & Spine CenterOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
04	06	2017

Transaction ID : 8583279

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Thomas, Robert, L, , MD

Mailing Address 5200 Sunset Drive

City
LittletonState
COZip Code
80123FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado HospitalOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
04	06	2017

Transaction ID : 8583280

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Grosso, Nicholas, P, , MD

Mailing Address 10113 Lakeside Ct

City
Ellicott City

State
MD

Zip Code
21042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Centers for Advanced Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2017

Transaction ID : 8583282

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Porter, Scott, Edward, , MD, MBA

Mailing Address 1420 Jonesville Road

City
Simpsonville

State
SC

Zip Code
29681-4411

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2017

Transaction ID : 8583458

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Green, Daniel, William, , MD

Mailing Address 535 E 70th St

City
New York

State
NY

Zip Code
10021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hosp for Special Surgery

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2017

Transaction ID : 8583459

Amount of Each Receipt this Period

175.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

759.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lagan, Casey, Lee, , MD

Mailing Address 224 E 2nd Street

City
Dumas

State
TX

Zip Code
79029

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Moore County Hospital District

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2017

Transaction ID : 8583460

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Buchowski, Jacob, M, , MD, MS

Mailing Address 27 Rio Vista Dr

City
Saint Louis

State
MO

Zip Code
63124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Washington University in St. Louis

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2017

Transaction ID : 8584156

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Ortiz, Jose, Antonio, , Jr, MD

Mailing Address S8965 Stonebrook Dr

City
Eleva

State
WI

Zip Code
54738

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mayo Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2017

Transaction ID : 8584352

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 345 OF 671

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Angel, Jeffery, D, , MD

Mailing Address 180 Westwood Drive

City
BatesvilleState
ARZip Code
72501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
White River Health SystemOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M	D D	Y Y Y Y
04	08	2017

Transaction ID : 8584453

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pardubsky, Peter, Donnan, , MD

Mailing Address 4911 Millbrook Ct NE

City
Cedar RapidsState
IAZip Code
52411FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Physicians Clinic of IowaOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
04	08	2017

Transaction ID : 8584456

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Clain, Michael, R, , MD

Mailing Address 9 Indian Head Rd

City
RiversideState
CTZip Code
06878FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M	D D	Y Y Y Y
04	09	2017

Transaction ID : 8584457

Amount of Each Receipt this Period

84.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1168.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lundy, Gordon, C, , MD

Mailing Address 2100 Webster St Ste 117

City

San Francisco

State

CA

Zip Code

94115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M	D D	Y Y Y Y
04	09	2017

Transaction ID : 8584458

Amount of Each Receipt this Period

84.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Braaton, Paul, J, , MD

Mailing Address 1335 Coffee Rd Ste 100

City

Modesto

State

CA

Zip Code

95355

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

402.00

Date of Receipt

M M	D D	Y Y Y Y
04	09	2017

Transaction ID : 8584460

Amount of Each Receipt this Period

84.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sanders, James, O, , MD

Mailing Address 4 Oakberry Lane

City

Pittsford

State

NY

Zip Code

14534

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Rochester Medical Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
04	09	2017

Transaction ID : 8584676

Amount of Each Receipt this Period

1000.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1168.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lintecum, Neal, D, , MD

Mailing Address 789 N 1500 Road

City
LawrenceState
KSZip Code
66049FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2017

Transaction ID : 8584691

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reiter, Mitchell, Forest, , MD

Mailing Address 120 Ravine Lake Rd

City
BernardsvilleState
NJZip Code
07924-1408FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2017

Transaction ID : 8585166

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tonino, Pietro, M, , MD

Mailing Address 421 N Marion St

City
Oak ParkState
ILZip Code
60302FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2017

Transaction ID : 8585172

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Badia, Alejandro, , MD

Mailing Address 3650 NW 82nd Ave Ste 103

City
Doral

State
FL

Zip Code
33166

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Badia Hand to Shoulder Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2017

Transaction ID : 8586257

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gill, John, T, , MD

Mailing Address 8230 Walnut Hill Lane
Suite 708

City
Dallas

State
TX

Zip Code
75231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2017

Transaction ID : 8586258

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Woiczik, Marcella, Rae, , MD

Mailing Address 742 Pioneer Fork Road

City
Salt Lake City

State
UT

Zip Code
84108

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Shriner's Hosp for Children

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2017

Transaction ID : 8586264

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

584.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 349 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dorr, Lawrence, D, , MD

Mailing Address 671 Bellefontaine Street

City
PasadenaState
CAZip Code
91105FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M	D D	Y Y Y Y
04	11	2017

Transaction ID : 8586539

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Katz, Danielle, , , MD

Mailing Address 5122 Reis Cir

City

Fayetteville

State

NY

Zip Code

13066-9305

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sunny Upstate

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
04	11	2017

Transaction ID : 8586577

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Eichinger, Josef, Karl, , MD

Mailing Address 1731 Sailmaker St

City

Daniel Island

State

SC

Zip Code

29492-8508

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Medical University of S. Carolina

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
04	11	2017

Transaction ID : 8586578

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

2250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, Chadwick, F., MD

Mailing Address 1200 Wilshire Blvd
Suite 605

City
Los Angeles

State
CA

Zip Code
90017-1944

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2017

Transaction ID : 8586579

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kamps, Bryan, Scott., MD

Mailing Address 3741 Monarch Dr NE

City
Grand Rapids

State
MI

Zip Code
49525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Spectrum Health Medical Group

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2017

Transaction ID : 8586580

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Osgood, Patrick, Joseph., MD

Mailing Address 1885 Star Bright Way

City
Reno

State
NV

Zip Code
89523

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Patrick J. Osgood, M.D., Ltd

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2017

Transaction ID : 8586589

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1400.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 351 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Alhadeff, Joseph, E., MD

Mailing Address 710 Oakwood Dr

City
Red Lion

State
PA

Zip Code
17356

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OSS Orthopaedic Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2017

Transaction ID : 8586679

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Johnson, Paul, G., MD

Mailing Address 18646 Vogel Farm Trail

City
Eden Prairie

State
MN

Zip Code
55347

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Park Nicollete

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2017

Transaction ID : 8586680

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gruber, Michael, P., MD

Mailing Address 135 Torrey Pines Ct

City
Newnan

State
GA

Zip Code
30265

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2017

Transaction ID : 8586681

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

2500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Moon, Bryan, Scott, , MD

Mailing Address 1026 Split Elm Drive

City
Missouri City

State
TX

Zip Code
77459

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTMDACC

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2017

Transaction ID : 8587260

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jamison, James, P, , MD

Mailing Address 7092 Killdeer Dr

City
Canfield

State
OH

Zip Code
44406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2017

Transaction ID : 8587261

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Alberta, Francis, G, , MD

Mailing Address 539 Bennington Terrace

City
Ridgewood

State
NJ

Zip Code
07450

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NJOC

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2017

Transaction ID : 8587262

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

418.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 353 OF 671

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Voellmicke, Kurt, V, , MD

Mailing Address 20 Belvedere Ct

City
RidgefieldState
CTZip Code
06877FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Caremount Medical PCOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
04	13	2017

Transaction ID : 8587352

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kulwicki, Kevin, James, , MD

Mailing Address 8720 Cedar Rdg

City
LantanaState
TXZip Code
76226-4488FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoTexasOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
04	13	2017

Transaction ID : 8587353

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Chapman, Michael, Paul, , MD

Mailing Address 985 Prince Phillip Dr

City
DubuqueState
IAZip Code
52003FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical AssociatesOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
04	13	2017

Transaction ID : 8587354

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 354 OF 671

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Orenstein, Eric, M, , MD

Mailing Address 1809 Connemara Ct

City
LafayetteState
INZip Code
47905FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IU Health Arnett HospitalOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2017

Transaction ID : 8587358

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hussain, Suleman, M, , MD

Mailing Address 2300 53rd Street, Suite #100

City
BettendorfState
IAZip Code
52804FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ORAOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2017

Transaction ID : 8587627

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Olin, Matthew, David, , MD

Mailing Address 605 Sunset Dr

City
GreensboroState
NCZip Code
27408-6412FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2017

Transaction ID : 8587628

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1334.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 355 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, Jeffrey, Mark, , MD

Mailing Address 610 San Elijo St

City
San Diego

State
CA

Zip Code
92106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNITE Orthopaedics Foundation

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 14 / 2017

Transaction ID : 8587629

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Linschoten, Niels, J, , MD

Mailing Address 11428 Center Court Blvd

City
Baton Rouge

State
LA

Zip Code
70810

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeron

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 14 / 2017

Transaction ID : 8587630

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Grimm, Matthew, R, , MD

Mailing Address 920 Avenue B

City
Marrero

State
LA

Zip Code
70072

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeron

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 14 / 2017

Transaction ID : 8587631

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

418.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 356 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Burns, Sean, Thomas, , MD

Mailing Address 4502 Masters Dr

City
League City

State
TX

Zip Code
77573-5805

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Concord Orthopaedics, PA

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2017

Transaction ID : 8603248

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Peterson, Darryl, W, , MD

Mailing Address 4106 Rocky Oak Court

City
College Station

State
TX

Zip Code
77845

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2017

Transaction ID : 8603253

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Port, J, Teig, , MD

Mailing Address 456 Wyndemere

City
Heath

State
TX

Zip Code
75032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2017

Transaction ID : 8603307

Amount of Each Receipt this Period

1500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Anderson, Robert, O, , MD

Mailing Address 9800 55th St N

City

Lake Elmo

State

MN

Zip Code

55042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Summit Orthopedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2017

Transaction ID : 8603486

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Weinstein, Richard, N, , MD

Mailing Address 21 Long Pond Rd

City

Armonk

State

NY

Zip Code

10504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2017

Transaction ID : 8603538

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Snyder, Matthew, J, , MD

Mailing Address 14912 Chopine Pass

City

Roanoke

State

IN

Zip Code

46783-9308

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Orthopedic Hospital of Lutheran He

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2017

Transaction ID : 8603539

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1335.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Agarwal, Animesh, , , MD

Mailing Address 201 Falcon Point

City

Boerne

State

TX

Zip Code

78006

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ TX Hlth Sci Ctr at San Antonio

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2017

Transaction ID : 8603543

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Maender, Christopher, W, , MD

Mailing Address 4509 Turtle Bay

City

Springfield

State

IL

Zip Code

62711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2017

Transaction ID : 8604208

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kwok, Moody, , , MD

Mailing Address 708 Presidential Dr

City

Horsham

State

PA

Zip Code

19044

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2017

Transaction ID : 8604209

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hayden, Shawn, A, , MD

Mailing Address 5124 Marble Falls Ln

City
Plano

State
TX

Zip Code
75093-7545

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 17 / 2017

Transaction ID : 8604210

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dhillon, Manjit, S, , MD

Mailing Address 12705 Hogans Dr

City
Chester

State
VA

Zip Code
23836-2676

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southside Regional Medical Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2017

Transaction ID : 8606175

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Raut, Sourendra, Sean, , MD

Mailing Address 2450 Copper Mill Trail

City
Cumming

State
GA

Zip Code
30041-4909

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Resurgens Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2017

Transaction ID : 8606177

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

434.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 360 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Napoli, David, C, , MD

Mailing Address 107 Bent Creek Preserve Rd

City
Asheville

State
NC

Zip Code
28806-5540

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2017

Transaction ID : 8606179

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Murphy, Mark, G, , MD

Mailing Address 808 Riverbend Dr

City
Douglas

State
WY

Zip Code
82633-2054

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mountain View Regional Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2017

Transaction ID : 8610503

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shah, Roshan, P, , MD, JD

Mailing Address 610 West 110th Street
Apt 3E

City
New York

State
NY

Zip Code
10025-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia University Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 19 / 2017

Transaction ID : 8610524

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

419.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 361 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Coles, Robert, E, , MD

Mailing Address 201 Lands End Rd

City

Morehead City

State

NC

Zip Code

28557-8943

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Carolinas Center For Surgery

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2017

Transaction ID : 8610525

Amount of Each Receipt this Period

84.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Higgins, Michael, E, , MD

Mailing Address 5236 Rockport Landing

City

Suffolk

State

VA

Zip Code

23435-3518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2017

Transaction ID : 8610526

Amount of Each Receipt this Period

84.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Garino, Jonathan, P, , MD, MBA

Mailing Address 835 Stoke Road

City

Villanova

State

PA

Zip Code

19085-2031

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Premier Orthopedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2017

Transaction ID : 8611575

Amount of Each Receipt this Period

1000.00



Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1168.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hennrikus, William, L., Jr, MD

Mailing Address 75 Laurel Ridge Rd

City
Hershey

State
PA

Zip Code
17033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Penn State Medical School

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2017

Transaction ID : 8611576

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reilly, John, Patrick, , MD

Mailing Address 60 Copperflag Ln

City

Staten Island

State

NY

Zip Code

10304

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2017

Transaction ID : 8611577

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Evanich, Christopher, John, , MD

Mailing Address 2323 North Mayfair Rd
Suite 300

City

Wauwatosa

State

WI

Zip Code

53226

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midwest Orthopedic Specialty Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2017

Transaction ID : 8611578

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Scherl, Jonathan, Daniel, , MD

Mailing Address 40 Evergreen Pl

City
Tenaflly

State
NJ

Zip Code
07670

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2017

Transaction ID : 8611596

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Benthien, Ross, Alan, , MD

Mailing Address 25 Lakeview Drive

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orthopedic Associates of Hartford

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2017

Transaction ID : 8611598

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Cooper, Scott, Snow, , MD

Mailing Address 407 NW A St

City

Bentonville

State

AR

Zip Code

72712-5216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mercy Clinic Orthopedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2017

Transaction ID : 8611599

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

699.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schmidt, Todd, A., MD

Mailing Address 2865 Lake Park Drive

City
Jonesboro

State
GA

Zip Code
30236-4133

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoAtlanta

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 21 / 2017

Transaction ID : 8612093

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Chandler, David, R., MD

Mailing Address 165 Middle Plantation Ln

City
Gulf Breeze

State
FL

Zip Code
32561-4899

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 21 / 2017

Transaction ID : 8612094

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sraj, Shafic, A., MD

Mailing Address 44 Overlook Dr

City
Bridgeport

State
WV

Zip Code
26330

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
West Virginia University

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 21 / 2017

Transaction ID : 8612096

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

535.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McCrosson, John, J., MD

Mailing Address 2749 Fountainhead Way

City

Mount Pleasant

State

SC

Zip Code

29466-8590

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Charleston Hip & Knee Replacement Cent

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2017

Transaction ID : 8612097

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stoeckl, Andrew, , MD

Mailing Address 90 Fairlawn Dr

City

Amherst

State

NY

Zip Code

14226-3422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Excelsior Orthopedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2017

Transaction ID : 8612100

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Chapman, Cary, B., MD

Mailing Address 51 Flagg Court

City

Staten Island

State

NY

Zip Code

10304-1157

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2017

Transaction ID : 8612101

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

417.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cannada, Lisa, K., MD

Mailing Address 12872 Willow Pond Court

City
Saint LouisState
MOZip Code
63131-2158FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Louis Univ School of MedicineOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
04	21	2017

Transaction ID : 8612102

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mansfield, David, J., MD

Mailing Address 773 Azalea Pl

City
El PasoState
TXZip Code
79922-2001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
El Paso Orthopaedic Surgery GroupOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

586.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
04	22	2017

Transaction ID : 8613572

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McCulloch, Patrick, T., MD

Mailing Address 12 Caley Drive

City
CanonsburgState
PAZip Code
15317-5990FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advanced Ortho & RehabOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
04	22	2017

Transaction ID : 8613573

Amount of Each Receipt this Period

84.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

252.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 367 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Halsey, David, A, , MD		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 22 / 2017 Transaction ID : 8613575	
Mailing Address PO Box 9000 #132		Amount of Each Receipt this Period 250.00	
City Edgartown	State MA	Zip Code 02539-9000	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Martha's Vineyard Hospital		Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. More, Robert, Cameron, , MD		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 22 / 2017 Transaction ID : 8613577	
Mailing Address 8100 Wescott Drive Suite 101		Amount of Each Receipt this Period 84.00	
City Flemington	State NJ	Zip Code 08822-4671	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Hunterdon Orthopaedic Institute		Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 336.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hackbarth, Donald, A, , Jr, MD		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 22 / 2017 Transaction ID : 8613579	
Mailing Address N70 W14567 Terrace Drive		Amount of Each Receipt this Period 250.00	
City Menomonee Falls	State WI	Zip Code 53051-0929	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Medical College of Wisconsin		Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional).....▶		584.00	
TOTAL This Period (last page this line number only).....▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Eckrich, Stephen, G J, , MD

Mailing Address 5511 Shooting Star Trail

City
Rapid City

State
SD

Zip Code
57702-8867

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2017

Transaction ID : 8613580

Amount of Each Receipt this Period

83.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Noffsinger, Mark, A, , MD

Mailing Address 7208 Selah Court

City
Mattawan

State
MI

Zip Code
49071-9807

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2017

Transaction ID : 8613582

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Scales, Darrell, Kevin, , MD

Mailing Address 2000 Tee Dr

City
Braselton

State
GA

Zip Code
30517-4078

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2017

Transaction ID : 8613583

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

433.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 369 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Barber, Thomas, C, , MD

Mailing Address 6 EL Caminito

City
OrindaState
CAZip Code
94563-2302FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaiser Permanente Medical CenterOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2017

Transaction ID : 8613584

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schulman, Jeff, Eric, , MD

Mailing Address 3229 Highland Lane

City
FairfaxState
VAZip Code
22031FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Inova Medical Group Orthopaedics & SpoOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2017

Transaction ID : 8613588

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Chang, Richard, , , MD

Mailing Address 143 Grayson Dr

City
Belle MeadState
NJZip Code
08502-4932FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MidJersey OrthopaedicsOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2017

Transaction ID : 8613591

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Williams, Susan, Lai, , MD

Mailing Address 1615 NW Avery St

City
Roseburg

State
OR

Zip Code
97471-6047

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Umpqua Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2017

Transaction ID : 8613593

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hartsock, Langdon, A, , MD

Mailing Address 188 Tradd Street

City
Charleston

State
SC

Zip Code
29401-1818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Med Univ of SC

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2017

Transaction ID : 8613594

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Torres, Daniel, , , MD

Mailing Address 7303 Offats Point Cir

City
Galveston

State
TX

Zip Code
77551-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Texas Med Branch

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2017

Transaction ID : 8613595

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

469.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Malone, Stephen, L, , MD</p> <p>Mailing Address 923 Westover Rd</p> <p>City Wilmington State DE Zip Code 19807-2980</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) The Orthopaedic Spine Ctr PA Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1400.00</p>			<p>Date of Receipt</p> <p>04 / 24 / 2017</p> <p>Transaction ID : 8613596</p> <p>Amount of Each Receipt this Period 100.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Parsley, Brian, S, , MD</p> <p>Mailing Address 5420 West Loop South, Ste 2400</p> <p>City Bellaire State TX Zip Code 77401</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) UTHHealth Physicians Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 336.00</p>			<p>Date of Receipt</p> <p>04 / 04 / 2017</p> <p>Transaction ID : 8613852</p> <p>Amount of Each Receipt this Period 84.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Vessely, Michael, B, , MD</p> <p>Mailing Address 522 Second St</p> <p>City Lake Oswego State OR Zip Code 97034</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Willamette Valley Medical Center- Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 336.00</p>			<p>Date of Receipt</p> <p>04 / 04 / 2017</p> <p>Transaction ID : 8613854</p> <p>Amount of Each Receipt this Period 84.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>268.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 372 OF 671

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sheehan, John, P, , MD

Mailing Address 6621 Cuming St

City

Omaha

State

NE

Zip Code

68132

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Boys Town

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2017

Transaction ID : 8613855

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DiCaprio, Matthew, R, , MD

Mailing Address 2028 Dobie Lane

City

Schenectady

State

NY

Zip Code

12303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Albany Medical College

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2017

Transaction ID : 8613857

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Buckley, Steven, L, , MD

Mailing Address 416 Locust Ave SE

City

Huntsville

State

AL

Zip Code

35801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Crestwood Medical Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2017

Transaction ID : 8613858

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

2084.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Andrisani, Damian, Michael, , MD

Mailing Address 124 Saint Moritz Dr

City
Wilmington

State
DE

Zip Code
19807-1060

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Delaware Orthopaedic Specialists

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2017

Transaction ID : 8613860

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Palma, Douglas, , , MD

Mailing Address 271 White Horse Rd

City
Cochranville

State
PA

Zip Code
19330-9472

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Delaware Orthopaedic Specialist

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2017

Transaction ID : 8613865

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Liss, Frederic, E, , MD

Mailing Address 554 Church Road

City
Malvern

State
PA

Zip Code
19355

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Rothman Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2017

Transaction ID : 8613869

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Froimson, Mark, I, , MD

Mailing Address 15000 County Line Rd

City
Chagrin Falls

State
OH

Zip Code
44022-6802

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Trinity Health

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 20 / 2017

Transaction ID : 8613870

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Capecci, Frank, , , MD

Mailing Address 56 Pheasant Run

City
Kinnelon

State
NJ

Zip Code
07405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2017

Transaction ID : 8613875

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Su, Edward, T, , MD

Mailing Address 11726 Valley Creek Rd

City
Woodbury

State
MN

Zip Code
55129

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2017

Transaction ID : 8613877

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Santangelo, James, R, , MD

Mailing Address 355 Edinburgh Dr

City
Fayetteville

State
NC

Zip Code
28303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Army

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2017

Transaction ID : 8613878

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tompkins, John, F, , II, MD

Mailing Address 3024 Stonybrook Rd

City
Oklahoma City

State
OK

Zip Code
73120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

VA Medical Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2017

Transaction ID : 8613879

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Benson, Eric, R, , MD

Mailing Address 78 Tirrell Rd

City
Bedford

State
NH

Zip Code
03110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2017

Transaction ID : 8613880

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, Garth, Robert, , MD

Mailing Address 875 Mallard Circle

City
Arnold

State
MD

Zip Code
21012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2017

Transaction ID : 8613881

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Anderson, Dale, R, , MD

Mailing Address 1401 Tompkins

City
Rapid City

State
SD

Zip Code
57701-7758

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2017

Transaction ID : 8613882

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sellers, Richard, G, , MD

Mailing Address 3402 Applegate St

City
Pensacola

State
FL

Zip Code
32514-8157

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2017

Transaction ID : 8613884

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

X	11a		11b		11c		12		
	13		14		15		16		17

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Aggregate Year to Date :

Year	Aggregate Year to Date
2017	850
2018	950

Memo Item

336.00

Memo Item

400.00

Memo Item

[illegible]

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Espinoza, Luis, M, , MD

Mailing Address 5 Savannah Ridge Lane

City

Metairie

State

LA

Zip Code

70001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2017

Transaction ID : 8614481

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cui, Quanjun, , , MD

Mailing Address 425 Foxdale Ln

City

Charlottesville

State

VA

Zip Code

22903-9200

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2017

Transaction ID : 8614818

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Callahan, Bert, C, , MD

Mailing Address 511 N. Center St.

City

Beaver Dam

State

WI

Zip Code

53916-3071

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fond Du Lac Regional Clinic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2017

Transaction ID : 8614819

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1169.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Seitz, William, H, , Jr, MD

Mailing Address 1730 W 25th St
2C

City
Cleveland

State
OH

Zip Code
44113-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lutheran Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2017

Transaction ID : 8614820

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stanwood, Walter, , , MD

Mailing Address 95 Tremont St Ste 1

City
Duxbury

State
MA

Zip Code
02332

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2017

Transaction ID : 8614821

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Handling, Matthew, Alexander, , MD

Mailing Address 102 Somerset Rd

City
Wilmington

State
DE

Zip Code
19803

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
First State Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2017

Transaction ID : 8615126

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Winder, Carey, E, , MD

Mailing Address 866 Woodgate Blvd

City
Baton Rouge

State
LA

Zip Code
70808

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2017

Transaction ID : 8615127

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Scales, James, L, , MD

Mailing Address 280 Newton Sparta Rd Ste 4

City
Newton

State
NJ

Zip Code
07860-2775

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2017

Transaction ID : 8615129

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stehly, Eric, M, , MD

Mailing Address 661 Knights Way

City
Coppell

State
TX

Zip Code
75019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

North Texas Orthopedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2017

Transaction ID : 8615130

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tracy, Sean, C, , MD

Mailing Address W211 N5455 Carters Crossing Circle

City

Menomonee Falls

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Midwest Orthopedic Specialty Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2017

Transaction ID : 8615133

Amount of Each Receipt this Period

500.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zambetti, George, Joseph, , Jr, MD

Mailing Address 103 Catherine Rd

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Columbia Presbyterian Medical Hospita

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2017

Transaction ID : 8615134

Amount of Each Receipt this Period

1000.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nagle, Daniel, J, , MD

Mailing Address 737 N Michigan Ave
Ste 700

City

Chicago

State

IL

Zip Code

60611-7108

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2017

Transaction ID : 8615136

Amount of Each Receipt this Period

500.00



Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Marcus, Randall, Evan, , MD

Mailing Address 13467 North Park Lane

City
Cleveland

State
OH

Zip Code
44188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2017

Transaction ID : 8615138

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nickel, Ferris, Ray, , MD

Mailing Address 1191 Brunswick Ln

City
Ventura

State
CA

Zip Code
93001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2017

Transaction ID : 8615139

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jupiter, Jesse, B, , MD

Mailing Address 15 Nonesuch Way

City
Weston

State
MA

Zip Code
02493-1021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mass General Hospital, Boston MA

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2017

Transaction ID : 8615159

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Prather, John, T, , MD

Mailing Address 301 W Broughton St #4A

City
Savannah

State
GA

Zip Code
31401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2017

Transaction ID : 8615160

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Errico, Thomas, J, , MD

Mailing Address 301 East 17th Street, Rm 400

City
New York

State
NY

Zip Code
10003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NYU Hospital for Joint Diseases, Lagon

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2017

Transaction ID : 8615162

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Green, Robert, Allen, , MD

Mailing Address 421 Cottage Grove Rd Ste B

City
Bloomfield

State
CT

Zip Code
06002-3170

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St Francis Medical Group

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2017

Transaction ID : 8615166

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

2000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Matt, Victoria, , , MD

Mailing Address 302 Siena Lane #302

City
Glen Allen

State
VA

Zip Code
23059

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tuckahoe Orthopaedic Associates

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2017

Transaction ID : 8615167

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sponseller, Paul, D, , MD

Mailing Address 1 Coniston Rd

City
Ruxton

State
MD

Zip Code
21204

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Johns Hopkins Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2017

Transaction ID : 8615183

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jones, Darron, M, , MD

Mailing Address 13 Country Club Place

City
Clear Lake

State
IA

Zip Code
50428

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mason City Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2017

Transaction ID : 8615184

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bruns, Brad, R, , MD

Mailing Address 5620 E Bell Rd

City
Scottsdale

State
AZ

Zip Code
85254-5950

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2017

Transaction ID : 8615185

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Megariotis, Evangelos, , , MD

Mailing Address 21 Ravona St

City
Clifton

State
NJ

Zip Code
07012-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Clifton Orthopedic Associates

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2017

Transaction ID : 8615188

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smith, John, Quentin, , MD

Mailing Address 3235 S Westbury Pl

City
Eagle

State
ID

Zip Code
83616-6776

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Treasure Valley Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2017

Transaction ID : 8615190

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 386 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'Donovan, Terrence, M., MD

Mailing Address 615 Maid Marion Hill

City
Sherwood ForestState
MDZip Code
21405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Chesapeake OrthopaedicsOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
04	25	2017

Transaction ID : 8615191

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Van Pelt, Christopher, D., MD

Mailing Address 10 Kentucky Ct

City
GreenvilleState
SCZip Code
29615-6016FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
04	25	2017

Transaction ID : 8615192

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lucey, Stephen, Davis., MD

Mailing Address 3517 Primrose Ave

City
GreensboroState
NCZip Code
27408FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
04	26	2017

Transaction ID : 8615210

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

750.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Keene, Roxanne, Renae, , MD

Mailing Address 4924 Valley View Drive

City
WillistonState
NDZip Code
58801FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHI St Alexius Williston Medical CenteOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2017

Transaction ID : 8615238

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gainor, John, W, , MD

Mailing Address PO Box 1200

City

Santa Barbara

State

CA

Zip Code

93102-1200

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sansum ClinicOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2017

Transaction ID : 8615344

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Basta, Jean, D, , MD

Mailing Address 7010 Space Drive

City

Cheyenne

State

WY

Zip Code

82009

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cheyenne Orthopedics, PCOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2017

Transaction ID : 8615345

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tosi, Laura, Lowe, , MD

Mailing Address 3729 Harrison St, NW

City
Washington

State
DC

Zip Code
20015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Childrens Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2017

Transaction ID : 8615346

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nicholson, Christopher, W, , MD

Mailing Address 24 Little Comfort Rd

City
Savannah

State
GA

Zip Code
31411

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Optim Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2017

Transaction ID : 8615353

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Champine, Michael, , , MD

Mailing Address 2928 Stanford Ave

City
Dallas

State
TX

Zip Code
75225-7801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2017

Transaction ID : 8615355

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kauk, Justin, R, , MD

Mailing Address 919 Steel Dust Rd

City
Frisco

State
TX

Zip Code
75034

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Structure Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2017

Transaction ID : 8615356

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Parvizi, Javad, , , MD, FRCS

Mailing Address 245 Maple Hill Rd

City
Gladwyne

State
PA

Zip Code
19035

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rothman Orthopaedic Specialty Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2017

Transaction ID : 8615370

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kirol, Bernard, G, , MD

Mailing Address 106 Buckthorn Circle

City
Elgin

State
SC

Zip Code
29045-8695

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midlands Orthopaedics, PA

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2017

Transaction ID : 8615387

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2075.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Giammattei, Frank, P, , MD

Mailing Address 30 Woodbrook Rd

City
Swarthmore

State
PA

Zip Code
19081-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Premier Orthopaedic Associates

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2017

Transaction ID : 8615511

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mitros, Stephen, F, , MD

Mailing Address 51045 Erin Glen Dr

City
Granger

State
IN

Zip Code
46530-9089

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mitros Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2017

Transaction ID : 8615512

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Adamson, Kent, R, , MD

Mailing Address 225 Via Rancho

City
San Clemente

State
CA

Zip Code
92672-4540

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2017

Transaction ID : 8615513

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

419.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gary, Joshua, Layne, , MD

Mailing Address 4226 Byron

City
Houston

State
TX

Zip Code
77005-3518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2017

Transaction ID : 8615514

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Easley, Mark, E, , MD

Mailing Address Duke Medicine
4709 Creekstone Drive

City
Durham

State
NC

Zip Code
27703-9822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2017

Transaction ID : 8615515

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Carolan, Gregory, Francis, , MD

Mailing Address 1806 Meadow Ridge Ct

City
Bethlehem

State
PA

Zip Code
18015-5003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St Luke's Ortho Surg Group

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

536.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2017

Transaction ID : 8615516

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

252.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Foster, W, Stanley, , MD

Mailing Address 108 Valerie Dr

City
Lafayette

State
LA

Zip Code
70508-6008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2017

Transaction ID : 8615517

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hogan, MaCalus, Vinson, , MD

Mailing Address 106 Field Brook Lane

City
Gibsonia

State
PA

Zip Code
15044

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Pittsburgh Medical Cente

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2017

Transaction ID : 8615522

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bass, Robert, L, , MD

Mailing Address 5721 Salisbury

City
Prosper

State
TX

Zip Code
75078-5679

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UTSW

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2017

Transaction ID : 8615530

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

834.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nakano, Jeffrey, M, , MD

Mailing Address 699 Cascade Dr

City

Grand Junction

State

CO

Zip Code

81506

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2017

Transaction ID : 8615557

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nolan, Elizabeth, McAllister, , MD

Mailing Address 508 NW 16th St

City

Oklahoma City

State

OK

Zip Code

73103-2108

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oklahoma Shoulder Center PLLC

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2017

Transaction ID : 8616230

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pifel, Eric, Bruce, , MD

Mailing Address 2323 N Mayfair Rd
Suite 310

City

Milwaukee

State

WI

Zip Code

53226

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midwest Orthopedic Specialty Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2017

Transaction ID : 8616279

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sherbondy, Paul, Strawn, , MD

Mailing Address 507 Beaumont Drive

City
State CollegeState
PAZip Code
16801FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M	D D	Y Y Y Y
05	01	2017

Transaction ID : 8616282

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rungee, James, L, , MD

Mailing Address 2802 Pavilion Pl

City
MurfreesboroState
TNZip Code
37129FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tennessee Orthopedic AllianceOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
05	01	2017

Transaction ID : 8616283

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Mather, Richard, C, , III, MD

Mailing Address 115 Watts St

City
DurhamState
NCZip Code
27701FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M	D D	Y Y Y Y
05	01	2017

Transaction ID : 8616284

Amount of Each Receipt this Period

85.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

269.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Meyer, Scott, A, , MD

Mailing Address 1401 S 42nd St

City

West Des Moines

State

IA

Zip Code

50265-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Iowa Orthopaedic Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2017

Transaction ID : 8618014

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Besh, Basil, R, , MD

Mailing Address 6135 Clubhouse Dr

City

Pleasanton

State

CA

Zip Code

94566

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FORM Hand, Wrist & Elbow Institute

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2017

Transaction ID : 8618016

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Schueller, Dean, R, , MD

Mailing Address 1778 Sheridan

City

Ann Arbor

State

MI

Zip Code

48104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ann Arbor Orthopedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2017

Transaction ID : 8618017

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2084.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Arend, Thomas, E, , Jr

Mailing Address 9400 Higgins Rd

City
Rosemont

State
IL

Zip Code
60018-4974

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAOS

Occupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2017

Transaction ID : 8618020

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mott, Michael, P, , MD

Mailing Address 11193 Maple Ridge Drive

City
Plymouth

State
MI

Zip Code
48170

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Henry Ford Hospital, K-12

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2017

Transaction ID : 8618025

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. James, William, C, , III, MD

Mailing Address 6113 Moss Springs Rd

City
Columbia

State
SC

Zip Code
29209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midlands Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2017

Transaction ID : 8618026

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X)
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for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Delanois, Ronald, Emilio, , MD

Mailing Address 6 Brookfield Garth

City

Lutherville Timonium

State

MD

Zip Code

21093-4700

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lifebridge

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
04	26	2017

Transaction ID : 8618029

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Carson, Eric, Ward, , MD

Mailing Address 802 Village Rd

City

Charlottesville

State

VA

Zip Code

22903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of VirginiaOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
04	26	2017

Transaction ID : 8618030

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stephenson, John, Michael, , MD

Mailing Address 23 Hickory Creek Dr

City

Little Rock

State

AR

Zip Code

72212-2509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Arkansas For Medical SciOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M	D D	Y Y Y Y
04	27	2017

Transaction ID : 8618035

Amount of Each Receipt this Period

84.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

834.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Kim, Todd, Soung, , MD</p> <p>Mailing Address 1501 Trousdale Dr PAMF Suite 115, Orthopedics</p> <p>City Burlingame State CA Zip Code 94010</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Peninsula Medical Clinic Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>		<p>Date of Receipt</p> <p>04 / 28 / 2017</p> <p>Transaction ID : 8618039</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Maloney, William, J, , MD</p> <p>Mailing Address 450 Broadway Mail Code 6342</p> <p>City Redwood City State CA Zip Code 94063</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Stanford Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>		<p>Date of Receipt</p> <p>04 / 28 / 2017</p> <p>Transaction ID : 8618041</p> <p>Amount of Each Receipt this Period 4000.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Huddleston, Paul, M, , MD</p> <p>Mailing Address 31219 Lakeview Ave</p> <p>City Red Wing State MN Zip Code 55066-5630</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>		<p>Date of Receipt</p> <p>04 / 28 / 2017</p> <p>Transaction ID : 8618042</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>		6000.00
<p>TOTAL This Period (last page this line number only).....▶</p>		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 399 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Waddell, Bradford, Sutton, , MD

Mailing Address 344 Audubon St

City
New OrleansState
LAZip Code
70118-4941FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ochsner ClinicOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M	D D	Y Y Y Y
04	29	2017

Transaction ID : 8618044

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Uppal, Renny, , , MD

Mailing Address 1730 Sharpe Hill Circle

City
RenoState
NVZip Code
89523-3924FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M	D D	Y Y Y Y
05	02	2017

Transaction ID : 8618841

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Mangone, Peter, George, , MD

Mailing Address 392 Racquet Club Road

City
AshevilleState
NCZip Code
28803FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Blue Ridge Bone & Joint ClinicOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
04	26	2017

Transaction ID : 8619258

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1168.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nordt, John, Charles, , III, MD

Mailing Address 4720 Le Jeune Rd

City
Coral Gables

State
FL

Zip Code
33146

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2017

Transaction ID : 8619259

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Liss, Frederic, E, , MD

Mailing Address 554 Church Road

City
Malvern

State
PA

Zip Code
19355

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Rothman Institute

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2017

Transaction ID : 8619260

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kuzel, Bradley, Randall, , MD

Mailing Address 4040 Minnesota Avenue

City
Duluth

State
MN

Zip Code
55802

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Essentia Health

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2017

Transaction ID : 8619261

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 401 OF 671

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shin, Steve, , MD

Mailing Address 18473 Nicklaus Rd

City
Yorba LindaState
CAZip Code
92886FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kaiser Permanente

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
04	26	2017

Transaction ID : 8619511

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Balaschak, James, J, ,

Mailing Address 210 W. Washington Square, 10NW

City
PhiladelphiaState
PAZip Code
19106-3508FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
04	26	2017

Transaction ID : 8619513

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Canizares, George, H, , MD

Mailing Address 4251 42nd Ave South

City
Saint PetersburgState
FLZip Code
33711-4230FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

All Florida Orthopaedic Associates

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
04	27	2017

Transaction ID : 8619515

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kirkpatrick, D, Kay, , MD

Mailing Address 2926 Ashebrooke Dr

City
Marietta

State
GA

Zip Code
30068

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2017

Transaction ID : 8619517

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Donati, Norman, L, , MD

Mailing Address 522 North Center St.

City

Thomaston

State

GA

Zip Code

30286

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Jack Hughston Memorial Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 28 / 2017

Transaction ID : 8619519

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Osmani, Omar, , , MD

Mailing Address 1 Berrendo Meadows Cr

City

Roswell

State

NM

Zip Code

88201-3434

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Spine and Orthopaedic Center of NM

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 28 / 2017

Transaction ID : 8619526

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 403 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Henry, Jonathon, , , MD

Mailing Address 3104 Woodland Dr

City
Manitowoc

State
WI

Zip Code
54220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baycare Orthopaedic Surgery & Sports M

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2017

Transaction ID : 8619547

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wyatt, Ronald, W B, , MD

Mailing Address 533 Carleton Way

City
Alamo

State
CA

Zip Code
94507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kaiser Permanente

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2017

Transaction ID : 8621560

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Krueger, Chad, A, , MD

Mailing Address 208 Sundew Court

City
Southern Pines

State
NC

Zip Code
28387

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2017

Transaction ID : 8621561

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1184.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 404 OF 671

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Garner, Richard, W, , MD

Mailing Address 7201 E Chester Heights Circle

City
AnchorageState
AKZip Code
99504-3563FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anchorage Fracture & Orthopedic ClinicOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M	D D	Y Y Y Y
05	04	2017

Transaction ID : 8622089

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lieberman, Isador, H, , MD, MBAMailing Address Scoliosis and Spine Tumor Center
6020 W Parker Rd Ste 200City
PlanoState
TXZip Code
75093-8172FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas Back InstituteOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
05	04	2017

Transaction ID : 8622090

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Renard, Regis, Louis, , MD

Mailing Address 21 Farnham Loop

City
Little RockState
ARZip Code
72223FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UAMS, Department of OrthopaedicsOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
05	04	2017

Transaction ID : 8622091

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

585.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Santore, Richard, F, , MD

Mailing Address P.O. Box 7016

City

Rancho Santa Fe

State

CA

Zip Code

92067

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sharp Healthcare Hip Preservation Cent

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M	D D	Y Y Y Y
05	04	2017

Transaction ID : 8622092

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Allard, Mark, Michael, , MD

Mailing Address 3010 Cortney Circle

City

Siloam Springs

State

AR

Zip Code

72761

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M	D D	Y Y Y Y
05	05	2017

Transaction ID : 8622321

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Abrutyn, David, A, , MD

Mailing Address 20 Pitney Court

City

Basking Ridge

State

NJ

Zip Code

07920-2150

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M	D D	Y Y Y Y
05	05	2017

Transaction ID : 8622322

Amount of Each Receipt this Period

84.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

252.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lang, Christopher, John, , MD

Mailing Address 1215 W Chaucer

City
Spokane

State
WA

Zip Code
99208-8675

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Spokane Orthopedics, PLLC

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2017

Transaction ID : 8627535

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schniegenberg, Gary, M, , MD

Mailing Address 2474 Alexandria Dr

City
Lima

State
OH

Zip Code
45806

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Institute for Orthopaedic Surgery

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2017

Transaction ID : 8627536

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mann, Roger, A, , MD

Mailing Address 5495 Fernhoff Road

City
Oakland

State
CA

Zip Code
94619-3140

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2017

Transaction ID : 8627540

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Heilig, Michael, R, , MD

Mailing Address 200 Kelburn Ct

City
LexingtonState
KYZip Code
40515FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kentucky Orthopedic AssociatesOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
05	03	2017

Transaction ID : 8627541

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ardoin, Gregory, Troy, , MD

Mailing Address 32 Valley Club Cir

City
Little RockState
ARZip Code
72212-3437FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Arkansan Specialty OrthopaedicsOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
05	03	2017

Transaction ID : 8627542

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Goetz, Devon, D, , MD

Mailing Address 6001 Westown Pwky

City
West Des MoinesState
IAZip Code
50266-7702FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Des Moines Orthopedic SurgeonOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
05	03	2017

Transaction ID : 8627543

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Spencer, Samantha, A, , MD

Mailing Address 9 Hawthorne Pl #8-M

City
Boston

State
MA

Zip Code
02114

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Children's Hospital Boston

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2017

Transaction ID : 8627545

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cohen, Jason, David, , MD

Mailing Address 133 Rumson Road

City
Rumson

State
NJ

Zip Code
07760

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Professional Orthopaedic Associates

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2017

Transaction ID : 8627564

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Goll, Christopher, R, , MD

Mailing Address 6500 Bowden Rd, Ste 103

City
Jacksonville

State
FL

Zip Code
32216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southeast Orthopedic Specialists

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2017

Transaction ID : 8627567

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kaye, Robert, A, , MD

Mailing Address 3527 S Cholla Dr

City
Yuma

State
AZ

Zip Code
85365-4306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2017

Transaction ID : 8627575

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Knight, John, Marshall, , MD

Mailing Address 2405 Shadelands Dr Ste 210

City

Walnut Creek

State

CA

Zip Code

94598

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Muir Orthopaedic Specialists

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2017

Transaction ID : 8627576

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Duffin, Scott, R, , MD

Mailing Address 4524 Ridgeline Dr

City

Evans

State

GA

Zip Code

30809-4468

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Augusta Orthopaedic and Sports Medicin

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2017

Transaction ID : 8627577

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Parks, Michael, Lloyd, , MD

Mailing Address 535 E 70th St

City
New York

State
NY

Zip Code
10021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hospital for Special Surgery

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2017

Transaction ID : 8627578

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gracy, John, A, , MD

Mailing Address 92 Dallon Lane

City
Ringgold

State
GA

Zip Code
30736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2017

Transaction ID : 8627580

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jeray, Kyle, James, , MD

Mailing Address Dept. of Orthopedic Surgery
701 Grove Rd, 2nd FL Support Tower

City
Greenville

State
SC

Zip Code
29605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Greenville Health System

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2017

Transaction ID : 8627581

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1750.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Samimi, Babak, , MD

Mailing Address 234 N Dianthus

City

Manhattan Beach

State

CA

Zip Code

90266-6715

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Samimi Orthopedic Group

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 03 / 2017

Transaction ID : 8627582

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Black, Kevin, P, , MD

Mailing Address 329 Para Avenue

City

Hershey

State

PA

Zip Code

17033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Penn State Hershey Med Ctr

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 03 / 2017

Transaction ID : 8627583

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gallentine, James, W, , MD

Mailing Address 2636 High St

City

Lincoln

State

NE

Zip Code

68502-5030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Nebraska Ortho & Sports Med

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 03 / 2017

Transaction ID : 8627584

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 412 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DeLuise, Anthony, M, , Jr, MD

Mailing Address 76 Oakwood Drive

City
ScituateState
RIZip Code
02825FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Foundry Orthopedics & Sports MedicineOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
05	03	2017

Transaction ID : 8627585

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bugna, Eric, E, , MD

Mailing Address 3252 Broadmoor Ln

City
FairfieldState
CAZip Code
94534FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	D D	Y Y Y Y
05	03	2017

Transaction ID : 8627586

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gudger, Garland, K, , MDMailing Address 6262 Veterans Pkwy
PO Box 9517City
ColumbusState
GAZip Code
31908-9517FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jack Hughston Memorial HospitalOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
05	03	2017

Transaction ID : 8627587

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

750.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kornreich, David, B, , DO

Mailing Address 10609 N Wood Crest Court

City
Mequon

State
WI

Zip Code
53092-6413

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wisconsin Bone & Joint

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2017

Transaction ID : 8627611

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lanighan, Kevin, W, , MD

Mailing Address 5527 Pine Loch Ln

City

Williamsville

State

NY

Zip Code

14221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northtown Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2017

Transaction ID : 8627612

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Conklin, Mark, J, , MD

Mailing Address 1702 Sand Lily Dr

City

Golden

State

CO

Zip Code

80401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoColorado Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2017

Transaction ID : 8627613

Amount of Each Receipt this Period

750.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Stocks, Gregory, William, , MD**

Mailing Address 5207 Valerie

City
Bellaire

State
TX

Zip Code
77401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas Orthopedic Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2017

Transaction ID : 8627614

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **Singer, Daniel, I, , MD**

Mailing Address 1401 South Beretania St
Suite 750

City
Honolulu

State
HI

Zip Code
96814-1881

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Associates of Hawaii

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2017

Transaction ID : 8627616

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **Gardner, William, V, , MD**

Mailing Address P.O. Box 1103

City
Palmer

State
AK

Zip Code
99645

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mat-Su Regional Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2017

Transaction ID : 8627617

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1450.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wulff, Richard, Neal, , MD

Mailing Address 10527 Everhart Bay Dr

City
Las Vegas

State
NV

Zip Code
89135-1273

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2017

Transaction ID : 8627618

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Goldman, Ariel, , , MD

Mailing Address 31 Woodbine Rd

City
Roslyn Heights

State
NY

Zip Code
11577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Northwell Health

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2017

Transaction ID : 8627619

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Robie, David, B, , MD

Mailing Address 6585 Plesenton Dr S

City
Worthington

State
OH

Zip Code
43085-2944

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orthopaedic One

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2017

Transaction ID : 8627620

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1250.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Jason, William, John, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 12212 Cortez Boulevard City Brooksville State FL Zip Code 34613-2631 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Bayfront Health Brooksville Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 03 / 2017 Transaction ID : 8627621 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
B. Caveney, Robert, A, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 305 Boone and Hedges Road City Wheeling State WV Zip Code 26003 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Wheeling Hospital Center For Orthopedi Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 03 / 2017 Transaction ID : 8627622 Amount of Each Receipt this Period 150.00 <input type="checkbox"/> Memo Item
c. Hall, Christian, Carson, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 870 Westover Lane City York State PA Zip Code 17403 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Wellspan Orthopedics Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 03 / 2017 Transaction ID : 8627623 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			900.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Leonard, James, R, , MD

Mailing Address 547 Kickapoo Circle

City
 Loveland

State
 OH

Zip Code
 45140

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 TriHealth Physician

Occupation (for Individual)
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 03 / 2017

Transaction ID : 8627624

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kofoed, John, Charles, , MD

Mailing Address 2619 Seminole Ct

City
 Fairfield

State
 CA

Zip Code
 94534-7871

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Sutter Medical Group

Occupation (for Individual)
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 03 / 2017

Transaction ID : 8627626

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kamps, Bryan, Scott, , MD

Mailing Address 3741 Monarch Dr NE

City
 Grand Rapids

State
 MI

Zip Code
 49525

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Spectrum Health Medical Group

Occupation (for Individual)
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 03 / 2017

Transaction ID : 8627627

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1184.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Benz, Eric, B, , MD

Mailing Address 310 Chipman Park

City
Middlebury

State
VT

Zip Code
05753

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Champlain Valley Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 05 / 2017

Transaction ID : 8628100

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cameron, Julian A, , MD

Mailing Address 405 S Riverside Dr

City

Pompano Beach

State

FL

Zip Code

33062-5528

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Comprehensive Spine Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2017

Transaction ID : 8643114

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Davidson, Randall, L, , Jr, MD

Mailing Address 1050 N James Campbell Blvd, Ste 20

City

Columbia

State

TN

Zip Code

38401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2017

Transaction ID : 8643115

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 419 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Porter, Scott, Edward, , MD, MBA

Mailing Address 1420 Jonesville Road

City
SimpsonvilleState
SCZip Code
29681-4411FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M	D D	Y Y Y Y
05	07	2017

Transaction ID : 8643128

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Green, Daniel, William, , MD

Mailing Address 535 E 70th St

City
New YorkState
NYZip Code
10021FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hosp for Special SurgeryOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M	D D	Y Y Y Y
05	07	2017

Transaction ID : 8643129

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Angel, Jeffery, D, , MD

Mailing Address 180 Westwood Drive

City
BatesvilleState
ARZip Code
72501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
White River Health SystemOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M	D D	Y Y Y Y
05	08	2017

Transaction ID : 8643140

Amount of Each Receipt this Period

84.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

343.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Weiss, Molly, Ann, , MD

Mailing Address 2361 Azteca Drive

City
Vincennes

State
IN

Zip Code
47591

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2017

Transaction ID : 8643141

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Taksali, Sudeep, , , MD

Mailing Address 7535 SW Schroeder Way

City
Wilsonville

State
OR

Zip Code
97070-9574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hope Orthopedics of Oregon

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2017

Transaction ID : 8643142

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Coleman, Alexander, C, , MD

Mailing Address 1325 North A St

City
Pensacola

State
FL

Zip Code
32501-2058

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2017

Transaction ID : 8643285

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Alongi, Paul, Robert, , MD

Mailing Address 206 E Jericho Turnpike

City
Huntington Station

State
NY

Zip Code
11746

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Spine Care of Long Island

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2017

Transaction ID : 8643286

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Linton, Russell, C, , MD

Mailing Address 670 Leigh Dr

City
Columbus

State
MS

Zip Code
39705-2005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Houston Methodist Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2017

Transaction ID : 8643292

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lintner, David, M, , MD

Mailing Address 1331 Mt. Hope Ave
Apt 231

City
Rochester

State
NY

Zip Code
14620

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2017

Transaction ID : 8643293

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 422 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bindelglass, David, F, , MD

Mailing Address 75 Kings Hwy Cutoff Ste 100

City
Fairfield

State
CT

Zip Code
06824-5358

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Specialty Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2017

Transaction ID : 8643294

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dass, A, George, , MD

Mailing Address 4466 W Bristol Rd Fl 1

City
Flint

State
MI

Zip Code
48507-3170

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ortho Michigan

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2017

Transaction ID : 8643481

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Berkowitz, Gregg, , , MD

Mailing Address 5 Russell Rd

City
Freehold

State
NJ

Zip Code
07728

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advanced Orthopedics & Sports Med Inst

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2017

Transaction ID : 8643482

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 423 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Brown, Shervondalonn, R, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1516 Winterberry Drive City Murfreesboro State TN Zip Code 37130-1149 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Tennessee Orthopaedic Alliance Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 08 / 2017 Transaction ID : 8643484 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
B. Secor, Perry, R, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 3851 Katella Ave Ste 150 City Los Alamitos State CA Zip Code 90720 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 08 / 2017 Transaction ID : 8643503 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item
C. Maki, Neil, J, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 525 St Mary St City Thibodaux State LA Zip Code 70301-2627 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 08 / 2017 Transaction ID : 8643504 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶		1000.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 424 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Coward, David, B, , MD

Mailing Address 2801 K St Ste 310

City
SacramentoState
CAZip Code
95816-5119FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sacramento Knee & Sports MedicineOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
05	08	2017

Transaction ID : 8643505

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Clain, Michael, R, , MD

Mailing Address 9 Indian Head Rd

City
RiversideState
CTZip Code
06878FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M	D D	Y Y Y Y
05	09	2017

Transaction ID : 8643564

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lundy, Gordon, C, , MD

Mailing Address 2100 Webster St Ste 117

City
San FranciscoState
CAZip Code
94115FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M	D D	Y Y Y Y
05	09	2017

Transaction ID : 8643565

Amount of Each Receipt this Period

84.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

418.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Braaton, Paul, J, , MD

Mailing Address 1335 Coffee Rd Ste 100

City
Modesto

State
CA

Zip Code
95355

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2017

Transaction ID : 8643567

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lintecum, Neal, D, , MD

Mailing Address 789 N 1500 Road

City
Lawrence

State
KS

Zip Code
66049

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2017

Transaction ID : 8644243

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Badia, Alejandro, , , MD

Mailing Address 3650 NW 82nd Ave Ste 103

City
Doral

State
FL

Zip Code
33166

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Badia Hand to Shoulder Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2017

Transaction ID : 8645570

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

268.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Johnson, Gregory, K, , MD

Mailing Address 288 Groveland St

City
Haverhill

State
MA

Zip Code
01830-6669

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Associates In Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 12 / 2017

Transaction ID : 8646818

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Alexander, A, Herbert, , MD

Mailing Address PO Box 1657

City
Sun Valley

State
ID

Zip Code
83353-1657

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Alexander Orthopaedics PA

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 12 / 2017

Transaction ID : 8647287

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Moon, Bryan, Scott, , MD

Mailing Address 1026 Split Elm Drive

City
Missouri City

State
TX

Zip Code
77459

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTMDACC

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

05 / 13 / 2017

Transaction ID : 8647291

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

584.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hussain, Suleman, M, , MD

Mailing Address 2300 53rd Street, Suite #100

City
BettendorfState
IAZip Code
52804FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ORAOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2017

Transaction ID : 8647300

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Linschoten, Niels, J, , MD

Mailing Address 11428 Center Court Blvd

City
Baton RougeState
LAZip Code
70810FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2017

Transaction ID : 8647301

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Grimm, Matthew, R, , MD

Mailing Address 920 Avenue B

City
MarreroState
LAZip Code
70072FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2017

Transaction ID : 8647302

Amount of Each Receipt this Period

84.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

252.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 428 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Pinto, Mark, C., MD			Date of Receipt M M / D D / Y Y Y Y Y 05 / 16 / 2017 Transaction ID : 8649801	
Mailing Address 1382 Waterways Dr			Amount of Each Receipt this Period 250.00	
City Ann Arbor	State MI	Zip Code 48108	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Snyder, Matthew, J., MD			Date of Receipt M M / D D / Y Y Y Y Y 05 / 16 / 2017 Transaction ID : 8649911	
Mailing Address 14912 Chopine Pass			Amount of Each Receipt this Period 85.00	
City Roanoke	State IN	Zip Code 46783-9308	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) The Orthopedic Hospital of Lutheran He		Occupation (for Individual) Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Curtis, Benjamin, David, MD			Date of Receipt M M / D D / Y Y Y Y Y 05 / 16 / 2017 Transaction ID : 8649912	
Mailing Address 1990 E Browning Ave			Amount of Each Receipt this Period 500.00	
City Salt Lake Cty	State UT	Zip Code 84108-2274	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) Utah Orthopaedic Assoc.		Occupation (for Individual) Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 500.00		
SUBTOTAL of Receipts This Page (optional).....▶			835.00	
TOTAL This Period (last page this line number only).....▶				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kolisek, Frank, R, , MD

Mailing Address 1260 Innovation Pkwy
Ste 100

City
Greenwood

State
IN

Zip Code
46143

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OrthoIndy

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2017

Transaction ID : 8649939

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Edgerton, Bradley, C, , MD

Mailing Address 4124 Minnesota Ave

City
Duluth

State
MN

Zip Code
55802

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2017

Transaction ID : 8649959

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Carlson, William, E, , MD

Mailing Address 3 SE Tuscan Lane

City
Stuart

State
FL

Zip Code
34996-6754

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

South Florida Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 17 / 2017

Transaction ID : 8650172

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hayden, Shawn, A, , MD

Mailing Address 5124 Marble Falls Ln

City
Plano

State
TX

Zip Code
75093-7545

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 17 / 2017

Transaction ID : 8650173

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Topping, Richard, Edmund, , MD

Mailing Address 1502 Harrison Ave Ste 101

City
Elkins

State
WV

Zip Code
26241-3497

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Tygart Valley Orthopedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 17 / 2017

Transaction ID : 8650197

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gordon, Michael, L, , MD

Mailing Address 201 Kings Pl

City
Newport Beach

State
CA

Zip Code
92663-3307

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Newport Orthopedic Institute

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2017

Transaction ID : 8650601

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1600.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Panday, Khaim, , MD

Mailing Address 13417 Borolo Dr

City
Edinburg

State
TX

Zip Code
78541-7048

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hand-Upper Extrem Inst of South TX

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2017

Transaction ID : 8650602

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Quinn, Robert, H, , MD

Mailing Address 11003 Anaqua Springs

City
Boerne

State
TX

Zip Code
78006

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of TX HSC San Antonio

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2017

Transaction ID : 8650603

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Marandola, Michael, S, , MD

Mailing Address 26401 Crown Valley Prkwy Ste 101

City
Mission Viejo

State
CA

Zip Code
92691

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2017

Transaction ID : 8650604

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Martin, Thomas, L., MD

Mailing Address 900 Buffalo Rd Frnt 1

City
Lewisburg

State
PA

Zip Code
17837-1298

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Evangelical Community Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2017

Transaction ID : 8650605

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gustke, Kenneth, A., MD

Mailing Address 124 Aleta Drive

City
Belleair Beach

State
FL

Zip Code
33786

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Florida Orthopaedic Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2017

Transaction ID : 8650606

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Young, Jeffrey, Lee., MD

Mailing Address 619 Alameda De Las Pulgas

City
San Mateo

State
CA

Zip Code
94402-3366

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stanford University

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2017

Transaction ID : 8650701

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1750.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Russell, George, V, , Jr, MD

Mailing Address 102 Hawthorne Vale

City
Ridgeland

State
MS

Zip Code
39157

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Mississippi Med Ctr

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2017

Transaction ID : 8650703

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kavookjian, Haik, G, , MD

Mailing Address 555 Newfield Ave

City
Stamford

State
CT

Zip Code
06905

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orgin Health Care Solutions

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2017

Transaction ID : 8650706

Amount of Each Receipt this Period

950.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Gardner, Stuart, Alexander, , MD

Mailing Address 686 Deercroft Drive

City
Blacksburg

State
VA

Zip Code
24060

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HCA

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2017

Transaction ID : 8650709

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1535.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Goldberg, Steven, Scott, , MD**

Mailing Address 5867 Whisperwood Ct

City
Naples

State
FL

Zip Code
34110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Physicians Regional Medical Center - P

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2017

Transaction ID : 8650712

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **Henneghan, David, M, , MD**

Mailing Address 2111 Shadow View Circle

City
Plover

State
WI

Zip Code
54467

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Klasinski Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2017

Transaction ID : 8650714

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **Helper, Stephen, D, , MD**

Mailing Address 29001 Cedar Rd Ste 519

City
Lyndhurst

State
OH

Zip Code
44124-4041

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2017

Transaction ID : 8650715

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1600.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Petrera, Pasquale, , MD

Mailing Address 1675 Woodbrooke Dr

City
Salisbury

State
MD

Zip Code
21804-8502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pinnacle Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2017

Transaction ID : 8650716

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Raut, Sourendra, Sean, , MD

Mailing Address 2450 Copper Mill Trail

City
Cumming

State
GA

Zip Code
30041-4909

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Resurgens Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 18 / 2017

Transaction ID : 8651056

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Napoli, David, C, , MD

Mailing Address 107 Bent Creek Preserve Rd

City
Asheville

State
NC

Zip Code
28806-5540

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 18 / 2017

Transaction ID : 8651057

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1169.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Ribeiro, John, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 258 West Ridge City Decatur State TX Zip Code 76234-4797 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 05 / 2017 Transaction ID : 8651200 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
B. Schreiber, William, E, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 6407 Hollytree Circle City Tyler State TX Zip Code 75703 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Azalea Orthopedics and Sports Medicine Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 05 / 2017 Transaction ID : 8651209 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
C. Dennis, Thomas, R, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 128 Lubrano Dr Ste 301 City Annapolis State MD Zip Code 21401-7028 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Annapolis Hand Center Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 02 / 2017 Transaction ID : 8651218 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			2250.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Parsley, Brian, S, , MD</p> <p>Mailing Address 5420 West Loop South, Ste 2400</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 05 / 04 / 2017</p> <p>Transaction ID : 8651222</p>	
<p>City</p> <p>Bellaire</p>	<p>State</p> <p>TX</p>	<p>Zip Code</p> <p>77401</p>	<p>Amount of Each Receipt this Period</p> <p>84.00</p>	
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p><input type="checkbox"/> Memo Item</p>	
<p>Name of Employer (for Individual)</p> <p>UTHealth Physicians</p>		<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼</p> <p>420.00</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Vessely, Michael, B, , MD</p> <p>Mailing Address 522 Second St</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 05 / 04 / 2017</p> <p>Transaction ID : 8651223</p>	
<p>City</p> <p>Lake Oswego</p>	<p>State</p> <p>OR</p>	<p>Zip Code</p> <p>97034</p>	<p>Amount of Each Receipt this Period</p> <p>84.00</p>	
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p><input type="checkbox"/> Memo Item</p>	
<p>Name of Employer (for Individual)</p> <p>Willamette Valley Medical Center-</p>		<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼</p> <p>420.00</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Pollak, Andrew, N, , MD</p> <p>Mailing Address 1692 Bullock Circle</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 05 / 04 / 2017</p> <p>Transaction ID : 8651224</p>	
<p>City</p> <p>Owings Mills</p>	<p>State</p> <p>MD</p>	<p>Zip Code</p> <p>21117</p>	<p>Amount of Each Receipt this Period</p> <p>1000.00</p>	
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p><input type="checkbox"/> Memo Item</p>	
<p>Name of Employer (for Individual)</p> <p>University of Maryland School of Medic</p>		<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Aggregate Year-to-Date ▼</p> <p>1000.00</p>		
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>			<p>1168.00</p>	
<p>TOTAL This Period (last page this line number only).....▶</p>				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sheehan, John, P, , MD

Mailing Address 6621 Cuming St

City

Omaha

State

NE

Zip Code

68132

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Boys Town

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2017

Transaction ID : 8651225

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shrock, Kevin, B, , MD

Mailing Address 1414 SE 3rd Ave

City

Fort Lauderdale

State

FL

Zip Code

33316-1910

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2017

Transaction ID : 8651228

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nord, Russell, M, , MD

Mailing Address 1335 Oakhurst Ave

City

Los Altos

State

CA

Zip Code

94024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Washington Township Orthopedic Surgery

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2017

Transaction ID : 8651229

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

584.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Ritchie, William, L, , IV, MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 201 Cedar SE Ste 6600 City Albuquerque State NM Zip Code 87106 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 16 / 2017 Transaction ID : 8651231 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
B. Bailey, James, R, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 10439 Blue Summit Court City San Diego State CA Zip Code 92131 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 17 / 2017 Transaction ID : 8651232 Amount of Each Receipt this Period 84.00 <input type="checkbox"/> Memo Item
C. Carlson, Erik, J, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 36 Brookhaven Rd City Hamden State CT Zip Code 06517-2946 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Active Orthopaedics PC Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 18 / 2017 Transaction ID : 8651404 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			584.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hsieh, Gordon, Henry, , DO

Mailing Address 80 Ridgeview Drive

City
Pasco

State
WA

Zip Code
99301-8808

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NW Orthopaedic Assoc

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2017

Transaction ID : 8651405

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Watson, Frederick, , , MD

Mailing Address 72 Hamlin Brook Pass

City
Southington

State
CT

Zip Code
06489

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Neurosurgery, Orthopaedic & Spine Spec

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2017

Transaction ID : 8651406

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shah, Roshan, P, , MD, JD

Mailing Address 610 West 110th Street
Apt 3E

City
New York

State
NY

Zip Code
10025-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia University Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2017

Transaction ID : 8651526

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1334.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 441 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wint, Jeffrey, C., MDMailing Address Hand Center of Western Mass
3550 Main St Ste 204City
SpringfieldState
MAZip Code
01107-1708FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
05	19	2017

Transaction ID : 8651527

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Coles, Robert, E., MD

Mailing Address 201 Lands End Rd

City

Morehead City

State

NC

Zip Code

28557-8943

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Carolinas Center For Surgery

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M	D D	Y Y Y Y
05	19	2017

Transaction ID : 8651528

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cooper, Scott, Snow, MD

Mailing Address 407 NW A St

City

Bentonville

State

AR

Zip Code

72712-5216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mercy Clinic Orthopedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M	D D	Y Y Y Y
05	20	2017

Transaction ID : 8652724

Amount of Each Receipt this Period

84.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

418.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Chandler, David, R, , MD

Mailing Address 165 Middle Plantation Ln

City

Gulf Breeze

State

FL

Zip Code

32561-4899

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M	D D	Y Y Y Y
05	21	2017

Transaction ID : 8652776

Amount of Each Receipt this Period

85.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stoeckl, Andrew, , , MD

Mailing Address 90 Fairlawn Dr

City

Amherst

State

NY

Zip Code

14226-3422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Excelsior Orthopedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M	D D	Y Y Y Y
05	21	2017

Transaction ID : 8652777

Amount of Each Receipt this Period

83.33

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Chapman, Cary, B, , MD

Mailing Address 51 Flagg Court

City

Staten Island

State

NY

Zip Code

10304-1157

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M	D D	Y Y Y Y
05	21	2017

Transaction ID : 8652778

Amount of Each Receipt this Period

84.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

252.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cannada, Lisa, K., MD

Mailing Address 12872 Willow Pond Court

City
Saint Louis

State
MO

Zip Code
63131-2158

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Louis Univ School of Medicine

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2017

Transaction ID : 8652779

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Swenning, Todd, Allen, , MD

Mailing Address 41970 Rancho Manana Lane

City
Rancho Mirage

State
CA

Zip Code
92270

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Institute of Clinical Orthopedics & Ne

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2017

Transaction ID : 8652780

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mansfield, David, J., , MD

Mailing Address 773 Azalea Pl

City
El Paso

State
TX

Zip Code
79922-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
El Paso Orthopaedic Surgery Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2017

Transaction ID : 8652788

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

258.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McCulloch, Patrick, T, , MD

Mailing Address 12 Caley Drive

City
Canonsburg

State
PA

Zip Code
15317-5990

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advanced Ortho & Rehab

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2017

Transaction ID : 8652789

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. More, Robert, Cameron, , MD

Mailing Address 8100 Wescott Drive
Suite 101

City
Flemington

State
NJ

Zip Code
08822-4671

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hunterdon Orthopaedic Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2017

Transaction ID : 8652791

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bear, Brian, Jeffrey, , MD

Mailing Address 324 Roxbury Rd

City
Rockford

State
IL

Zip Code
61107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2017

Transaction ID : 8652792

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

418.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hayter, Ronald, G, , MD

Mailing Address 2146 Camden Way

City
ClearwaterState
FLZip Code
33759FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
05	22	2017

Transaction ID : 8652793

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sebastianelli, Wayne, J, , MD

Mailing Address 251 Meadowlark Ln

City
BoalsburgState
PAZip Code
16827FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.00

Date of Receipt

M M	D D	Y Y Y Y
05	22	2017

Transaction ID : 8653432

Amount of Each Receipt this Period

263.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Eckrich, Stephen, G J, , MD

Mailing Address 5511 Shooting Star Trail

City
Rapid CityState
SDZip Code
57702-8867FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M	D D	Y Y Y Y
05	23	2017

Transaction ID : 8653447

Amount of Each Receipt this Period

83.50

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

596.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Navarro, Ronald, Anthony, , MD

Mailing Address 18 Wide Loop Rd

City
Rolling Hills

State
CA

Zip Code
90274-5234

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaiser Permanente South Bay

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2017

Transaction ID : 8653448

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Scales, Darrell, Kevin, , MD

Mailing Address 2000 Tee Dr

City
Braselton

State
GA

Zip Code
30517-4078

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2017

Transaction ID : 8653449

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lang, Gerald, J, , MD

Mailing Address 1309 Redan Drive

City
Verona

State
WI

Zip Code
53593-7820

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Wisconsin

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2017

Transaction ID : 8653450

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

434.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 447 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hartsock, Langdon, A, , MD			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 24 / 2017 Transaction ID : 8655569	
Mailing Address 188 Tradd Street			Amount of Each Receipt this Period 84.00	
City Charleston	State SC	Zip Code 29401-1818	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) Med Univ of SC		Occupation (for Individual) Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Torres, Daniel, , , MD			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 24 / 2017 Transaction ID : 8655570	
Mailing Address 7303 Offats Point Cir			Amount of Each Receipt this Period 85.00	
City Galveston	State TX	Zip Code 77551-1229	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) University of Texas Med Branch		Occupation (for Individual) Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Malone, Stephen, L, , MD			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 24 / 2017 Transaction ID : 8655571	
Mailing Address 923 Westover Rd			Amount of Each Receipt this Period 100.00	
City Wilmington	State DE	Zip Code 19807-2980	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) The Orthopaedic Spine Ctr PA		Occupation (for Individual) Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1500.00		
SUBTOTAL of Receipts This Page (optional).....▶			269.00	
TOTAL This Period (last page this line number only).....▶				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Muschler, George, F, , MD

Mailing Address 2270 Chatfield Dr

City

Cleveland Heights

State

OH

Zip Code

44106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cleveland Clinic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2017

Transaction ID : 8655644

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Curran, Andrew, Roger, , DO

Mailing Address 4262 S Rustler Ln

City

Meridian

State

ID

Zip Code

83642-6883

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Treasure Valley Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2017

Transaction ID : 8655645

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ratcliffe, Steven, S, , MD

Mailing Address 2547 103rd Ave SE

City

Bellevue

State

WA

Zip Code

98004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Proliance Surgeons

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2017

Transaction ID : 8655646

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lin, Sheldon, S, , MD

Mailing Address 19 Lake Rd

City
Chatham

State
NJ

Zip Code
07928

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New Jersey Medical School

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 23 / 2017

Transaction ID : 8655647

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DiStasio, Anthony, J, , II, MD

Mailing Address 2944 Bruce Station

City
Chesapeake

State
VA

Zip Code
23321

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sport Medicine & Orthopaedic Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 23 / 2017

Transaction ID : 8655656

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Haber, Daniel, F, , MD

Mailing Address 103 Drakes Ct

City
Los Gatos

State
CA

Zip Code
95032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 23 / 2017

Transaction ID : 8655664

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Branstetter, Joanna, Garnas, , MD

Mailing Address 1220 S Aurora Ave

City

Tacoma

State

WA

Zip Code

98465

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Army

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2017

Transaction ID : 8655667

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lewis, David, A, , MD

Mailing Address 2883 Tanoble Dr

City

Altadena

State

CA

Zip Code

91001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

IH Health

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2017

Transaction ID : 8656469

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Biama, Richard, A, , MD

Mailing Address 1566 Edgehill Ln

City

Redlands

State

CA

Zip Code

92373

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2017

Transaction ID : 8656471

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kofoed, John, Charles, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 2619 Seminole Ct City Fairfield State CA Zip Code 94534-7871 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Sutter Medical Group Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 504.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 23 / 2017 Transaction ID : 8656476 Amount of Each Receipt this Period 84.00 <input type="checkbox"/> Memo Item
B. Schwartzman, Roman, , , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 4221 N Linder Rd City Eagle State ID Zip Code 83616-2102 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Treasure Valley Hospital Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 23 / 2017 Transaction ID : 8656477 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
C. Robon, Matthew, Joseph, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 906 Big Tree Dr NW City Issaquah State WA Zip Code 98027-5612 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Proliance Orthopedics & Sports Med Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 24 / 2017 Transaction ID : 8656670 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			1334.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 452 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gerlinger, COL. (ret) Tad, L., MD

Mailing Address 596 Provident Ave

City
Winnetka

State
IL

Zip Code
60093-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midwest Orthopaedics at Rush

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 24 / 2017

Transaction ID : 8656920

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wills, Christopher, A., MD

Mailing Address 280 South Main Street
Suite 200

City
Orange

State
CA

Zip Code
92868-3852

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Specialty Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2017

Transaction ID : 8656970

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fernandez, Rafael, M., MD

Mailing Address P.O. Box 800809

City
Coto Laurel

State
PR

Zip Code
00780-0809

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2017

Transaction ID : 8656971

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

434.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hire, Justin, , , MD

Mailing Address 205 Tremont Drive

City
Waynesville

State
MO

Zip Code
65583-3421

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2017

Transaction ID : 8656972

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Espinoza, Luis, M, , MD

Mailing Address 5 Savannah Ridge Lane

City
Metairie

State
LA

Zip Code
70001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2017

Transaction ID : 8656973

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lervick, Gregory, Neal, , MD

Mailing Address 4601 Lake Harriet Pkwy East

City
Minneapolis

State
MN

Zip Code
55419

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Minnesota Orthopedic Sports Medicine I

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2017

Transaction ID : 8657327

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

377.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Duplantier, Neil, Leon, , MD

Mailing Address 2600 Belle Chasse Hwy Ste I

City
Terrytown

State
LA

Zip Code
70056-7156

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bone and Joint Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2017

Transaction ID : 8657334

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Callahan, Bert, C, , MD

Mailing Address 511 N. Center St.

City
Beaver Dam

State
WI

Zip Code
53916-3071

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fond Du Lac Regional Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2017

Transaction ID : 8657338

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kennedy, E, Jeff, , MD

Mailing Address 235 Johnstone Dr

City
Madison

State
MS

Zip Code
39110-7686

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2017

Transaction ID : 8657339

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

834.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bries, Andrew, David, , MD

Mailing Address 3126 Westminster Rd

City
Bettendorf

State
IA

Zip Code
52722

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ORA Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2017

Transaction ID : 8657987

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kirol, Bernard, G, , MD

Mailing Address 106 Buckthorn Circle

City
Elgin

State
SC

Zip Code
29045-8695

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midlands Orthopaedics, PA

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2017

Transaction ID : 8657988

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Giammattei, Frank, P, , MD

Mailing Address 30 Woodbrook Rd

City
Swarthmore

State
PA

Zip Code
19081-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Premier Orthopaedic Associates

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2017

Transaction ID : 8657992

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

409.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mitros, Stephen, F, , MD

Mailing Address 51045 Erin Glen Dr

City
Granger

State
IN

Zip Code
46530-9089

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mitros Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2017

Transaction ID : 8657993

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gary, Joshua, Layne, , MD

Mailing Address 4226 Byron

City
Houston

State
TX

Zip Code
77005-3518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2017

Transaction ID : 8657994

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Easley, Mark, E, , MD

Mailing Address Duke Medicine
4709 Creekstone Drive

City
Durham

State
NC

Zip Code
27703-9822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2017

Transaction ID : 8657995

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

253.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 457 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Carolan, Gregory, Francis, , MD

Mailing Address 1806 Meadow Ridge Ct

City
Bethlehem

State
PA

Zip Code
18015-5003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Luke's Ortho Surg Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 28 / 2017

Transaction ID : 8657996

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Foster, W, Stanley, , MD

Mailing Address 108 Valerie Dr

City
Lafayette

State
LA

Zip Code
70508-6008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 28 / 2017

Transaction ID : 8657997

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Kelly, James, D, , II, MD

Mailing Address 2351 Clay St Ste 510

City
San Francisco

State
CA

Zip Code
94115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 28 / 2017

Transaction ID : 8657998

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

418.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Baker, James, K, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 727 Belvin St City San Marcos State TX Zip Code 78666 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 28 / 2017 Transaction ID : 8658003 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Memo Item
B. White, P, Merrill, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 909 Woodside St City Knoxville State TN Zip Code 37919 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) TOC Spine Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 30 / 2017 Transaction ID : 8659048 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
c. Gray, F, Scott, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 25 Olmstead Lane City Ridgefield State CT Zip Code 06877 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Connecticut Family Orthopaedics Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 30 / 2017 Transaction ID : 8660508 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			1350.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 459 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sherbondy, Paul, Strawn, , MD

Mailing Address 507 Beaumont Drive

City
State CollegeState
PAZip Code
16801FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M	D D	Y Y Y Y
06	01	2017

Transaction ID : 8662422

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rungee, James, L, , MD

Mailing Address 2802 Pavilion Pl

City
MurfreesboroState
TNZip Code
37129FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tennessee Orthopedic Alliance

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	D D	Y Y Y Y
06	01	2017

Transaction ID : 8662423

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Mather, Richard, C, , III, MD

Mailing Address 115 Watts St

City
DurhamState
NCZip Code
27701FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M	D D	Y Y Y Y
06	01	2017

Transaction ID : 8662424

Amount of Each Receipt this Period

85.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

269.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Early, John, S., MD

Mailing Address 8210 Walnut Hill Ln Ste 130

City
Dallas

State
TX

Zip Code
75231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas Orthopaedic Associates

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2017

Transaction ID : 8662425

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Prince, Williams, Chad., MD

Mailing Address 731 Leighton Ave #405

City
Anniston

State
AL

Zip Code
36207-5766

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anniston Ortho Assoc

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2017

Transaction ID : 8662612

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Colville, Mark, R., MD

Mailing Address 2375 NW Overton St

City
Portland

State
OR

Zip Code
97210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SWMC

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2017

Transaction ID : 8662623

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

3000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mullin, Timothy, I, , MD

Mailing Address N49W28220 Maryanns Way

City
PewaukeeState
WIZip Code
53072-1783FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

West Bend Clinic - Forward Orthopaedic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
05	31	2017

Transaction ID : 8662624

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kemp, Travis, Jay, , MD

Mailing Address 1398 E Versailles Ct

City
BoiseState
IDZip Code
83706-6709FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Treasure Valley Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
06	01	2017

Transaction ID : 8662714

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Foley, James, Alexander, , MD

Mailing Address 1705 E Bristlecone Dr

City
HartlandState
WIZip Code
53029FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orthopaedic Associates of Wisconsin

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
06	01	2017

Transaction ID : 8662823

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kwong, Louis, M, , MD

Mailing Address PO Box 422

1000 W Carson St

City

Torrance

State

CA

Zip Code

90509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 02 / 2017

Transaction ID : 8662824

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Uppal, Renny, , , MD

Mailing Address 1730 Sharpe Hill Circle

City

Reno

State

NV

Zip Code

89523-3924

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 02 / 2017

Transaction ID : 8662825

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Brophy, Robert, H, , MD

Mailing Address 7 Maryhill Dr

City

St Louis

State

MO

Zip Code

63124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Washington University Orthopedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 02 / 2017

Transaction ID : 8662826

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

584.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 463 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Besh, Basil, R, , MD

Mailing Address 6135 Clubhouse Dr

City
Pleasanton

State
CA

Zip Code
94566

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FORM Hand, Wrist & Elbow Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2017

Transaction ID : 8664151

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stephenson, John, Michael, , MD

Mailing Address 23 Hickory Creek Dr

City
Little Rock

State
AR

Zip Code
72212-2509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Arkansas For Medical Sci

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2017

Transaction ID : 8664157

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Iorio, Richard, , , MD

Mailing Address 1 Indian Hill Road

City
New Rochelle

State
NY

Zip Code
10804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NYU Langone Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

268.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2017

Transaction ID : 8664160

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

252.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 464 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Epps, Howard, R, , MD

Mailing Address 1936 Wroxtton Road

City
Houston

State
TX

Zip Code
77005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baylor College of Medicine

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2017

Transaction ID : 8664163

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Waddell, Bradford, Sutton, , MD

Mailing Address 344 Audubon St

City
New Orleans

State
LA

Zip Code
70118-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ochsner Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2017

Transaction ID : 8664164

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Mallette, Paige, Rebecca, , MD

Mailing Address 734 E 6th Ave

City
Durango

State
CO

Zip Code
81301-5509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mercy Regional Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2017

Transaction ID : 8664167

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

584.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 465 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wyatt, Ronald, W B, , MD

Mailing Address 533 Carleton Way

City
Alamo

State
CA

Zip Code
94507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaiser Permanente

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2017

Transaction ID : 8665008

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Krueger, Chad, A, , MD

Mailing Address 208 Sundew Court

City

Southern Pines

State

NC

Zip Code

28387

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2017

Transaction ID : 8665009

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rauh, Michael, A, , MD

Mailing Address 46 Middlebury Rd

City

Orchard Park

State

NY

Zip Code

14127

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UBMD Orthopaedics & Sports Medicine

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2017

Transaction ID : 8665011

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

2184.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 466 OF 671

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hinchey, John, William, , MD

Mailing Address 126 Normandy Ave

City
San AntonioState
TXZip Code
78209FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
06	04	2017

Transaction ID : 8665062

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Santore, Richard, F, , MD

Mailing Address P.O. Box 7016

City
Rancho Santa FeState
CAZip Code
92067FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sharp Healthcare Hip Preservation Cent

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M	D D	Y Y Y Y
06	04	2017

Transaction ID : 8665063

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Allard, Mark, Michael, , MD

Mailing Address 3010 Cortney Circle

City
Siloam SpringsState
ARZip Code
72761FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M	D D	Y Y Y Y
06	05	2017

Transaction ID : 8665075

Amount of Each Receipt this Period

84.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

418.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Abrutyn, David, A, , MD

Mailing Address 20 Pitney Court

City

Basking Ridge

State

NJ

Zip Code

07920-2150

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2017

Transaction ID : 8665076

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Farber, Daniel, C, , MD

Mailing Address 300 Fairhill Rd

City

Wynnewood

State

PA

Zip Code

19096-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Penn Medicine Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2017

Transaction ID : 8665678

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Roche, Martin, William, , MD

Mailing Address 2320 Del Mar Pl

City

Fort Lauderdale

State

FL

Zip Code

33301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2017

Transaction ID : 8665924

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

834.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 468 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Xenos, John, S, , MD

Mailing Address 1755 Brantfeather Grove

City
Colorado Springs

State
CO

Zip Code
80906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Colorado Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2017

Transaction ID : 8669438

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Porter, Scott, Edward, , MD, MBA

Mailing Address 1420 Jonesville Road

City
Simpsonville

State
SC

Zip Code
29681-4411

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2017

Transaction ID : 8669597

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Green, Daniel, William, , MD

Mailing Address 535 E 70th St

City
New York

State
NY

Zip Code
10021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hosp for Special Surgery

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2017

Transaction ID : 8669598

Amount of Each Receipt this Period

175.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1259.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 469 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Borden, Peter, Scott, , MD

Mailing Address 1609 Via Lazo

City
Palos Verdes EstatesState
CAZip Code
90274-1620FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	D D	Y Y Y Y
06	07	2017

Transaction ID : 8669606

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Copeland, Randolph, , , MD

Mailing Address 1609 Red Rock Dr

City
GallupState
NMZip Code
87301FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Gallup Indian Med Ctr

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y
06	06	2017

Transaction ID : 8669929

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wells, Matthew, E, , MD

Mailing Address 444 Hendricks Isle Unit 304

City
Fort LauderdaleState
FLZip Code
33301FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fort Lauderdale Ortho & Sports Med

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M	D D	Y Y Y Y
06	06	2017

Transaction ID : 8669930

Amount of Each Receipt this Period

350.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kamps, Bryan, Scott, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 3741 Monarch Dr NE City Grand Rapids State MI Zip Code 49525 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Spectrum Health Medical Group Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 06 / 2017 Transaction ID : 8669931 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Memo Item
B. Welsch, Matthew, David, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 4449 Majestic Oak Ct City Westfield State IN Zip Code 46062-5516 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Community Physicians Network Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 06 / 2017 Transaction ID : 8669934 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
c. Wagner, Russell, A, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1500 S Main St City Fort Worth State TX Zip Code 76104 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) UNT Bone and Joint Institute Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 298.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 06 / 2017 Transaction ID : 8669935 Amount of Each Receipt this Period 298.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			648.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 471 OF 671

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Motamedi, Ali, Reza, , MDMailing Address 3901 Las Posas Road
Suite 8City
CamarilloState
CAZip Code
93010FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ventura OrthopedicsOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
06	06	2017

Transaction ID : 8669940

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Yelton, J, Criss, , MD

Mailing Address 471 Klutey Park Plaza Dr

City

Henderson

State
KYZip Code
42420-3347FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Methodist HospitalOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
06	06	2017

Transaction ID : 8669942

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Huebner, Melburn, K, , MD

Mailing Address 1501 North Dowell Road

City

Amarillo

State
TXZip Code
79124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
06	06	2017

Transaction ID : 8669944

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McFarland, Edward, G, , MD

Mailing Address 10753 Falls Rd
Ste 215

City
Lutherville

State
MD

Zip Code
21093-4535

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Johns Hopkins University

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 06 / 2017

Transaction ID : 8669945

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Livermore, Norman, B, , III, MD

Mailing Address 120 La Casa Via Ste 206

City
Walnut Creek

State
CA

Zip Code
94598-3007

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 06 / 2017

Transaction ID : 8669946

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tijmes, Jorge, E, , MD

Mailing Address P.O. Box 6209

City
Mc Allen

State
TX

Zip Code
78502-6209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southern Bone and Joint Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 06 / 2017

Transaction ID : 8669947

Amount of Each Receipt this Period

750.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 473 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Buhr, Bruce, R, , MD

Mailing Address 10512 E. Summerfield Circle

City
Wichita

State
KS

Zip Code
67206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Via-Christiat Founders

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2017

Transaction ID : 8669949

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Noonan, J, Christopher, , MD

Mailing Address 5141 Solar Heights Dr

City
Eugene

State
OR

Zip Code
97405-9587

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Samaritan Regional Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2017

Transaction ID : 8670026

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sukin, Dean, C, , MD

Mailing Address 2623 Huckleberry Ln N

City
Billings

State
MT

Zip Code
59106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ortho Montana

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2017

Transaction ID : 8670028

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 474 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Horn, Paul, Conrad, , MD</p> <p>Mailing Address 212 E Central Ste 140</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Spokane</td> <td style="width: 33%;">State WA</td> <td style="width: 33%;">Zip Code 99208</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Self Employed</p> <p>Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 263.00 </p>			City Spokane	State WA	Zip Code 99208	<p>Date of Receipt</p> <p>06 / 07 / 2017</p> <p>Transaction ID : 8670030</p> <p>Amount of Each Receipt this Period</p> <p>263.00</p> <p><input type="checkbox"/> Memo Item</p>	
City Spokane	State WA	Zip Code 99208					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Nygaard, Airell, L, , MD</p> <p>Mailing Address 17600 Fitch Ranch Rd</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Sonora</td> <td style="width: 33%;">State CA</td> <td style="width: 33%;">Zip Code 95370</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Self Employed</p> <p>Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 250.00 </p>			City Sonora	State CA	Zip Code 95370	<p>Date of Receipt</p> <p>06 / 01 / 2017</p> <p>Transaction ID : 8670100</p> <p>Amount of Each Receipt this Period</p> <p>250.00</p> <p><input type="checkbox"/> Memo Item</p>	
City Sonora	State CA	Zip Code 95370					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Connair, Michael, P, , MD</p> <p>Mailing Address 24 Old Hartford Turnpike</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Hamden</td> <td style="width: 33%;">State CT</td> <td style="width: 33%;">Zip Code 06517</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Self Employed</p> <p>Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) </p> <p>Aggregate Year-to-Date ▼ 1000.00 </p>			City Hamden	State CT	Zip Code 06517	<p>Date of Receipt</p> <p>06 / 01 / 2017</p> <p>Transaction ID : 8670101</p> <p>Amount of Each Receipt this Period</p> <p>1000.00</p> <p><input type="checkbox"/> Memo Item</p>	
City Hamden	State CT	Zip Code 06517					
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1513.00</p>				
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 475 OF 671

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Colbert, Jeffrey, M, , MD

Mailing Address 4644 Lincoln Blvd #530

City
Marina Del ReyState
CAZip Code
90292-6391FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M	D D	Y Y Y Y
06	01	2017

Transaction ID : 8670107

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mulawka, Steven, M, , MD

Mailing Address 1901 Connecticut Ave S

City
SartellState
MNZip Code
56377FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
06	01	2017

Transaction ID : 8670108

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Acampa, John, W, , MD

Mailing Address 64 Bayberry Rd W

City
IslipState
NYZip Code
11751FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
06	01	2017

Transaction ID : 8670109

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

975.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 476 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Micheli, Lyle, J, , MD

Mailing Address 319 Longwood Ave Ste 24

City
Boston

State
MA

Zip Code
02115-5712

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Boston Children's Hospital - Orthopedi

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2017

Transaction ID : 8670113

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Grindel, Steven, I, , MD

Mailing Address 7615 N Beach Dr

City
Fox Point

State
WI

Zip Code
53217

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical College of Wisconsin

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2017

Transaction ID : 8670114

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schoenecker, Perry, L, , MD

Mailing Address 428 N. Dickson

City
Kirkwood

State
MO

Zip Code
63122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Shriners Hospitals for Children

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2017

Transaction ID : 8670115

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Galvin, Eugene, Gerard, , MD

Mailing Address 132 27th Ave

City

San Francisco

State

CA

Zip Code

94121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kaiser Permanente

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2017

Transaction ID : 8670118

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wright, Thomas, W, , MD

Mailing Address PO Box 112727
3450 Hull Road

City

Gainesville

State

FL

Zip Code

32611-2727

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Florida

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2017

Transaction ID : 8670119

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Whitfield, Peter, White, , MD

Mailing Address 7 Hillwind Ct

City

Greensboro

State

NC

Zip Code

27408

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cone Health Medical Group

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2017

Transaction ID : 8670121

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1350.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brand, Matthew, R, , MD

Mailing Address Finger Lake Ortho Surgery
 300 Hoffman St

City
 Elmira

State
 NY

Zip Code
 14905

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Arnot Ogden Medical Center

Occupation (for Individual)
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2017

Transaction ID : 8670129

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Oglesby, J, Wills, , MD

Mailing Address 6109 Bresslyn Rd

City

Nashville

State

TN

Zip Code

37205

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Tennessee Orthopedic Alliance

Occupation (for Individual)
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2017

Transaction ID : 8670130

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Peterson, Paul, David, , MD

Mailing Address 5126 E 106th St

City

Tulsa

State

OK

Zip Code

74137

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Tulsa Bone & Joint Associates

Occupation (for Individual)
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2017

Transaction ID : 8670131

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cusick, Robert, P, , MD

Mailing Address 12200 Four Oaks

City
Wichita

State
KS

Zip Code
67226

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KS Ortho Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2017

Transaction ID : 8670132

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Garner, Richard, W, , MD

Mailing Address 7201 E Chester Heights Circle

City

Anchorage

State

AK

Zip Code

99504-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anchorage Fracture & Orthopedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2017

Transaction ID : 8670270

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hildebrand, Randall, , , MD

Mailing Address 1711 Lincoln St

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2017

Transaction ID : 8670271

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

585.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tyndall, William, A, , MD

Mailing Address 123 Brittany Ln

City
HollidaysburgState
PAZip Code
16648FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University OrthopedicsOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

584.00

Date of Receipt

M M	D D	Y Y Y Y
06	07	2017

Transaction ID : 8670274

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thompson, Joel, D, , MDMailing Address Tucson Shoulder Elbow & Hand
3972 N Campbell AveCity
TucsonState
AZZip Code
85719FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tucson Shoulder Elbow & HandOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M	D D	Y Y Y Y
06	07	2017

Transaction ID : 8670275

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Angel, Jeffery, D, , MD

Mailing Address 180 Westwood Drive

City
BatesvilleState
ARZip Code
72501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
White River Health SystemOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M	D D	Y Y Y Y
06	08	2017

Transaction ID : 8670342

Amount of Each Receipt this Period

84.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

252.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Thompson, Joel, D, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address Tucson Shoulder Elbow & Hand 3972 N Campbell Ave City Tucson State AZ Zip Code 85719 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Tucson Shoulder Elbow & Hand Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 504.00			Date of Receipt M M / D D / Y Y Y Y Y 06 / 07 / 2017 Transaction ID : 8670656 Amount of Each Receipt this Period 252.00 <input type="checkbox"/> Memo Item
B. Stollsteimer, George, Thomas, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 277 Saxony Dr City Newtown State PA Zip Code 18940-1685 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) St Mary Orthopedic Group Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 06 / 07 / 2017 Transaction ID : 8670658 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
C. Jones, Lowry, , , Jr, MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 2609 W 65th St City Mission Hills State KS Zip Code 66208 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Kansas City Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 06 / 07 / 2017 Transaction ID : 8670659 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			1502.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wulf, Corey, A, , MD

Mailing Address 4536 Oxford Ave

City
Minneapolis

State
MN

Zip Code
55436-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Twin Cities Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2017

Transaction ID : 8670662

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brown, Dennis, M, , MD

Mailing Address 1774 Kylemore Ct

City
Dayton

State
OH

Zip Code
45459-1465

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Premier Health

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2017

Transaction ID : 8670664

Amount of Each Receipt this Period

438.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Sandmeier, Robert, H, , MD

Mailing Address 2038 NW 127th PI

City
Portland

State
OR

Zip Code
97229

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2017

Transaction ID : 8670665

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1038.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stanton, Robert, A, , MD

Mailing Address 305 Black Rock Turnpike

City
Fairfield

State
CT

Zip Code
06825-5508

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Specialty Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2017

Transaction ID : 8670667

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Peterson, Davis, C, , MD

Mailing Address 9641 Arlene Drive

City
Anchorage

State
AK

Zip Code
99502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anchorage Fracture & Ortho Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2017

Transaction ID : 8670668

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Blum, David, , , MD

Mailing Address 107 Dockside Circle

City
Weston

State
FL

Zip Code
33327

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Center of South Florida

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2017

Transaction ID : 8670670

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 484 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rajan, Sivaram, , MD

Mailing Address 211 Essex St Ste 101

City
Hackensack

State
NJ

Zip Code
07601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2017

Transaction ID : 8670671

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Grillot, Michael, B, , MD

Mailing Address 5919 S Farm Rd 183

City
Rogersville

State
MO

Zip Code
65742-8235

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Glenwood Orthopaedic Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2017

Transaction ID : 8670772

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ouzounian, Tye, , , MD

Mailing Address 17401 Magnolia Blvd

City
Encino

State
CA

Zip Code
91316

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2017

Transaction ID : 8670773

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 485 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gordon, Michael, L, , MD

Mailing Address 201 Kings Pl

City
Newport Beach

State
CA

Zip Code
92663-3307

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Newport Orthopedic Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2017

Transaction ID : 8670774

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wolgin, Mark, A, , MD

Mailing Address 1709 Devon Dr

City
Albany

State
GA

Zip Code
31721

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2017

Transaction ID : 8670776

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Anderson, Allen, F, , MD

Mailing Address 608 Norris

City
Nashville

State
TN

Zip Code
37204

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tennessee Orthopedic Alliance

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2017

Transaction ID : 8670778

Amount of Each Receipt this Period

375.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 486 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Whiddon, David, Richmond, , MD

Mailing Address 724 Soundview Dr

City
Palm HarborState
FLZip Code
34683-4247FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Associates of West FloridaOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
06	07	2017

Transaction ID : 8670779

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Clain, Michael, R, , MD

Mailing Address 9 Indian Head Rd

City
RiversideState
CTZip Code
06878FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M	D D	Y Y Y Y
06	09	2017

Transaction ID : 8671091

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lundy, Gordon, C, , MD

Mailing Address 2100 Webster St Ste 117

City
San FranciscoState
CAZip Code
94115FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M	D D	Y Y Y Y
06	09	2017

Transaction ID : 8671092

Amount of Each Receipt this Period

84.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1168.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 487 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Braaton, Paul, J, , MD

Mailing Address 1335 Coffee Rd Ste 100

City
Modesto

State
CA

Zip Code
95355

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2017

Transaction ID : 8671094

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Matelic, Thomas, M, , MD

Mailing Address 1111 Leffingwell NE

City

Grand Rapids

State

MI

Zip Code

49525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Assoc of Michigan

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2017

Transaction ID : 8671429

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Rosenbaum, Donald, H, , DO

Mailing Address 118 Shadowood Dr

City

Warner Robins

State

GA

Zip Code

31088

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Dodge County Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2017

Transaction ID : 8671430

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

684.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 488 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hopkins, C, Thomas, , MD

Mailing Address 717 S 8th Street

City
GriffinState
GAZip Code
30224-4818FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ortho GeorgiaOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
06	07	2017

Transaction ID : 8671431

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gorab, Robert, S, , MD

Mailing Address 1985 Port Claridge Pl

City

Newport Beach

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Specialty InstituteOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
06	07	2017

Transaction ID : 8671434

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Matthews, Daniel, E, , MD

Mailing Address 134 Augusta Ct

City

Fairhope

State

AL

Zip Code

36532

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AOSMOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
06	07	2017

Transaction ID : 8671435

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

1750.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 489 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lombardi, Adolph, V, , Jr, MD

Mailing Address 7277 Smith's Mill Rd
Ste 200

City
New Albany

State
OH

Zip Code
43054

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Joint Implant Surgeons Inc

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2017

Transaction ID : 8671436

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Geiger, Douglas, F, , MD

Mailing Address 2680 Brassow Rd

City
Saline

State
MI

Zip Code
48176-8715

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Michigan Brain & Spine

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2017

Transaction ID : 8671437

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lintecum, Neal, D, , MD

Mailing Address 789 N 1500 Road

City
Lawrence

State
KS

Zip Code
66049

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 10 / 2017

Transaction ID : 8671452

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Badia, Alejandro, , MD

Mailing Address 3650 NW 82nd Ave Ste 103

City
Doral

State
FL

Zip Code
33166

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Badia Hand to Shoulder Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 11 / 2017

Transaction ID : 8671455

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Teuscher, David, , MD

Mailing Address PO Box 26

City
Paige

State
TX

Zip Code
78659-0026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 12 / 2017

Transaction ID : 8671460

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Martin, Thomas, L, , MD

Mailing Address 900 Buffalo Rd Frnt 1

City
Lewisburg

State
PA

Zip Code
17837-1298

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Evangelical Community Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

06 / 12 / 2017

Transaction ID : 8673538

Amount of Each Receipt this Period

750.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1084.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 491 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sabbag, Kenneth, , , MD

Mailing Address 800 S Raymond St Ste 300

City
PasadenaState
CAZip Code
91105FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M	D D	Y Y Y Y
06	12	2017

Transaction ID : 8673539

Amount of Each Receipt this Period

438.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Torretta, Paul, , , III, MDMailing Address Dowling 2 North, Orthopaedics
850 Harrison AvenueCity
BostonState
MAZip Code
02118FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Boston Medical Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
06	12	2017

Transaction ID : 8673546

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Newman, P, James, , MD

Mailing Address 5824 Widewaters Parkway

City
East SyracuseState
NYZip Code
13057FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Syracuse Orthopedist Specialties

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M	D D	Y Y Y Y
06	12	2017

Transaction ID : 8673547

Amount of Each Receipt this Period

438.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1376.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dick, Jeffrey, C, , MD

Mailing Address 18709 Ridgewood Rd

City
Deephaven

State
MN

Zip Code
55391

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Twin City Orthopedic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 12 / 2017

Transaction ID : 8673549

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Grebing, Brett, Raymond, , MD

Mailing Address 719 Schwarz Rd

City
Edwardsville

State
IL

Zip Code
62025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Ctr for Advanced Ortho, LLC

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 12 / 2017

Transaction ID : 8673591

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moon, Bryan, Scott, , MD

Mailing Address 1026 Split Elm Drive

City
Missouri City

State
TX

Zip Code
77459

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTMDACC

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 13 / 2017

Transaction ID : 8673609

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3084.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Jester, Adam, F., MD</p> <p>Mailing Address 615 Vonderburg Drive</p>			<p>Date of Receipt</p> <p>MM / DD / YYYY 06 / 13 / 2017</p> <p>Transaction ID : 8674099</p>		
<p>City</p> <p>Brandon</p>	<p>State</p> <p>FL</p>	<p>Zip Code</p> <p>33511</p>	<p>Amount of Each Receipt this Period</p> <p>300.00</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p><input type="checkbox"/> Memo Item</p>		
<p>Name of Employer (for Individual)</p> <p>Orthopaedic Medical Group of Tampa Bay</p>		<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>	<p>Aggregate Year-to-Date ▼</p> <p>300.00</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Tannoury, Chadi, A., MD</p> <p>Mailing Address 26 Stillman Street, Apt 1-3</p>			<p>Date of Receipt</p> <p>MM / DD / YYYY 06 / 13 / 2017</p> <p>Transaction ID : 8674112</p>		
<p>City</p> <p>Boston</p>	<p>State</p> <p>MA</p>	<p>Zip Code</p> <p>02113-1695</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p><input type="checkbox"/> Memo Item</p>		
<p>Name of Employer (for Individual)</p> <p>Boston University Medical Center</p>		<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>	<p>Aggregate Year-to-Date ▼</p> <p>500.00</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Schultz, Richard, B., MD</p> <p>Mailing Address 4081 CR 233</p>			<p>Date of Receipt</p> <p>MM / DD / YYYY 06 / 13 / 2017</p> <p>Transaction ID : 8674115</p>		
<p>City</p> <p>Florence</p>	<p>State</p> <p>TX</p>	<p>Zip Code</p> <p>76527</p>	<p>Amount of Each Receipt this Period</p> <p>500.00</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p><input type="checkbox"/> Memo Item</p>		
<p>Name of Employer (for Individual)</p> <p>Self Employed</p>		<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>	<p>Aggregate Year-to-Date ▼</p> <p>500.00</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>					
<p>SUBTOTAL of Receipts This Page (optional).....</p>			<p>1300.00</p>		
<p>TOTAL This Period (last page this line number only).....</p>					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Camarata, David, Andrew, , MD

Mailing Address 9790 E Charter Oak Dr

City
Scottsdale

State
AZ

Zip Code
85260

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 13 / 2017

Transaction ID : 8674135

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hope, Charles, A, , II, MD

Mailing Address 8 Bent Tree Circle

City
Savannah

State
GA

Zip Code
31411

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Optim Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 13 / 2017

Transaction ID : 8674145

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Flock, Timothy, J, , MD

Mailing Address 320 Warner Dr

City
Lewiston

State
ID

Zip Code
83501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lewiston Orthopedic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 13 / 2017

Transaction ID : 8674152

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wasserlauf, Brett, L., MD

Mailing Address 18 Far Hills Drive

City
Avon

State
CT

Zip Code
06001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2017

Transaction ID : 8674154

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hussain, Suleman, M., MD

Mailing Address 2300 53rd Street, Suite #100

City

Bettendorf

State

IA

Zip Code

52804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ORA

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2017

Transaction ID : 8674155

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Linschoten, Niels, J., MD

Mailing Address 11428 Center Court Blvd

City

Baton Rouge

State

LA

Zip Code

70810

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2017

Transaction ID : 8674156

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1168.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Grimm, Matthew, R, , MD

Mailing Address 920 Avenue B

City
Marrero

State
LA

Zip Code
70072

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2017

Transaction ID : 8674157

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nunley, Ryan, M, , MD

Mailing Address 8401 University Dr

City

Saint Louis

State

MO

Zip Code

63105-3641

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2017

Transaction ID : 8674182

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Worrell, Scott, Philip, , MD

Mailing Address 9333 Childacrest Drive

City

Boonsboro

State

MD

Zip Code

21713

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Centers For Advanced Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2017

Transaction ID : 8674185

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

434.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 497 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Austin, Matthew, , MD

Mailing Address 840 Harriton Rd

City

Bryn Mawr

State

PA

Zip Code

19010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Rothman Orthopaedic Specialty Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
06	14	2017

Transaction ID : 8675982

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vrabec, Gregory, A, , MD

Mailing Address 579 White Tail Ridge Dr

City

Fairlawn

State

OH

Zip Code

44333

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Akron General Med Ctr

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
06	14	2017

Transaction ID : 8676010

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Olsewski, John, M, , MD

Mailing Address 16 Rivers Edge Drive #407

City

Tarrytown

State

NY

Zip Code

10591

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M	D D	Y Y Y Y
06	14	2017

Transaction ID : 8676020

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

2100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Heavilon, Jeffrey, A, , MD

Mailing Address 7301 Isanogel Rd

City
Muncie

State
IN

Zip Code
47304-9390

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Central Indiana Ortho

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 15 / 2017

Transaction ID : 8676030

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Scott, James, W, , MD

Mailing Address PO Box 7630

City
Tifton

State
GA

Zip Code
31793-7630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Georgia Sports Medicine

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 14 / 2017

Transaction ID : 8676209

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Corley, Fred, G, , MD

Mailing Address 175 E Edgewood

City
San Antonio

State
TX

Zip Code
78209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ TX Hlth Sci Ctr

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 14 / 2017

Transaction ID : 8676211

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Bell, David, M, , MD</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 06 / 14 / 2017</p> <p>Transaction ID : 8676212</p>		
<p>Mailing Address 5924 Stoneridge Drive Suite 202</p>			<p>Amount of Each Receipt this Period</p> <p>250.00</p>		
<p>City Pleasanton</p>	<p>State CA</p>	<p>Zip Code 94588</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p>Aggregate Year-to-Date ▼</p> <p>500.00</p>		
<p>Name of Employer (for Individual) Bell Sports Medicine Institute</p>			<p>Occupation (for Individual) Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Miller, Michael, David, , MD</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 06 / 14 / 2017</p> <p>Transaction ID : 8676214</p>		
<p>Mailing Address 6501 N Camino Katrina</p>			<p>Amount of Each Receipt this Period</p> <p>250.00</p>		
<p>City Tucson</p>	<p>State AZ</p>	<p>Zip Code 85718</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p>Aggregate Year-to-Date ▼</p> <p>500.00</p>		
<p>Name of Employer (for Individual) University Orthopedics Specialists</p>			<p>Occupation (for Individual) Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Tenholder, Mark, Joseph, , MD</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 06 / 14 / 2017</p> <p>Transaction ID : 8676217</p>		
<p>Mailing Address 4507 Olde Plantation Place</p>			<p>Amount of Each Receipt this Period</p> <p>250.00</p>		
<p>City Destin</p>	<p>State FL</p>	<p>Zip Code 32541</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p>Aggregate Year-to-Date ▼</p> <p>250.00</p>		
<p>Name of Employer (for Individual) Orthopaedic Associates</p>			<p>Occupation (for Individual) Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>					
<p>SUBTOTAL of Receipts This Page (optional).....</p>			<p>750.00</p>		
<p>TOTAL This Period (last page this line number only).....</p>					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 500 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Duralde, Xavier, A, , MDMailing Address 3200 Downwood Circle
Suite 700City
AtlantaState
GAZip Code
30327FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Peachtree Orthopaedic ClinicOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
06	14	2017

Transaction ID : 8676218

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Leone, William, A, , MD

Mailing Address 3111 NE 27th Ave

City

Lighthouse Point

State

FL

Zip Code

33064-8107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Holy Cross HospitalOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
06	14	2017

Transaction ID : 8676239

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jones, Dewey, H, , IV, MD

Mailing Address 1581 Woodridge Pl

City

Birmingham

State

AL

Zip Code

35216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Powell : Jones OrthoOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
06	14	2017

Transaction ID : 8676240

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

1000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Larson, James, Wesley, , III, MD

Mailing Address 119 St Andrews Ct

City
Winchester

State
VA

Zip Code
22602-2387

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bone and Joint Specialists of Winchest

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2017

Transaction ID : 8676241

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Monaco, Joseph, Thomas, , MD

Mailing Address 4 Potawatomie Trail
Unit 2

City
Indian Head Park

State
IL

Zip Code
60525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2017

Transaction ID : 8676244

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Mogerman, Jeffrey, A, , MD

Mailing Address 206 Stevenson Road

City
Waverly

State
PA

Zip Code
18471

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wayne Memorial Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2017

Transaction ID : 8676245

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Maurer, Carter, John, , MD

Mailing Address 1367 Via Alta

City
Del Mar

State
CA

Zip Code
92014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sharp Rees-Stealy Medical Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2017

Transaction ID : 8676252

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Laird, Michael, , , MD

Mailing Address 921 Oak Park Blvd Ste 204

City

Pismo Beach

State

CA

Zip Code

93449

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2017

Transaction ID : 8676253

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fromm, Stuart, E, , MD

Mailing Address PO Box 6850

City

Rapid City

State

SD

Zip Code

57709-6850

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Black Hills Ortho & Spine Ctr

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2017

Transaction ID : 8676255

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sitler, David, F, , MD

Mailing Address 12701 Sagecrest Dr

City
Poway

State
CA

Zip Code
92064

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2017

Transaction ID : 8676257

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Oakley, Ward, Sayre, , Jr, MD

Mailing Address PO Box 63

City
Pinehurst

State
NC

Zip Code
28370-0063

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2017

Transaction ID : 8676258

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Barrett, William, P, , MD

Mailing Address 4011 Talbot Rd S Ste 300

City
Renton

State
WA

Zip Code
98055-5791

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2017

Transaction ID : 8676259

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1800.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bollinger, Bruce, A, , MD

Mailing Address 4401 Ridgehaven Rd

City
Fort Worth

State
TX

Zip Code
76116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
06 / 14 / 2017

Transaction ID : 8676260

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kain, Michael, S, , MD

Mailing Address 16 Blossom St

City
Lexington

State
MA

Zip Code
02421

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lahey Clinic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
06 / 14 / 2017

Transaction ID : 8676261

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hines, Jerod, , , MD, MS

Mailing Address 869 W Comanche

City
Emmett

State
ID

Zip Code
83617

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 15 / 2017

Transaction ID : 8676492

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Snyder, Matthew, J, , MD

Mailing Address 14912 Chopine Pass

City

Roanoke

State

IN

Zip Code

46783-9308

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Orthopedic Hospital of Lutheran He

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2017

Transaction ID : 8676496

Amount of Each Receipt this Period

85.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Manning, James, B, , MD

Mailing Address 9728 Verlaine Court

City

Las Vegas

State

NV

Zip Code

89145

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2017

Transaction ID : 8677769

Amount of Each Receipt this Period

500.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Noel, Curtis, R, , MD

Mailing Address 493 Misty Ln

City

Copley

State

OH

Zip Code

44321

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Crystal Clinic Orthopaedic Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2017

Transaction ID : 8677771

Amount of Each Receipt this Period

1000.00



Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1585.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wallentine, Jeffrey, Max, , MD

Mailing Address 200 N Loafer Canyon Road

City
Elk Ridge

State
UT

Zip Code
84651-8544

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2017

Transaction ID : 8677773

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ortiz, Gerald, J, , MD

Mailing Address 188 Steadmill Rd

City

Amsterdam

State

NY

Zip Code

12010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mohawk Valley Orthopedic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2017

Transaction ID : 8677774

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Keeve, Jonathan, P, , MD

Mailing Address 12410 E Sinto Ave
Suite 201

City

Spokane Valley

State

WA

Zip Code

99216-2280

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northwest Orthopaedic Specialists

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2017

Transaction ID : 8677775

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lawrence, Jeffrey, Pettus, , MD

Mailing Address 3755 Perkins Rd

City

Thompsons Station

State

TN

Zip Code

37179-9787

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Tennessee Orthopedic Alliance

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2017

Transaction ID : 8677776

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ross, Steven, Douglas K, , MD

Mailing Address 8049 E Santa Cruz Ave

City

Orange

State

CA

Zip Code

92869-5652

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UCI/Dept Ortho Surgery

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2017

Transaction ID : 8677777

Amount of Each Receipt this Period

525.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Farrell, Daniel, C, , MD

Mailing Address 12420 High Dr

City

Leawood

State

KS

Zip Code

66209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MCA

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2017

Transaction ID : 8677778

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ackerman, Gary, , MD

Mailing Address 4440 Beacon Cir Ste 100

City
West Palm Beach

State
FL

Zip Code
33407-3270

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 16 / 2017

Transaction ID : 8677779

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mendez, Kirk, T, , MD

Mailing Address 960 Puerta del Sol Drive

City
Las Vegas

State
NV

Zip Code
89138-6057

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bone and Joint Specialists

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 16 / 2017

Transaction ID : 8677795

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sculco, Thomas, P, , MD

Mailing Address 132 E 95th St

City
New York

State
NY

Zip Code
10128-1705

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hospital for Special Surgery

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 16 / 2017

Transaction ID : 8677796

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Solomon, Harrison, B, , MD

Mailing Address 6224 Clearwood Rd

City
Bethesda

State
MD

Zip Code
20817

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montgomery Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 16 / 2017

Transaction ID : 8677797

Amount of Each Receipt this Period

875.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lowry, Kent, Jason, , MD

Mailing Address 3746 N Faust Lake Rd

City
Rhineland

State
WI

Zip Code
54501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ascension Health

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 15 / 2017

Transaction ID : 8677817

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bellatti, John, , , MD

Mailing Address 64-5279 Kipahale St

City
Kamuela

State
HI

Zip Code
96743

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Hawaii Community Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 15 / 2017

Transaction ID : 8677822

Amount of Each Receipt this Period

400.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1775.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hayden, Shawn, A, , MD

Mailing Address 5124 Marble Falls Ln

City
Plano

State
TX

Zip Code
75093-7545

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2017

Transaction ID : 8678043

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ternes, John, P, , MD

Mailing Address 3707 Mooreland Farms Rd

City

Charlotte

State

NC

Zip Code

28226-5404

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2017

Transaction ID : 8678045

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hunt, Stephen, Austin, , MD

Mailing Address 7 Pheasant Run Dr

City

Basking Ridge

State

NJ

Zip Code

07920

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2017

Transaction ID : 8678047

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Raut, Sourendra, Sean, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 2450 Copper Mill Trail City Cumming State GA Zip Code 30041-4909 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Resurgens Orthopaedics Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 504.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 18 / 2017 Transaction ID : 8678048 Amount of Each Receipt this Period 84.00 <input type="checkbox"/> Memo Item
B. Napoli, David, C, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 107 Bent Creek Preserve Rd City Asheville State NC Zip Code 28806-5540 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 18 / 2017 Transaction ID : 8678049 Amount of Each Receipt this Period 85.00 <input type="checkbox"/> Memo Item
c. Kaper, Bertrand, Paul, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 11227 E Paradise Ln City Scottsdale State AZ Zip Code 85255-8918 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 18 / 2017 Transaction ID : 8678050 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			669.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Enright, William, , MD

Mailing Address 3524 Euro Ln

City
De Pere

State
WI

Zip Code
54115-7201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OSMS

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2017

Transaction ID : 8678051

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pula, David, A, , MD

Mailing Address 16 Evergreen Trail

City

Orchard Park

State

NY

Zip Code

14127

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Excelsior Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2017

Transaction ID : 8678103

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Shah, Roshan, P, , MD, JD

Mailing Address 610 West 110th Street
Apt 3E

City

New York

State

NY

Zip Code

10025-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia University Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2017

Transaction ID : 8678104

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1334.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Coles, Robert, E, , MD

Mailing Address 201 Lands End Rd

City

Morehead City

State

NC

Zip Code

28557-8943

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Carolinas Center For Surgery

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2017

Transaction ID : 8678105

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Blotter, Robert, H, , MD

Mailing Address 1414 W Fair Ave Ste 190

City

Marquette

State

MI

Zip Code

49855-2693

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Advanced Center of Orthopedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2017

Transaction ID : 8679546

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Parsley, Brian, S, , MD

Mailing Address 5420 West Loop South, Ste 2400

City

Bellaire

State

TX

Zip Code

77401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UTHealth Physicians

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2017

Transaction ID : 8679547

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

418.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vessely, Michael, B, , MD

Mailing Address 522 Second St

City

Lake Oswego

State

OR

Zip Code

97034

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Willamette Valley Medical Center-

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2017

Transaction ID : 8679548

Amount of Each Receipt this Period

84.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Killian, John, Thomas, , MD

Mailing Address 314 Sterrett Ave

City

Birmingham

State

AL

Zip Code

35209-5135

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orthopedics For Kids, PC

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2017

Transaction ID : 8679549

Amount of Each Receipt this Period

250.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Keeney, James, A, , MD

Mailing Address 1106 Shallow Ridge Circle

City

Columbia

State

MO

Zip Code

65201-2930

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Missouri Orthopaedic Instit

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2017

Transaction ID : 8679550

Amount of Each Receipt this Period

250.00



Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

584.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sheehan, John, P, , MD

Mailing Address 6621 Cuming St

City

Omaha

State

NE

Zip Code

68132

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Boys Town

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2017

Transaction ID : 8679551

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Granberry, William, M, , MD

Mailing Address 3615 Bellefontaine St

City

Houston

State

TX

Zip Code

77025-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2017

Transaction ID : 8679552

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Langford, Scott, A, , MD

Mailing Address 4401 W 87th Terrace

City

Prairie Village

State

KS

Zip Code

66207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Rockhill Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2017

Transaction ID : 8679554

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

434.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Yormak, Jeffrey, , MD

Mailing Address 9 Round Hill Pl

City
Chappaqua

State
NY

Zip Code
10549

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Somers Orthopaedic Surgery & Sports Me

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 15 / 2017

Transaction ID : 8679640

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kirol, Bernard, G, , MD

Mailing Address 106 Buckthorn Circle

City
Elgin

State
SC

Zip Code
29045-8695

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midlands Orthopaedics, PA

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 15 / 2017

Transaction ID : 8679644

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Kammerlocher, Paul, Alan, , MD

Mailing Address 2907 NW 40th Pl

City
Newcastle

State
OK

Zip Code
73065

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
McBride Clinic Orthopaedic Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 19 / 2017

Transaction ID : 8680796

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

850.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Bruneau, Pierre, Andre, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 4 Tanglewood Rd City Pleasantville State NY Zip Code 10570-2527 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 20 / 2017 Transaction ID : 8680797 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
B. Shen, Wen, , , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 33 Pond Hills Ct City Pleasant Valley State NY Zip Code 12569-5135 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Orthopedic Associates of Dutchess Coun Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 20 / 2017 Transaction ID : 8680798 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
c. Cooper, Scott, Snow, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 407 NW A St City Bentonville State AR Zip Code 72712-5216 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Mercy Clinic Orthopedics Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 504.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 20 / 2017 Transaction ID : 8680799 Amount of Each Receipt this Period 84.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			584.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Owen, K, Kip, , MD

Mailing Address 5111 N 10th St # 268

City
McAllenState
TXZip Code
78504-2835FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
06	20	2017

Transaction ID : 8680800

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shaw, Brian, A, , MD

Mailing Address 8340 Westwood Rd

City

Colorado Springs

State

CO

Zip Code

80919-3243

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Colorado,Childrens Hospi

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	D D	Y Y Y Y
06	21	2017

Transaction ID : 8682410

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Chandler, David, R, , MD

Mailing Address 165 Middle Plantation Ln

City

Gulf Breeze

State

FL

Zip Code

32561-4899

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M	D D	Y Y Y Y
06	21	2017

Transaction ID : 8682411

Amount of Each Receipt this Period

85.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

435.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stoeckl, Andrew, , MD

Mailing Address 90 Fairlawn Dr

City
Amherst

State
NY

Zip Code
14226-3422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Excelsior Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2017

Transaction ID : 8682412

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Chapman, Cary, B, , MD

Mailing Address 51 Flagg Court

City
Staten Island

State
NY

Zip Code
10304-1157

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2017

Transaction ID : 8682413

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cannada, Lisa, K, , MD

Mailing Address 12872 Willow Pond Court

City
Saint Louis

State
MO

Zip Code
63131-2158

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Louis Univ School of Medicine

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2017

Transaction ID : 8682414

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

251.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Swenning, Todd, Allen, , MD

Mailing Address 41970 Rancho Manana Lane

City

Rancho Mirage

State

CA

Zip Code

92270

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Institute of Clinical Orthopedics & NeOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2017

Transaction ID : 8682415

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mansfield, David, J, , MD

Mailing Address 773 Azalea Pl

City

El Paso

State

TX

Zip Code

79922-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
El Paso Orthopaedic Surgery GroupOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

754.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2017

Transaction ID : 8683162

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McCulloch, Patrick, T, , MD

Mailing Address 12 Caley Drive

City

Canonsburg

State

PA

Zip Code

15317-5990

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advanced Ortho & RehabOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2017

Transaction ID : 8683163

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

258.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 521 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. More, Robert, Cameron, , MD

Mailing Address 8100 Wescott Drive
Suite 101

City
Flemington

State
NJ

Zip Code
08822-4671

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hunterdon Orthopaedic Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 22 / 2017

Transaction ID : 8683165

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cunningham, Torin, J, , MD

Mailing Address 48 Sea Terrace

City

Newport Coast

State

CA

Zip Code

92657

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2017

Transaction ID : 8683619

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Anz, Alan, Garvin, , MD

Mailing Address 710 Westmount Ave

City

Columbia

State

MO

Zip Code

65203-3473

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2017

Transaction ID : 8683620

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

584.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 522 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Steinmann, Scott, P, , MD

Mailing Address 1118 Plummer Circle

City
Rochester

State
MN

Zip Code
55902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mayo Clinic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2017

Transaction ID : 8683621

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Featheringill, John, P K, , MD

Mailing Address 3608 Grand Rock Ln

City

Birmingham

State

AL

Zip Code

35223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ortho Sport Associates

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2017

Transaction ID : 8683622

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shammas, Sameer, B, , MD

Mailing Address 10905 Ft Washington Rd Ste 305

City

Fort Washington

State

MD

Zip Code

20744-5812

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2017

Transaction ID : 8683623

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 523 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gross, Elliot, L, , MD

Mailing Address 480 Toyopa Dr

City
Pacific Palisades

State
CA

Zip Code
90272

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2017

Transaction ID : 8683626

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Russell, George, V, , Jr, MD

Mailing Address 102 Hawthorne Vale

City
Ridgeland

State
MS

Zip Code
39157

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of Mississippi Med Ctr

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2017

Transaction ID : 8683627

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nickel, Ferris, Ray, , MD

Mailing Address 1191 Brunswick Ln

City
Ventura

State
CA

Zip Code
93001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2017

Transaction ID : 8683628

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

535.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 524 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kavookjian, Haik, G, , MD

Mailing Address 555 Newfield Ave

City
Stamford

State
CT

Zip Code
06905

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orgin Health Care Solutions

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2017

Transaction ID : 8683629

Amount of Each Receipt this Period

950.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Daluga, Daniel, J, , MD

Mailing Address 4601 Penelope Ct

City
West Lafayette

State
IN

Zip Code
47906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2017

Transaction ID : 8683630

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Novak, Peter, J, , MD

Mailing Address 1160 E 3900 S Ste 5000

City
Salt Lake City

State
UT

Zip Code
84124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Salt Lake Ortho Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2017

Transaction ID : 8683633

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1700.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 525 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Moore, Slade, C, , MD		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2017 Transaction ID : 8683635	
Mailing Address 1209 Carriage House Dr		Amount of Each Receipt this Period 250.00	
City Colfax	State NC	Zip Code 27235-9420	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Musgrave, Douglas, S, , MD		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2017 Transaction ID : 8683725	
Mailing Address 61800 Somerset Dr		Amount of Each Receipt this Period 500.00	
City Bend	State OR	Zip Code 97702-8711	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Northwest Surgical Specialists		Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Golladay, Gregory, , , MD		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2017 Transaction ID : 8683726	
Mailing Address 8913 Tolman Rd		Amount of Each Receipt this Period 250.00	
City Henrico	State VA	Zip Code 23229	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) VCUHS-MCV		Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional).....▶		1000.00	
TOTAL This Period (last page this line number only).....▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mather, Steven, E, , MD

Mailing Address 4115 Fairview Ave

City

Downers Grove

State

IL

Zip Code

60515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Dupage Medical Group

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 21 / 2017

Transaction ID : 8683727

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schwartz, Adam, , , MD

Mailing Address Mayo Clinic

5777 E Mayo Blvd

City

Phoenix

State

AZ

Zip Code

85054

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mayo Clinic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 21 / 2017

Transaction ID : 8683728

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mirrer, Franklin, , , MD

Mailing Address 351 Elm Grove Ave

City

Providence

State

RI

Zip Code

02906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 21 / 2017

Transaction ID : 8683729

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'Neill, Owen, Roe, , MD

Mailing Address 4913 Rolling Green Parkway

City
Edina

State
MN

Zip Code
55436

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Twin Cities Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2017

Transaction ID : 8683741

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Quinn, Daniel, J, , MD

Mailing Address 227 Fox Hill Road

City
Needham

State
MA

Zip Code
02492

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Newton Wellesley Orthopaedic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2017

Transaction ID : 8683742

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Eckrich, Stephen, G J, , MD

Mailing Address 5511 Shooting Star Trail

City
Rapid City

State
SD

Zip Code
57702-8867

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

417.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2017

Transaction ID : 8683772

Amount of Each Receipt this Period

83.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

683.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 528 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Navarro, Ronald, Anthony, , MD

Mailing Address 18 Wide Loop Rd

City
Rolling Hills

State
CA

Zip Code
90274-5234

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaiser Permanente South Bay

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

06 / 23 / 2017

Transaction ID : 8683773

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Scales, Darrell, Kevin, , MD

Mailing Address 2000 Tee Dr

City
Braselton

State
GA

Zip Code
30517-4078

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 23 / 2017

Transaction ID : 8683774

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moon, Daniel, K, , MD

Mailing Address 4964 Akron St

City
Denver

State
CO

Zip Code
80238-3742

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Washington University

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 23 / 2017

Transaction ID : 8683776

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

434.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 529 OF 671
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hartsock, Langdon, A, , MD			Date of Receipt M M / D D / Y Y Y Y Y 06 / 24 / 2017 Transaction ID : 8683931	
Mailing Address 188 Tradd Street			Amount of Each Receipt this Period 84.00	
City Charleston	State SC	Zip Code 29401-1818	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) Med Univ of SC		Occupation (for Individual) Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 504.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Torres, Daniel, , , MD			Date of Receipt M M / D D / Y Y Y Y Y 06 / 24 / 2017 Transaction ID : 8683932	
Mailing Address 7303 Offats Point Cir			Amount of Each Receipt this Period 85.00	
City Galveston	State TX	Zip Code 77551-1229	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) University of Texas Med Branch		Occupation (for Individual) Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Malone, Stephen, L, , MD			Date of Receipt M M / D D / Y Y Y Y Y 06 / 24 / 2017 Transaction ID : 8683933	
Mailing Address 923 Westover Rd			Amount of Each Receipt this Period 100.00	
City Wilmington	State DE	Zip Code 19807-2980	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) The Orthopaedic Spine Ctr PA		Occupation (for Individual) Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1600.00		
SUBTOTAL of Receipts This Page (optional).....▶			269.00	
TOTAL This Period (last page this line number only).....▶				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wills, Christopher, A, , MD

Mailing Address 280 South Main Street
Suite 200

City
Orange

State
CA

Zip Code
92868-3852

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Specialty Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 25 / 2017

Transaction ID : 8683935

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fernandez, Rafael, M, , MD

Mailing Address P.O. Box 800809

City

Coto Laurel

State

PR

Zip Code

00780-0809

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 25 / 2017

Transaction ID : 8683936

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hire, Justin, , , MD

Mailing Address 205 Tremont Drive

City

Waynesville

State

MO

Zip Code

65583-3421

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 25 / 2017

Transaction ID : 8683939

Amount of Each Receipt this Period

42.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

226.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Espinoza, Luis, M, , MD

Mailing Address 5 Savannah Ridge Lane

City

Metairie

State

LA

Zip Code

70001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M	D D	Y Y Y Y
06	25	2017

Transaction ID : 8683940

Amount of Each Receipt this Period

85.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Callahan, Bert, C, , MD

Mailing Address 511 N. Center St.

City

Beaver Dam

State

WI

Zip Code

53916-3071

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fond Du Lac Regional Clinic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M	D D	Y Y Y Y
06	26	2017

Transaction ID : 8683942

Amount of Each Receipt this Period

84.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Keenen, Timothy, L, , MD

Mailing Address 19260 SW 65th Ave Ste 270

City

Tualatin

State

OR

Zip Code

97062-5705

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pacific Spine Specialists

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
06	26	2017

Transaction ID : 8683943

Amount of Each Receipt this Period

250.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

419.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Young Szalay, Melissa, Diane, , MD

Mailing Address 15110 Maple Drive

City
Urbandale

State
IA

Zip Code
50323

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2017

Transaction ID : 8686004

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Craig, William, Lewis, , MD

Mailing Address 423 Arbor Rd

City
Winston Salem

State
NC

Zip Code
27104-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OrthoCarolina

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2017

Transaction ID : 8686012

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Snead, James, W, , MD

Mailing Address 4 Manchester Dr

City
Wrentham

State
MA

Zip Code
02093

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sturdy Memorial Hosp

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2017

Transaction ID : 8686013

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brenneman, Rodney, E, , MD

Mailing Address 170 North Pointe Blvd

City
Lancaster

State
PA

Zip Code
17601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Associates of Lancaster

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2017

Transaction ID : 8686014

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tocks, Gregory, , , DO

Mailing Address 1205 Woodworth Drive

City
Lancaster

State
PA

Zip Code
17601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Associates of Landcaster

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2017

Transaction ID : 8686015

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Battista, Vincent, , , MD

Mailing Address 675 Bent Creek Drive

City
Lititz

State
PA

Zip Code
17543

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Associates of Lancaster

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2017

Transaction ID : 8686023

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kirol, Bernard, G, , MD

Mailing Address 106 Buckthorn Circle

City
Elgin

State
SC

Zip Code
29045-8695

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midlands Orthopaedics, PA

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2017

Transaction ID : 8686733

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hettrich, Carolyn, , , MD, MPH

Mailing Address 2983 Oliver Lane NE

City
Iowa City

State
IA

Zip Code
52240

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Iowa Sports Medicine Cen

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2017

Transaction ID : 8686734

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Thompson, Matthew, Michael, , MD

Mailing Address 3727 Albemarle St NW

City
Washington

State
DC

Zip Code
20016-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Drisko, Fee & Parkins

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2017

Transaction ID : 8686893

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

575.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Farley, Frances, A, , MD

Mailing Address CW-5-727

1540 E Hospital Drive

City

Ann Arbor

State

MI

Zip Code

48109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of Michigan Health System

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 28 / 2017

Transaction ID : 8686911

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Giammattei, Frank, P, , MD

Mailing Address 30 Woodbrook Rd

City

Swarthmore

State

PA

Zip Code

19081-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Premier Orthopaedic Associates

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

MM / DD / YYYY
06 / 28 / 2017

Transaction ID : 8686984

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mitros, Stephen, F, , MD

Mailing Address 51045 Erin Glen Dr

City

Granger

State

IN

Zip Code

46530-9089

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mitros Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

MM / DD / YYYY
06 / 28 / 2017

Transaction ID : 8686988

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

669.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gary, Joshua, Layne, , MD

Mailing Address 4226 Byron

City
Houston

State
TX

Zip Code
77005-3518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2017

Transaction ID : 8686989

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Easley, Mark, E, , MD

Mailing Address Duke Medicine

4709 Creekstone Drive

City
Durham

State
NC

Zip Code
27703-9822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2017

Transaction ID : 8686999

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fontanetta, A, Philip, , MD

Mailing Address 700 Hunt Ln

City
Manhasset

State
NY

Zip Code
11030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2017

Transaction ID : 8687030

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

418.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Carolan, Gregory, Francis, , MD

Mailing Address 1806 Meadow Ridge Ct

City
Bethlehem

State
PA

Zip Code
18015-5003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Luke's Ortho Surg Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

704.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 28 / 2017

Transaction ID : 8687055

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Foster, W, Stanley, , MD

Mailing Address 108 Valerie Dr

City
Lafayette

State
LA

Zip Code
70508-6008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 28 / 2017

Transaction ID : 8687057

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Razi, Afshin, , , MD

Mailing Address 66-37 Saunders Street

City
Rego Park

State
NY

Zip Code
11374-4635

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 28 / 2017

Transaction ID : 8687058

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

418.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Heinle, Colin, C., MD

Mailing Address 170 North Pointe Rd

City
Lancaster

State
PA

Zip Code
17601-4132

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Associates of Lancaster

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2017

Transaction ID : 8687102

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Griska, Adam, Todd, , MD

Mailing Address 245 Eshelman Road

City
Lancaster

State
PA

Zip Code
17601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hospital of the University of Pennsylv

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2017

Transaction ID : 8687108

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Essis, Frank, Mike, , Jr, MD

Mailing Address 2111 Waterford Dr

City
Lancaster

State
PA

Zip Code
17601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Associates of Lancaster

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2017

Transaction ID : 8687109

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Stabile, Kathrynne, J., MD, MS**

Mailing Address 324 Royal Hunt Way

City

Lititz

State

PA

Zip Code

17543-7614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Duke University Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2017

Transaction ID : 8687110

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **Rodgers, John, C., MD**

Mailing Address 2163 Meadow Ridge Dr

City

Lancaster

State

PA

Zip Code

17601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orthopedic Associates of Lancaster

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2017

Transaction ID : 8687111

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **Horning, Joel, , MD**

Mailing Address 1888 Windy Hill Rd

City

Lancaster

State

PA

Zip Code

17602-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orthopedic Associates of Lancaster

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2017

Transaction ID : 8687112

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

3000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 540 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gish, Michael, W, , MD

Mailing Address 2630 Old Orchard Rd

City
Lancaster

State
PA

Zip Code
17601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Associates of Lancaster

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2017

Transaction ID : 8687113

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Beal, Terry, Jackman, , MD

Mailing Address 1309 Eagle Trail

City
Copperas Cove

State
TX

Zip Code
76522-1967

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Central Texas Orthopaedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2017

Transaction ID : 8687114

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Christensen, Alan, W, , MD

Mailing Address 1011 Lincoln Circle

City
Winter Park

State
FL

Zip Code
32789-2520

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2017

Transaction ID : 8687115

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1800.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 541 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pizzutillo, Peter, D, , MD

Mailing Address 926 Bowman Ave

City
Wynnewood

State
PA

Zip Code
19096

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Christopher's Hosp For Children

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2017

Transaction ID : 8687116

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Harris, Jeffrey, L, , MD

Mailing Address 10909 Monte Vista Ct

City
Fort Wayne

State
IN

Zip Code
46814-9066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoNortheast

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2017

Transaction ID : 8687117

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Glover, James, Michael, , MD

Mailing Address 1200 N Worthington Place

City
Flagstaff

State
AZ

Zip Code
86001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northern Arizona Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2017

Transaction ID : 8687134

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 542 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Glogau, Alexander, I, , MD

Mailing Address 5716 Seville Court

City
Plano

State
TX

Zip Code
75093

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ortho Texas

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2017

Transaction ID : 8687142

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lemley, Frederick, R, , MD

Mailing Address 6936 Kassonta Dr

City
Jamesville

State
NY

Zip Code
13078-9660

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2017

Transaction ID : 8690663

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stauber, Martin, , , MD

Mailing Address 16611 Yorba Linda Blvd

City
Yorba Linda

State
CA

Zip Code
92886-2046

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2017

Transaction ID : 8690664

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 543 OF 671
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Bash, Evan, K, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 136 Traymore Ln City Media State PA Zip Code 19063-5972 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Premier Orthopaedic and Sports Medicin Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2017 Transaction ID : 8690665 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item	
B. Mungo, David, Victor, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 11218 Clapsaddle Ave NE City Alliance State OH Zip Code 44601-9765 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Alliance Medical Foundation Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2017 Transaction ID : 8690666 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item	
C. Bailey, James, R, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 10439 Blue Summit Court City San Diego State CA Zip Code 92131 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 336.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 19 / 2017 Transaction ID : 8693113 Amount of Each Receipt this Period 84.00 <input type="checkbox"/> Memo Item	
SUBTOTAL of Receipts This Page (optional)..... ▶			834.00	
TOTAL This Period (last page this line number only)..... ▶				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pushkin, Gary, W, , MD

Mailing Address 4101 Greenway

City
Baltimore

State
MD

Zip Code
21218-1133

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cohen & Pushkin MD PA

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 19 / 2017

Transaction ID : 8693114

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Murray, Thomas, F, , Jr, MD

Mailing Address 7 Falmouth Ridges Drive

City
Falmouth

State
ME

Zip Code
04105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ortho Assoc of Portland

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 20 / 2017

Transaction ID : 8693115

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jiranek, William, A, , MD

Mailing Address 4066 Old River Trail

City
Powhatan

State
VA

Zip Code
23139

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Duke University

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

06 / 22 / 2017

Transaction ID : 8693182

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

584.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Halperin, Lawrence, S, , MD

Mailing Address 408 Spring Valley Ln

City

Altamonte Springs

State

FL

Zip Code

32714-5828

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orlando Orthopaedic Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2017

Transaction ID : 8693327

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Besh, Basil, R, , MD

Mailing Address 6135 Clubhouse Dr

City

Pleasanton

State

CA

Zip Code

94566

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FORM Hand, Wrist & Elbow Institute

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2017

Transaction ID : 8693389

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Shaffer, William, O, , MD, BS

Mailing Address 100 Market St Unit 510

City

Des Moines

State

IA

Zip Code

50309-4766

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AAOS

Occupation (for Individual)

Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2017

Transaction ID : 8693392

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1184.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Damalas, Dino, , ,

Mailing Address 9400 Higgins Rd

City
Rosemont

State
IL

Zip Code
60018-4974

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAOS

Occupation (for Individual)
Chief Strategy Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2017

Transaction ID : 8693394

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stephenson, John, Michael, , MD

Mailing Address 23 Hickory Creek Dr

City
Little Rock

State
AR

Zip Code
72212-2509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Arkansas For Medical Sci

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2017

Transaction ID : 8693395

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kensinger, Daniel, , , MD

Mailing Address 964 Wynstone Dr

City
Jefferson

State
SD

Zip Code
57038

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CNOS

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2017

Transaction ID : 8693396

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

252.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 547 OF 671

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Iorio, Richard, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1 Indian Hill Road <table border="1"> <tr> <td>City New Rochelle</td> <td>State NY</td> <td>Zip Code 10804</td> </tr> </table> FEC ID number of contributing federal political committee. C <table border="1"> <tr> <td>Name of Employer (for Individual) NYU Langone Medical Center</td> <td>Occupation (for Individual) Orthopaedic Surgeon</td> </tr> </table> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>84.00</td> </tr> </table>			City New Rochelle	State NY	Zip Code 10804	Name of Employer (for Individual) NYU Langone Medical Center	Occupation (for Individual) Orthopaedic Surgeon	84.00	Date of Receipt <table border="1"> <tr> <td>M M / D D / Y Y Y Y Y</td> </tr> <tr> <td>06 / 28 / 2017</td> </tr> </table> Transaction ID : 8693397 Amount of Each Receipt this Period <table border="1"> <tr> <td>84.00</td> </tr> </table> <input type="checkbox"/> Memo Item	M M / D D / Y Y Y Y Y	06 / 28 / 2017	84.00
City New Rochelle	State NY	Zip Code 10804										
Name of Employer (for Individual) NYU Langone Medical Center	Occupation (for Individual) Orthopaedic Surgeon											
84.00												
M M / D D / Y Y Y Y Y												
06 / 28 / 2017												
84.00												
B. Waddell, Bradford, Sutton, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 344 Audubon St <table border="1"> <tr> <td>City New Orleans</td> <td>State LA</td> <td>Zip Code 70118-4941</td> </tr> </table> FEC ID number of contributing federal political committee. C <table border="1"> <tr> <td>Name of Employer (for Individual) Ochsner Clinic</td> <td>Occupation (for Individual) Orthopaedic Surgeon</td> </tr> </table> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>84.00</td> </tr> </table>			City New Orleans	State LA	Zip Code 70118-4941	Name of Employer (for Individual) Ochsner Clinic	Occupation (for Individual) Orthopaedic Surgeon	84.00	Date of Receipt <table border="1"> <tr> <td>M M / D D / Y Y Y Y Y</td> </tr> <tr> <td>06 / 30 / 2017</td> </tr> </table> Transaction ID : 8693398 Amount of Each Receipt this Period <table border="1"> <tr> <td>84.00</td> </tr> </table> <input type="checkbox"/> Memo Item	M M / D D / Y Y Y Y Y	06 / 30 / 2017	84.00
City New Orleans	State LA	Zip Code 70118-4941										
Name of Employer (for Individual) Ochsner Clinic	Occupation (for Individual) Orthopaedic Surgeon											
84.00												
M M / D D / Y Y Y Y Y												
06 / 30 / 2017												
84.00												
C. Mejia, Alfonso, , MD, MPH Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 5332 South Shore Drive <table border="1"> <tr> <td>City Chicago</td> <td>State IL</td> <td>Zip Code 60615</td> </tr> </table> FEC ID number of contributing federal political committee. C <table border="1"> <tr> <td>Name of Employer (for Individual) Illinois Association of Orthopedic Sur</td> <td>Occupation (for Individual) Orthopaedic Surgeon</td> </tr> </table> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>84.00</td> </tr> </table>			City Chicago	State IL	Zip Code 60615	Name of Employer (for Individual) Illinois Association of Orthopedic Sur	Occupation (for Individual) Orthopaedic Surgeon	84.00	Date of Receipt <table border="1"> <tr> <td>M M / D D / Y Y Y Y Y</td> </tr> <tr> <td>06 / 28 / 2017</td> </tr> </table> Transaction ID : 8693401 Amount of Each Receipt this Period <table border="1"> <tr> <td>84.00</td> </tr> </table> <input type="checkbox"/> Memo Item	M M / D D / Y Y Y Y Y	06 / 28 / 2017	84.00
City Chicago	State IL	Zip Code 60615										
Name of Employer (for Individual) Illinois Association of Orthopedic Sur	Occupation (for Individual) Orthopaedic Surgeon											
84.00												
M M / D D / Y Y Y Y Y												
06 / 28 / 2017												
84.00												
SUBTOTAL of Receipts This Page (optional)..... ▶			<table border="1"> <tr> <td>252.00</td> </tr> </table>	252.00								
252.00												
TOTAL This Period (last page this line number only)..... ▶			<table border="1"> <tr> <td></td> </tr> </table>									

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 548 OF 671

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stewart, Richard, J., ,

Mailing Address 1202 Barclay Cir

City
Inverness

State
IL

Zip Code
60010-5263

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Academy of Orthopaedic Surgeo

Occupation (for Individual)
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 17 / 2017

Transaction ID : 8768509

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ferkel, Richard, D., , MD

Mailing Address 6815 Noble Ave Frnt

City
Van Nuys

State
CA

Zip Code
91405-6515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southern California Ortho

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2017

Transaction ID : 8768646

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totalling \$300.00 This
changes the YTD Total to \$0.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

250.00

796914.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 549 OF 671
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. American Association of Orthopaedic Surgeons

Mailing Address 9400 W. Higgins

City
Rosemont

State
IL

Zip Code
60018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2152.42

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 26 / 2017

Transaction ID : 8495257

Amount of Each Receipt this Period

2152.42

☐ Memo Item

Refund of bank fees from affiliated organization

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. American Association of Orthopaedic Surgeons

Mailing Address 9400 W. Higgins

City
Rosemont

State
IL

Zip Code
60018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6074.43

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2017

Transaction ID : 8529955

Amount of Each Receipt this Period

3922.01

☐ Memo Item

Refund of bank fees from affiliated organization

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. American Association of Orthopaedic Surgeons

Mailing Address 9400 W. Higgins

City
Rosemont

State
IL

Zip Code
60018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10060.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 24 / 2017

Transaction ID : 8574690

Amount of Each Receipt this Period

3985.82

☐ Memo Item

Refund of bank fees from affiliated organization

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10060.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 550 OF 671

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. American Association of Orthopaedic Surgeons

Mailing Address 9400 W. Higgins

City
Rosemont

State
IL

Zip Code
60018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12601.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2017

Transaction ID : 8615471

Amount of Each Receipt this Period

2541.63

☐ Memo Item

Refund of bank fees from affiliated organization

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. American Association of Orthopaedic Surgeons

Mailing Address 9400 W. Higgins

City
Rosemont

State
IL

Zip Code
60018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14551.89

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2017

Transaction ID : 8665065

Amount of Each Receipt this Period

1950.01

☐ Memo Item

Refund of bank fees from affiliated organization

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. American Association of Orthopaedic Surgeons

Mailing Address 9400 W. Higgins

City
Rosemont

State
IL

Zip Code
60018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

16494.48

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2017

Transaction ID : 8692313

Amount of Each Receipt this Period

1942.59

☐ Memo Item

Refund of bank fees from affiliated organization

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6434.23

16494.48

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
Chicago

State
IL

Zip Code
60603

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : 8582652

Amount of Each Receipt this Period

0.08

☐ Memo Item

Interest earned on bank account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Northern Trust Company

Mailing Address 50 S La Salle St

City
Chicago

State
IL

Zip Code
60603

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2017

Transaction ID : 8582659

Amount of Each Receipt this Period

124.24

☐ Memo Item

Interest earned on bank account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Northern Trust Company

Mailing Address 50 S La Salle St

City
Chicago

State
IL

Zip Code
60603

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

481.13

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2017

Transaction ID : 8622021

Amount of Each Receipt this Period

0.08

☐ Memo Item

Interest earned on bank account

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

124.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 552 OF 671

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
Chicago

State
IL

Zip Code
60603

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.05

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2017

Transaction ID : 8622022

Amount of Each Receipt this Period

202.75

☐ Memo Item

Interest earned on bank account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Northern Trust Company

Mailing Address 50 S La Salle St

City
Chicago

State
IL

Zip Code
60603

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.43

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2017

Transaction ID : 8665067

Amount of Each Receipt this Period

0.09

☐ Memo Item

Interest earned on bank account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Northern Trust Company

Mailing Address 50 S La Salle St

City
Chicago

State
IL

Zip Code
60603

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

735.34

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 01 / 2017

Transaction ID : 8665068

Amount of Each Receipt this Period

254.21

☐ Memo Item

Interest earned on bank account

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

457.05

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
Chicago

State
IL

Zip Code
60603

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1024.79

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2017

Transaction ID : 8692318

Amount of Each Receipt this Period

0.08

☐ Memo Item

Interest earned on bank account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Northern Trust Company

Mailing Address 50 S La Salle St

City
Chicago

State
IL

Zip Code
60603

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1024.71

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2017

Transaction ID : 8692319

Amount of Each Receipt this Period

289.28

☐ Memo Item

Interest earned on bank account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

289.36

870.81

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	4		2	0	1	7		

FEC Identification Number

C

Transaction ID : 8444125

Amount of Each Disbursement this Period

118.70

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	5		2	0	1	7		

FEC Identification Number

C

Transaction ID : 8444128

Amount of Each Disbursement this Period

65.99

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	7		2	0	1	7		

FEC Identification Number

C

Transaction ID : 8473498

Amount of Each Disbursement this Period

537.02

Bank fees deducted from account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

721.71

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	0		2	0	1	7		

FEC Identification Number

C

Transaction ID : 8473499

Amount of Each Disbursement this Period

431.08

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	4		2	0	1	7		

FEC Identification Number

C

Transaction ID : 8481767

Amount of Each Disbursement this Period

525.88

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees refunded to account

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	0		2	0	1	7		

FEC Identification Number

C

Transaction ID : 8481768

Amount of Each Disbursement this Period

- 7.50

Bank fees refunded to account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

949.46

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8509601

Amount of Each Disbursement this Period

413.79

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8509602

Amount of Each Disbursement this Period

1147.52

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8509603

Amount of Each Disbursement this Period

749.38

Bank fees deducted from account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2310.69

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 557 OF 671

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	5		2	0	1	7		

FEC Identification Number

C

Transaction ID : 8509605

Amount of Each Disbursement this Period

4.50

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		0	7		2	0	1	7		

FEC Identification Number

C

Transaction ID : 8509606

Amount of Each Disbursement this Period

373.01

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		0	9		2	0	1	7		

FEC Identification Number

C

Transaction ID : 8509610

Amount of Each Disbursement this Period

0.55

Bank fees deducted from account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

378.06

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 558 OF 671

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8509611

Amount of Each Disbursement this Period

104.83

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8524773

Amount of Each Disbursement this Period

496.28

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8524774

Amount of Each Disbursement this Period

446.52

Bank fees deducted from account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1047.63

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 559 OF 671

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8524775

Amount of Each Disbursement this Period

6.88

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8524776

Amount of Each Disbursement this Period

178.75

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	3			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8532779

Amount of Each Disbursement this Period

83.45

Bank fees deducted from account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

269.08

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 560 OF 671

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2017

FEC Identification Number

C

Transaction ID : 8532780

Amount of Each Disbursement this Period

736.97

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2017

FEC Identification Number

C

Transaction ID : 8532781

Amount of Each Disbursement this Period

602.59

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2017

FEC Identification Number

C

Transaction ID : 8532782

Amount of Each Disbursement this Period

30.00

Bank fees deducted from account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1369.56

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 561 OF 671

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

FEC Identification Number

C

Transaction ID : 8532785

Amount of Each Disbursement this Period

373.21

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2017

FEC Identification Number

C

Transaction ID : 8572115

Amount of Each Disbursement this Period

272.73

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2017

FEC Identification Number

C

Transaction ID : 8572116

Amount of Each Disbursement this Period

348.56

Bank fees deducted from account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

994.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3							2	1				7

FEC Identification Number

C

Transaction ID : 8572117

Amount of Each Disbursement this Period

178.58

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3							2	1				7

FEC Identification Number

C

Transaction ID : 8572118

Amount of Each Disbursement this Period

809.52

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3							2	1				7

FEC Identification Number

C

Transaction ID : 8572119

Amount of Each Disbursement this Period

275.07

Bank fees deducted from account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1263.17

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 563 OF 671

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	3				2	0					2	0	1	7

FEC Identification Number

C

Transaction ID : 8572120

Amount of Each Disbursement this Period

275.14

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	3				2	8					2	0	1	7

FEC Identification Number

C

Transaction ID : 8575553

Amount of Each Disbursement this Period

219.49

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	3				3	1					2	0	1	7

FEC Identification Number

C

Transaction ID : 8576880

Amount of Each Disbursement this Period

63.87

Bank fees deducted from account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

558.50

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 564 OF 671

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	4			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8582666

Amount of Each Disbursement this Period

136.12

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8582667

Amount of Each Disbursement this Period

342.83

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8582668

Amount of Each Disbursement this Period

382.54

Bank fees deducted from account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

861.49

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 565 OF 671

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	3			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8582669

Amount of Each Disbursement this Period

528.23

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	8			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8611557

Amount of Each Disbursement this Period

349.29

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	1			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8611561

Amount of Each Disbursement this Period

306.91

Bank fees deducted from account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1184.43

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 566 OF 671

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8614768

Amount of Each Disbursement this Period

212.35

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8616224

Amount of Each Disbursement this Period

135.05

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8622015

Amount of Each Disbursement this Period

328.23

Bank fees deducted from account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

675.63

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 567 OF 671

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	2			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8622016

Amount of Each Disbursement this Period

147.69

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	7			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8622017

Amount of Each Disbursement this Period

193.28

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	3			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8622018

Amount of Each Disbursement this Period

162.03

Bank fees deducted from account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

503.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

6.88

61.88

Three digital displays showing the date in MM/DD/YYYY format: 05/08/2017.

55.00

123.76

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 569 OF 671

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2017

FEC Identification Number

C

Transaction ID : 8650192

Amount of Each Disbursement this Period

2.75

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2017

FEC Identification Number

C

Transaction ID : 8650193

Amount of Each Disbursement this Period

487.61

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2017

FEC Identification Number

C

Transaction ID : 8650194

Amount of Each Disbursement this Period

155.59

Bank fees deducted from account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

645.95

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 570 OF 671

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	6			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8650195

Amount of Each Disbursement this Period

43.84

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	3			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8653351

Amount of Each Disbursement this Period

170.18

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8665066

Amount of Each Disbursement this Period

208.89

Bank fees deducted from account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

422.91

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 571 OF 671

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2017

FEC Identification Number

C

Transaction ID : 8665069

Amount of Each Disbursement this Period

266.95

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2017

FEC Identification Number

C

Transaction ID : 8665070

Amount of Each Disbursement this Period

250.52

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2017

FEC Identification Number

C

Transaction ID : 8665567

Amount of Each Disbursement this Period

256.94

Bank fees deducted from account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

774.41

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 572 OF 671

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8665568

Amount of Each Disbursement this Period

115.35

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	3			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8671461

Amount of Each Disbursement this Period

132.57

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	9			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8677753

Amount of Each Disbursement this Period

493.94

Bank fees deducted from account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

741.86

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 573 OF 671

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	6			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8683968

Amount of Each Disbursement this Period

217.43

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City
ChicagoState
ILZip Code
60603Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8692314

Amount of Each Disbursement this Period

77.85

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

295.28

16091.08

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 574 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. McConnell Victory Committee

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	6			2	0	1	7		

Mailing Address P.O. Box 75103

City
WashingtonState
DCZip Code
20013Purpose of Disbursement
Void and Reissue - McConnell Victory Committee

011

Category/
Type

Candidate Name

McConnell Victory CommitteeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 8473501

Amount of Each Disbursement this Period

- 2500.00

☐ Memo Item Void and Reissue - McConnell Victory Committee

Full Name (Last, First, Middle Initial)

B. Plaster for Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	5			2	0	1	7		

Mailing Address P.O. Box 348

City
AnnapolisState
MDZip Code
21404Purpose of Disbursement
Void - Plaster for Congress-check lost

011

Category/
Type

Candidate Name

Plaster, Mark, , MDOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

State: MD District: 03

FEC Identification Number

C C00573386

Transaction ID : 8482582

Amount of Each Disbursement this Period

- 2500.00

☐ Memo Item Void - Plaster for Congress-check lost

Full Name (Last, First, Middle Initial)

C. Kaine for Virginia

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	6			2	0	1	7		

Mailing Address 1751 Potomac Greens Drive

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kaine, Tim, , Sen.,Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District:

FEC Identification Number

C C00495358

Transaction ID : 8491635

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 575 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Republican National Committee

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	6		2	0	1	7		

Mailing Address 310 First Street SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
2017 Dues

011

Category/
Type

Candidate Name

Republican National Committee

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00003418

Transaction ID : 8491636

Amount of Each Disbursement this Period

15000.00

2017 Dues

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Scalise for Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	6		2	0	1	7		

Mailing Address P.O. Box 23219
Suite 301City
JeffersonState
LAZip Code
70183

Purpose of Disbursement

011

Category/
Type

Candidate Name

Scalise, Steve, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: LA

District: 01

FEC Identification Number

C C00394957

Transaction ID : 8491638

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BHY Committee

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	6		2	0	1	7		

Mailing Address 824 S. Milledge Ave, Ste 101

City
AthensState
GAZip Code
30605Purpose of Disbursement
JFC for Barr and Yoder

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : 8491639

Amount of Each Disbursement this Period

1000.00

JFC for Barr and Yoder

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

17500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Martha Roby for Congress

Mailing Address P.O. Box 195

City
MontgomeryState
ALZip Code
36101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Roby, Martha, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: AL

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				2	6					2	0	1

FEC Identification Number

C C00462143**Transaction ID : 8491640**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jim Renacci for Congress

Mailing Address 150 Smokerise Drive

City
WadsworthState
OHZip Code
44281

Purpose of Disbursement

011

Category/
Type

Candidate Name

Renacci, James, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: OH

District: 16

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				2	6					2	0	1

FEC Identification Number

C C00466359**Transaction ID : 8491641**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Walters for Congress

Mailing Address 300 Spectrum Center Dr. #400

City
IrvineState
CAZip Code
92618

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walters, Mimi, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 45

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				2	6					2	0	1

FEC Identification Number

C C00546853**Transaction ID : 8491642**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 577 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Stivers for Congress

Mailing Address 4679 Winterset Drive

City
ColumbusState
OHZip Code
43220

Purpose of Disbursement

011

Category/
Type

Candidate Name

Stivers, Steve, , ,

Office Sought:

☒

House

☐ Senate☐ President

State: OH

District: 15

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	6			2	0	1	7		

FEC Identification Number

C C00441352**Transaction ID : 8491643**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. New Democrat Coalition PAC (NDC PAC)Mailing Address 233 Pennsylvania Ave SE
2nd FloorCity
WashingtonState
DCZip Code
20003Purpose of Disbursement
2017 Annual Dues

011

Category/
Type

Candidate Name

New Democrat Coalition PAC (NDC PAC)

Office Sought:

☐

House

☐ Senate☐ President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	6			2	0	1	7		

FEC Identification Number

C C00409730**Transaction ID : 8491644**

Amount of Each Disbursement this Period

5000.00

2017 Annual Dues

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Thompson for Congress

Mailing Address 5429 Madison Avenue

City
SacramentoState
CAZip Code
95841

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thompson, C Michael, , ,

Office Sought:

☒

House

☐ Senate☐ President

State: CA

District: 01

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	6			2	0	1	7		

FEC Identification Number

C C00326363**Transaction ID : 8491645**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

13500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Walden for Congress

Mailing Address P.O. Box 1091

City
Hood RiverState
ORZip Code
97031

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walden, Gregory, , ,Office Sought: ☒ House☐ Senate☐ President

State: OR

District: 02

Disbursement For: 2018

☒ Primary☐ General☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	6			2	0	1	7		

FEC Identification Number

C C00333427**Transaction ID : 8491646**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pete Sessions for Congress

Mailing Address P.O. Box 823047

City
DallasState
TXZip Code
75382

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sessions, Pete, , ,Office Sought: ☒ House☐ Senate☐ President

State: TX

District: 05

Disbursement For: 2018

☒ Primary☐ General☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	6			2	0	1	7		

FEC Identification Number

C C00303305**Transaction ID : 8491647**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PETE PAC

Mailing Address 7804 Evening Lane

City
AlexandriaState
VAZip Code
22306Purpose of Disbursement
Session's LPAC

011

Category/
Type

Candidate Name

PETE PACOffice Sought: ☐ House☐ Senate☐ President

State:

District:

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	6			2	0	1	7		

FEC Identification Number

C C00363770**Transaction ID : 8491649**

Amount of Each Disbursement this Period

5000.00

Session's LPAC

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

11000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Committee

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	6			2	0	1	7		

Mailing Address 425 Second Street NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
2017 Dues

011

Category/
Type

Candidate Name

National Republican Senatorial Committee

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00027466

Transaction ID : 8491650

Amount of Each Disbursement this Period

15000.00

2017 Dues

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. National Republican Congressional Comm.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	6			2	0	1	7		

Mailing Address 320 First Street, SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
2017 Dues

011

Category/
Type

Candidate Name

National Republican Congressional Comm.

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00002931

Transaction ID : 8491651

Amount of Each Disbursement this Period

15000.00

2017 Dues

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	6			2	0	1	7		

Mailing Address 120 Maryland Avenue, NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
2017 Dues

011

Category/
Type

Candidate Name

Democratic Senatorial Campaign Committee

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00042366

Transaction ID : 8491652

Amount of Each Disbursement this Period

15000.00

2017 Dues

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 580 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2017

Mailing Address 430 S Capitol St SE
2nd FloorCity
WashingtonState
DCZip Code
20003Purpose of Disbursement
2017 Dues

011

Category/
Type

Candidate Name

Democratic Congressional Campaign CommitteeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00347864

Transaction ID : 8491653

Amount of Each Disbursement this Period

15000.00

2017 Dues

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Frelinghuysen for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2017

Mailing Address 19 Cattano Avenue

City
MorristownState
NJZip Code
07960

Purpose of Disbursement

011

Category/
Type

Candidate Name

Frelinghuysen, Rodney, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify)

State: NJ District: 11

FEC Identification Number

C C00299404

Transaction ID : 8491654

Amount of Each Disbursement this Period

4250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Chris Murphy

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		26		2017

Mailing Address P.O. Box 127

City
CheshireState
CTZip Code
06410

Purpose of Disbursement

011

Category/
Type

Candidate Name

Murphy, Christopher, , ,Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District:

FEC Identification Number

C C00492645

Transaction ID : 8491658

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20250.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Kevin McCarthy for Congress

Mailing Address P.O. Box 12667

City
BakersfieldState
CAZip Code
93389

Purpose of Disbursement

011

Category/
Type

Candidate Name

McCarthy, Kevin, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 22

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	1				2	6						2	0	1	7

FEC Identification Number

C C00420935**Transaction ID : 8491659**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Sherrod BrownMailing Address PO Box 15293
Suite 800City
WashingtonState
DCZip Code
20013

Purpose of Disbursement

011

Category/
Type

Candidate Name

Brown, Sherrod, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: DC

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	1				2	6						2	0	1	7

FEC Identification Number

C C00264697**Transaction ID : 8491660**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Continuing America's Strength and Security

Mailing Address 1006 Pendleton Street

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Bill Cassidy's LPAC

011

Category/
Type

Candidate Name

Continuing America's Strength and Security

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	1				2	6						2	0	1	7

FEC Identification Number

C C00480228**Transaction ID : 8491661**

Amount of Each Disbursement this Period

5000.00

Bill Cassidy's LPAC

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Alaskans For Don Young

Mailing Address 2504 Fairbanks St

City
AnchorageState
AKZip Code
99503

Purpose of Disbursement

011

Category/
Type

Candidate Name

Young, Don, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: AK

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	1				2	6						2	0	1	7

FEC Identification Number

C C00012229**Transaction ID : 8491663**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Luke Messer for Congress

Mailing Address P.O. Box 917

City
ShelbyvilleState
INZip Code
46176

Purpose of Disbursement

011

Category/
Type

Candidate Name

Messer, Luke, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	1				2	6						2	0	1	7

FEC Identification Number

C C00460667**Transaction ID : 8491664**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Team Ryan

Mailing Address 320 First St SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Ryan Leadership PAC

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	1				2	6						2	0	1	7

FEC Identification Number

C**Transaction ID : 8491665**

Amount of Each Disbursement this Period

5000.00

Ryan Leadership PAC

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 583 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. McConnell Victory Committee

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	6			2	0	1	7		

Mailing Address P.O. Box 75103

City
WashingtonState
DCZip Code
20013

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : 8492323

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Graves for Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7			2	0	1	7		

Mailing Address P.O. Box 335

City
CalhounState
GAZip Code
30703

Purpose of Disbursement

011

Category/
Type

Candidate Name

Graves, Tom, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 14

FEC Identification Number

C C00462556

Transaction ID : 8494327

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Republican Main Street Partnership

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7			2	0	1	7		

Mailing Address 1220 L Street, NW
Suite 100-263City
WashingtonState
DCZip Code
20005Purpose of Disbursement
2017 Annual Dues

011

Category/
Type

Candidate Name

Republican Main Street Partnership

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00165159

Transaction ID : 8494329

Amount of Each Disbursement this Period

5000.00

2017 Annual Dues

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 584 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Andy Harris for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2017

Mailing Address P.O. Box 604

City
Bel AirState
MDZip Code
21404

Purpose of Disbursement

011

Category/
Type

Candidate Name

Harris, Andrew, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 01

FEC Identification Number

C C00435974**Transaction ID : 8494331**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Rosa Delauro

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2017

Mailing Address 12 Trumbull Street
2nd FloorCity
New HavenState
CTZip Code
06511

Purpose of Disbursement

011

Category/
Type

Candidate Name

Delauro, Rosa, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 03

FEC Identification Number

C C00238865**Transaction ID : 8494332**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Walorski for Congress Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2017

Mailing Address P.O. Box 954

City
MishawakaState
INZip Code
46546

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walorski, Jackie, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 02

FEC Identification Number

C C00468579**Transaction ID : 8494333**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 585 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Volunteers for Shimkus

Mailing Address P.O. Box 661

City
CollinsvilleState
ILZip Code
62234

Purpose of Disbursement

011

Category/
Type

Candidate Name

Shimkus, John, , ,

Office Sought:

☒

House

☐

Senate

☐

President

State: IL

District: 20

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7			2	0	1	7		

FEC Identification Number

C C00258855**Transaction ID : 8494334**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. McSally for Congress

Mailing Address P.O.Box 19128

City
TucsonState
AZZip Code
85731

Purpose of Disbursement

011

Category/
Type

Candidate Name

McSally, Martha, , Rep.,

Office Sought:

☒

House

☐

Senate

☐

President

State: AZ

District: 02

Disbursement For: 2016

☐

Primary

☐

General

☒

Other (specify)

2016 General Debt Re

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7			2	0	1	7		

FEC Identification Number

C C00512236**Transaction ID : 8494337**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Plaster for Congress

Mailing Address P.O. Box 348

City
AnnapolisState
MDZip Code
21404

Purpose of Disbursement

011

Category/
Type

Candidate Name

Plaster, Mark, , MD

Office Sought:

☒

House

☐

Senate

☐

President

State: MD

District: 03

Disbursement For: 2016

☐

Primary

☐

General

☒

Other (specify) ▼

2016 General Debt Re

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7			2	0	1	7		

FEC Identification Number

C C00573386**Transaction ID : 8494338**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

8500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 586 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Bill Cassidy for U.S. Senate

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	6			2	0	1	7		

Mailing Address P.O. Box 80505

City
Baton RougeState
LAZip Code
70898

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cassidy, William, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA

District:

FEC Identification Number

C C00543983

Transaction ID : 8520464

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Victory Now PAC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	6			2	0	1	7		

Mailing Address 10605 Concord Street
Suite 202City
KensingtonState
MDZip Code
20895Purpose of Disbursement
Van Hollen's LPAC

011

Category/
Type

Candidate Name

Victory Now PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00416743

Transaction ID : 8520466

Amount of Each Disbursement this Period

1000.00

Van Hollen's LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Luke Messer for Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	6			2	0	1	7		

Mailing Address P.O. Box 917

City
ShelbyvilleState
INZip Code
46176

Purpose of Disbursement

011

Category/
Type

Candidate Name

Messer, Luke, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District: 06

FEC Identification Number

C C00460667

Transaction ID : 8520467

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 587 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Tim Murphy for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2017

Mailing Address P.O. Box 24551
Suite 420City
PittsburghState
PAZip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Murphy, Tim, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 18

FEC Identification Number

C C00372201**Transaction ID : 8520468**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lou Correa for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2017

Mailing Address 420 N Twin Oaks Valley Rd #2229

City
San MarcosState
CAZip Code
92079

Purpose of Disbursement

011

Category/
Type

Candidate Name

Correa, Lou, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 46

FEC Identification Number

C C00578302**Transaction ID : 8521407**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dr. Raul Ruiz for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2017

Mailing Address P.O. Box 6116

City
La QuintaState
CAZip Code
92248

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ruiz, Raul, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 36

FEC Identification Number

C C00502575**Transaction ID : 8524676**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 588 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Johnson for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2017

Mailing Address P.O. Box 14496

City
PolandState
OHZip Code
22301

Purpose of Disbursement

011

Category/
Type

Candidate Name

Johnson, Bill, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: OH

District: 06

FEC Identification Number

C C00476820

Transaction ID : 8524681

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Scott Taylor for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2017

Mailing Address PO BOX 71596

City
RichmondState
VAZip Code
23255

Purpose of Disbursement

011

Category/
Type

Candidate Name

Taylor, Scott, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: VA

District: 00

FEC Identification Number

C C00608703

Transaction ID : 8524688

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Project West PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2017

Mailing Address 9227 EAST LINCOLN AVENUE #200-435

City
LONE TREEState
COZip Code
80124Purpose of Disbursement
Gardner LPAC

011

Category/
Type

Candidate Name

Project West PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00525543

Transaction ID : 8524690

Amount of Each Disbursement this Period

5000.00

Gardner LPAC

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 589 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Bera for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2017

Mailing Address P.O.Box 582496

City
Elk GroveState
CAZip Code
95758

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bera, Amerish, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 07

FEC Identification Number

C C00461061

Transaction ID : 8524691

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Matt Gaetz

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2017

Mailing Address 610 S. Boulevard

City
TampaState
FLZip Code
33606

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gaetz, Matt, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 01

FEC Identification Number

C C00612432

Transaction ID : 8524692

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Votetipton.Com

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2017

Mailing Address P.O. Box 1582

City
CortezState
COZip Code
81321

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tipton, Scott, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CO

District: 03

FEC Identification Number

C C00470757

Transaction ID : 8524693

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 590 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Walden for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2017

Mailing Address P.O. Box 1091

City
Hood RiverState
ORZip Code
97031

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walden, Gregory, , ,Office Sought: ☒ House☐ Senate☐ President

Disbursement For: 2018

☒ Primary☐ General☐ Other (specify) ▼

State: OR

District: 02

FEC Identification Number

C C00333427**Transaction ID : 8524695**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pallone for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2017

Mailing Address P.O. Box 3176

City
Long BranchState
NJZip Code
07740

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pallone, Frank, , ,Office Sought: ☒ House☐ Senate☐ President

Disbursement For: 2018

☒ Primary☐ General☐ Other (specify) ▼

State: NJ

District: 06

FEC Identification Number

C C00226928**Transaction ID : 8524696**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Young for Iowa, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2017

Mailing Address P.O. Box 162

City
Van MeterState
IAZip Code
50261

Purpose of Disbursement

011

Category/
Type

Candidate Name

Young, David, , ,Office Sought: ☒ House☐ Senate☐ President

Disbursement For: 2018

☒ Primary☐ General☐ Other (specify) ▼

State: IA

District: 03

FEC Identification Number

C C00545616**Transaction ID : 8524697**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

9000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 591 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Guthrie for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2017

Mailing Address P.O. Box 9639

City
Bowling GreenState
KYZip Code
42102

Purpose of Disbursement

011

Category/
Type

Candidate Name

Guthrie, S. Brett, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY

District: 02

FEC Identification Number

C C00445023

Transaction ID : 8524698

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dr. Brian Babin for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2017

Mailing Address P.O. Box 159

City
WoodvilleState
TXZip Code
75979

Purpose of Disbursement

011

Category/
Type

Candidate Name

Babin, Brian, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 36

FEC Identification Number

C C00553859

Transaction ID : 8524700

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hoosiers for Rokita, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2017

Mailing Address 314 Arsenal Ave.

City
IndianapolisState
INZip Code
46123

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rokita, Theodore, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District: 04

FEC Identification Number

C C00476192

Transaction ID : 8524704

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 592 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Bill Flores for Congress

Mailing Address P.O. Box 6207

City
BryanState
TXZip Code
77805

Purpose of Disbursement

011

Category/
Type

Candidate Name

Flores, Bill, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 17

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	0				2	0		

FEC Identification Number

C C00472241**Transaction ID : 8524706**

Amount of Each Disbursement this Period

4250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tiberi for CongressMailing Address 2931 E Dublin Granville Road
Suite 190City
ColumbusState
OHZip Code
43231

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tiberi, Patrick, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: OH

District: 12

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	0				2	0		

FEC Identification Number

C C00347492**Transaction ID : 8524727**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RAC PAC

Mailing Address 402 A S. Capitol St, SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Costello LPAC

011

Category/
Type

Candidate Name

RAC PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	0				2	0		

FEC Identification Number

C C00580464**Transaction ID : 8524729**

Amount of Each Disbursement this Period

5000.00

Costello LPAC

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

14250.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 593 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Lone Star PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2017

Mailing Address 217 Third St. SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Burgess' LPAC

011

Category/
Type

Candidate Name

Lone Star PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00415208

Transaction ID : 8524731

Amount of Each Disbursement this Period

5000.00

Burgess' LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. McHenry for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2017

Mailing Address P.O. Box 1406

City
HickoryState
NCZip Code
28603

Purpose of Disbursement

011

Category/
Type

Candidate Name

McHenry, Patrick, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC

District: 10

FEC Identification Number

C C00393629

Transaction ID : 8524732

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Virginia Foxx for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2017

Mailing Address P.O. Box 1100

City
ClemmonsState
NCZip Code
27012

Purpose of Disbursement

011

Category/
Type

Candidate Name

Foxx, Virginia, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC

District: 05

FEC Identification Number

C C00386748

Transaction ID : 8524734

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 594 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Robin Kelly for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2017

Mailing Address P.O. Box 6953

City
ChicagoState
ILZip Code
60680

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kelly, Robin, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 02

FEC Identification Number

C C00539866

Transaction ID : 8524735

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Heartland Values PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2017

Mailing Address P.O. Box 505

City
Sious FallsState
SDZip Code
57101Purpose of Disbursement
Thune's LPAC

011

Category/
Type

Candidate Name

Heartland Values PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00409003

Transaction ID : 8524737

Amount of Each Disbursement this Period

2500.00

Thune's LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hudson for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2017

Mailing Address P.O. Box 5053

City
ConcordState
NCZip Code
28027

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hudson, Richard, , Rep., Jr.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 08

FEC Identification Number

C C00504522

Transaction ID : 8524739

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 595 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Richard E Neal for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2017

Mailing Address 76 Magnolia Terrace

City
SpringfieldState
MAZip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Neal, Richard, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MA

District: 02

FEC Identification Number

C C00226522

Transaction ID : 8524741

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tuesday Group PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2017

Mailing Address P.O. Box 11586

City
WashingtonState
DCZip Code
20008Purpose of Disbursement
Annual Contribution

011

Category/
Type

Candidate Name

Tuesday Group PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00433060

Transaction ID : 8524743

Amount of Each Disbursement this Period

5000.00

Annual Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gene Green Congressional Campaign

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2017

Mailing Address P.O. Box 16128

City
HoustonState
TXZip Code
77222

Purpose of Disbursement

011

Category/
Type

Candidate Name

Green, Gene, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 29

FEC Identification Number

C C00254185

Transaction ID : 8524744

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 596 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Ryan Costello for Congress

Mailing Address P.O. Box 3154

City
West ChesterState
PAZip Code
19381

Purpose of Disbursement

011

Category/
Type

Candidate Name

Costello, Ryan, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	0				2	0		

FEC Identification Number

C C00554899**Transaction ID : 8524746**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cole for Congress

Mailing Address P.O. Box 722256

City
NormanState
OKZip Code
73070

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cole, Tom, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: OK

District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	0				2	0		

FEC Identification Number

C C00379735**Transaction ID : 8524748**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STAPAC (Stand Tall America)

Mailing Address P.O. Box 2382

City
AmarilloState
TXZip Code
79105Purpose of Disbursement
Thornberry's LPAC

011

Category/
Type

Candidate Name

STAPAC (Stand Tall America)

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	0				2	0		

FEC Identification Number

C C00404418**Transaction ID : 8524750**

Amount of Each Disbursement this Period

2500.00

Thornberry's LPAC

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Tim Walz for U.S. Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2017

Mailing Address P.O. Box 938

City
MankatoState
MNZip Code
56002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walz, Timothy, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 01

FEC Identification Number

C C00409409**Transaction ID : 8524751**

Amount of Each Disbursement this Period

4650.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. George Holding for Congress Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2017

Mailing Address P.O. Box 97187

City
RaleighState
NCZip Code
27624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Holding, George, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 13

FEC Identification Number

C C00499236**Transaction ID : 8524753**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jenkins for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2017

Mailing Address P.O. Box 727

City
HuntingtonState
WVZip Code
25711

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jenkins, Evan, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 03

FEC Identification Number

C C00548271**Transaction ID : 8524754**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12150.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 598 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Thornberry for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2017

Mailing Address P.O. Box 9392

City
AmarilloState
TXZip Code
79105

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thornberry, Mac, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 13

FEC Identification Number

C C00286187

Transaction ID : 8524755

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Walden for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2017

Mailing Address P.O. Box 1091

City
Hood RiverState
ORZip Code
97031

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walden, Gregory, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: OR

District: 02

FEC Identification Number

C C00333427

Transaction ID : 8526707

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. The Guardian Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2017

Mailing Address 2140 Three M Trail

City
DelandState
FLZip Code
32720-1615Purpose of Disbursement
2017 Donation

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : 8526708

Amount of Each Disbursement this Period

1000.00

2017 Donation

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 599 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Mullin for Congress

Mailing Address P.O. Box 3681

City
MuskogeeState
OKZip Code
74402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mullin, Markwayne, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: OK

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	2				2	4					2	0	1	7

FEC Identification Number

C C00498345

Transaction ID : 8526709

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Blue Dog PAC, The

Mailing Address 209 Pennsylvania Ave SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
2017 Annual Dues

011

Category/
Type

Candidate Name

Blue Dog PAC, The

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	2				2	4					2	0	1	7

FEC Identification Number

C C00305318

Transaction ID : 8526710

Amount of Each Disbursement this Period

5000.00

2017 Annual Dues

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Healthcare Freedom Fund

Mailing Address P.O. Box 2485

City
SpringfieldState
VAZip Code
22152Purpose of Disbursement
Roe's LPAC

011

Category/
Type

Candidate Name

Healthcare Freedom Fund

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	2				2	4					2	0	1	7

FEC Identification Number

C C00528414

Transaction ID : 8526711

Amount of Each Disbursement this Period

5000.00

Roe's LPAC

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

11000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 600 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. VIEW PAC

Mailing Address 3106 Russell Road

City
AlexandriaState
VAZip Code
22305Purpose of Disbursement
Annual Contribution

011

Category/
Type

Candidate Name

VIEW PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2017

FEC Identification Number

C C00327189

Transaction ID : 8526712

Amount of Each Disbursement this Period

5000.00

Annual Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Dave Reichert

Mailing Address P.O. Box 2032

City
IssaquahState
WAZip Code
98027

Purpose of Disbursement

011

Category/
Type

Candidate Name

Reichert, Dave, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: WA

District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2017

FEC Identification Number

C C00397737

Transaction ID : 8526713

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hatch Election Committee IncMailing Address c/o EH Murray Group
6510 Anna Maria CourtCity
McLeanState
VAZip Code
22101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hatch, Orrin, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2017

☐ Primary ☒ General
☐ Other (specify) ▼

State: UT

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2017

FEC Identification Number

C C00104752

Transaction ID : 8526714

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

12500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 601 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. GRAPE PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2017

Mailing Address 228 S. Washington St.
Suite 115City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Tiberi and Reed JFC

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : 8526715

Amount of Each Disbursement this Period

2000.00

Tiberi and Reed JFC

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Bishop for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2017

Mailing Address P.O. Box 1148

City
BrightonState
MIZip Code
48116

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bishop, Michael, , Mr.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 08

FEC Identification Number

C C00561001

Transaction ID : 8526716

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hurd for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2017

Mailing Address P.O. Box 761029

City
San AntonioState
TXZip Code
78245

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hurd, Will, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 23

FEC Identification Number

C C00545467

Transaction ID : 8526717

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 602 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Alamo PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2017

Mailing Address 816 Congress Ave, Suite 960
Frost Bank PlazaCity
AustinState
TXZip Code
78701Purpose of Disbursement
Cornyn's LPAC

011

Category/
Type

Candidate Name

Alamo PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00387464

Transaction ID : 8528947

Amount of Each Disbursement this Period

1000.00

Cornyn's LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Majority Committee PAC--MC PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2017

Mailing Address P.O. Box 10134

City
BakersfieldState
CAZip Code
93389Purpose of Disbursement
McCarthy Leadership PAC

011

Category/
Type

Candidate Name

Majority Committee PAC--MC PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00428052

Transaction ID : 8528965

Amount of Each Disbursement this Period

2500.00

McCarthy Leadership PAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Joni Ernst for U.S. Senate Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2017

Mailing Address P.O. Box 93441

City
Des MoinesState
IAZip Code
50393

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ernst, Joni, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: IA

District:

FEC Identification Number

C C00546788

Transaction ID : 8528966

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 603 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Marsha Blackburn for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2017

Mailing Address P.O. Box 3750

City
BrentwoodState
TNZip Code
37027

Purpose of Disbursement

011

Category/
Type

Candidate Name

Blackburn, Marsha, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN

District: 07

FEC Identification Number

C C00376939

Transaction ID : 8528974

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Charlie Dent for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2017

Mailing Address P.O. Box 442

City
AllentownState
PAZip Code
18105

Purpose of Disbursement

011

Category/
Type

Candidate Name

Dent, Charles, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 15

FEC Identification Number

C C00386847

Transaction ID : 8528977

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Walters for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2017

Mailing Address 300 Spectrum Center Dr. #400

City
IrvineState
CAZip Code
92618

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walters, Mimi, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 45

FEC Identification Number

C C00546853

Transaction ID : 8528978

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 604 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Tim Walz for U.S. Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2017

Mailing Address P.O. Box 938

City
MankatoState
MNZip Code
56002Purpose of Disbursement
Void - Tim Walz for U.S. Congress

011

Category/
Type

Candidate Name

Walz, Timothy, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 01

FEC Identification Number

C C00409409**Transaction ID : 8531756**

Amount of Each Disbursement this Period

- 4650.00

Void - Tim Walz for U.S. Congress

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Renewing the American Dream PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2017

Mailing Address 110 E. Liberty Street

City
MankatoState
MNZip Code
56001Purpose of Disbursement
Tim Walz Leadership PAC

011

Category/
Type

Candidate Name

Renewing the American Dream PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

FEC Identification Number

C C00475608**Transaction ID : 8531776**

Amount of Each Disbursement this Period

5000.00

Tim Walz Leadership PAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tim Walz for U.S. Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2017

Mailing Address P.O. Box 938

City
MankatoState
MNZip Code
56002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walz, Timothy, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 01

FEC Identification Number

C C00409409**Transaction ID : 8531832**

Amount of Each Disbursement this Period

4650.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 605 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Levin for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2017

Mailing Address P.O. Box 37

City
RosevilleState
MIZip Code
48066

Purpose of Disbursement

011

Category/
Type

Candidate Name

Levin, Sander, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 12

FEC Identification Number

C C00156612

Transaction ID : 8553148

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Conyers for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2017

Mailing Address P.O. Box 70980

City
WashingtonState
DCZip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Conyers, John, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: DC

District: 14

FEC Identification Number

C C00409797

Transaction ID : 8553149

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tom Rice for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2017

Mailing Address 1107 48th Ave., N.
Suite 210City
Myrtle BeachState
SCZip Code
29577

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rice, Tom, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: SC

District: 07

FEC Identification Number

C C00506048

Transaction ID : 8553150

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

12500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 606 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Duncan D. Hunter for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2017

Mailing Address P.O. Box 1545

City
El CajonState
CAZip Code
91941

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hunter, Duncan, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 52

FEC Identification Number

C C00433524**Transaction ID : 8553151**

Amount of Each Disbursement this Period

4250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Visclosky for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2017

Mailing Address P.O. Box 10003

City
MerrillvilleState
INZip Code
46411

Purpose of Disbursement

011

Category/
Type

Candidate Name

Visclosky, Peter, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District: 01

FEC Identification Number

C C00166504**Transaction ID : 8553153**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Diana Degette for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2017

Mailing Address P.O. Box 61337

City
DenverState
COZip Code
80206

Purpose of Disbursement

011

Category/
Type

Candidate Name

DeGette, Diana, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CO

District: 01

FEC Identification Number

C C00311639**Transaction ID : 8553155**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

9250.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Walorski for Congress Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2017

Mailing Address P.O. Box 954

City
MishawakaState
INZip Code
46546

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walorski, Jackie, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District: 02

FEC Identification Number

C C00468579

Transaction ID : 8553156

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Julia Brownley for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2017

Mailing Address P.O. Box 2018

City
Thousand OaksState
CAZip Code
91358

Purpose of Disbursement

011

Category/
Type

Candidate Name

Brownley, Julia, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 26

FEC Identification Number

C C00513077

Transaction ID : 8553157

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. McConnell Senate Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2017

Mailing Address P.O. Box 1496

City
LouisvilleState
KYZip Code
40201

Purpose of Disbursement

011

Category/
Type

Candidate Name

McConnell, Mitch, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY

District:

FEC Identification Number

C C00193342

Transaction ID : 8553161

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

8500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Judson Hill For Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2017

Mailing Address PO Box 71493

City
MariettaState
GAZip Code
30007

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hill, Judson, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

Special-Primary2017

State: GA

District: 06

FEC Identification Number

C C00630483

Transaction ID : 8553162

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GRAPE PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2017

Mailing Address 228 S. Washington St.
Suite 115City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Tiberi and Reed JFC

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

FEC Identification Number

C

Transaction ID : 8574018

Amount of Each Disbursement this Period

2000.00

Tiberi and Reed JFC

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Billy Long for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2017

Mailing Address 3246 E. Ridgeview Street

City
SpringfieldState
MOZip Code
65804

Purpose of Disbursement

011

Category/
Type

Candidate Name

Long, Billy, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO

District: 07

FEC Identification Number

C C00460063

Transaction ID : 8574377

Amount of Each Disbursement this Period

4000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

11000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Dutch Ruppersberger for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2017

Mailing Address 22 W. Padonia Road

FEC Identification Number

C C00376673**Transaction ID : 8574443**

Amount of Each Disbursement this Period

5000.00

☐ Memo ItemCity
TimoniumState
MDZip Code
21093

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ruppersberger, C.A. Dutch, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MD

District: 02

Full Name (Last, First, Middle Initial)

B. Patriots For Perry

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2017

Mailing Address PO Box 147

FEC Identification Number

C C00510164**Transaction ID : 8574444**

Amount of Each Disbursement this Period

2500.00

☐ Memo ItemCity
Red LionState
PAZip Code
17356

Purpose of Disbursement

011

Category/
Type

Candidate Name

Perry, Scott, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 04

Full Name (Last, First, Middle Initial)

C. McConnell for Majority Leader

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2017

Mailing Address 228 S Washington St Suite 115

FEC Identification Number

C**Transaction ID : 8574445**

Amount of Each Disbursement this Period

2500.00

Mitch McConnell Leadership PAC

☐ Memo ItemCity
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Mitch McConnell Leadership PAC

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 610 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Louise Slaughter Re-Election Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2017

Mailing Address 1150 University Ave, Bldg. 5
Building 5City
RochesterState
NYZip Code
14607

Purpose of Disbursement

011

Category/
Type

Candidate Name

Slaughter, Louise, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 28

FEC Identification Number

C C00213611**Transaction ID : 8574446**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of David Schweikert

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2017

Mailing Address 228 S Washington Street
Ste 115City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

Schweikert, David, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ

District: 06

FEC Identification Number

C C00540617**Transaction ID : 8574447**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bilirakis for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2017

Mailing Address P.O. Box 606

City
Tarpon SpringsState
FLZip Code
34688

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bilirakis, Gus, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 09

FEC Identification Number

C C00408534**Transaction ID : 8574448**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Andy Harris for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2017

Mailing Address P.O. Box 604

City
Bel AirState
MDZip Code
21404

Purpose of Disbursement

011

Category/
Type

Candidate Name

Harris, Andrew, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 01

FEC Identification Number

C C00435974**Transaction ID : 8574603**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Swalwell for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2017

Mailing Address P.O. Box 2847

City
DublinState
CAZip Code
94568

Purpose of Disbursement

011

Category/
Type

Candidate Name

Swalwell, Eric, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 15

FEC Identification Number

C C00502294**Transaction ID : 8574604**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Common Values PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2017

Mailing Address 406 Virginia Ave

City
AlexandriaState
VAZip Code
22302Purpose of Disbursement
Barrasso's LPAC

011

Category/
Type

Candidate Name

Common Values PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00442368**Transaction ID : 8574605**

Amount of Each Disbursement this Period

2500.00

Barrasso's LPAC

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. STEVE PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2017

Mailing Address 228 S Washington St
Suite 115City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Stiver's LPAC

011

Category/
Type

Candidate Name

STEVE PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00501478

Transaction ID : 8575699

Amount of Each Disbursement this Period

5000.00

Stiver's LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Roskam for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2017

Mailing Address P. O. Box 713

City
WheatonState
ILZip Code
60189

Purpose of Disbursement

011

Category/
Type

Candidate Name

Roskam, Peter, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 06

FEC Identification Number

C C00410969

Transaction ID : 8575700

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Vern Buchanan for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2017

Mailing Address P. O. Box 48928

City
SarasotaState
FLZip Code
34230

Purpose of Disbursement

011

Category/
Type

Candidate Name

Buchanan, Vernon, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 13

FEC Identification Number

C C00412759

Transaction ID : 8575701

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Bulldog Victory PAC

Mailing Address PO Box 80

City
Van MeterState
IAZip Code
50261Purpose of Disbursement
Young's LPAC

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				2	9				2	0	1	7

FEC Identification Number

C

Transaction ID : 8575702

Amount of Each Disbursement this Period

2500.00

Young's LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Common Values PAC

Mailing Address 406 Virginia Ave

City
AlexandriaState
VAZip Code
22302Purpose of Disbursement
Barrasso's LPAC

011

Category/
Type

Candidate Name

Common Values PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				3	0				2	0	1	7

FEC Identification Number

C C00442368

Transaction ID : 8575848

Amount of Each Disbursement this Period

2500.00

Barrasso's LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of David SchweikertMailing Address 228 S Washington Street
Ste 115City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

Schweikert, David, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				3	0				2	0	1	7

FEC Identification Number

C C00540617

Transaction ID : 8575849

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 614 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Friends of Neal Dunn

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2017

Mailing Address 2640A Mitcham Drive

City
TallahasseeState
FLZip Code
32308

Purpose of Disbursement

011

Category/
Type

Candidate Name

Dunn, Neal, , , MD FACS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 02

FEC Identification Number

C C00582304

Transaction ID : 8575850

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Upton for All of Us

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2017

Mailing Address P.O. Box 490

City
St. JosephState
MIZip Code
49085

Purpose of Disbursement

011

Category/
Type

Candidate Name

Upton, Frederick, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 06

FEC Identification Number

C C00200584

Transaction ID : 8575851

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Nita Lowey for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2017

Mailing Address P.O. Box 271

City
White PlainsState
NYZip Code
10605

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lowey, Nita, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 18

FEC Identification Number

C C00219881

Transaction ID : 8575852

Amount of Each Disbursement this Period

4650.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8150.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 615 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Latta For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2017

Mailing Address PO Box 106

FEC Identification Number

C C00438697**Transaction ID : 8575853**

Amount of Each Disbursement this Period

2500.00

☐ Memo ItemCity
Bowling GreenState
OHZip Code
43402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Latta, Robert, , ,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 05

Full Name (Last, First, Middle Initial)

B. Jenkins for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2017

Mailing Address P.O. Box 727

FEC Identification Number

C C00548271**Transaction ID : 8575854**

Amount of Each Disbursement this Period

2500.00

☐ Memo ItemCity
HuntingtonState
WVZip Code
25711

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jenkins, Evan, , ,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 03

Full Name (Last, First, Middle Initial)

C. Ann Wagner for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2017

Mailing Address P.O. Box 50

FEC Identification Number

C C00495846**Transaction ID : 8576566**

Amount of Each Disbursement this Period

2500.00

☐ Memo ItemCity
BallwinState
MOZip Code
63022

Purpose of Disbursement

011

Category/
Type

Candidate Name

Wagner, Ann, , Rep.,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 02

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Poliquin for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2017

Mailing Address P.O. Box 50

City
OaklandState
MEZip Code
04963

Purpose of Disbursement

011

Category/
Type

Candidate Name

Poliquin, Bruce, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: ME

District: 02

FEC Identification Number

C C00518654

Transaction ID : 8576605

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Heller for Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2017

Mailing Address P.O. Box 371907

City
Las VegasState
NVZip Code
89137

Purpose of Disbursement

011

Category/
Type

Candidate Name

Heller, Dean, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: NV

District:

FEC Identification Number

C C00494229

Transaction ID : 8583189

Amount of Each Disbursement this Period

1750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Heller for Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2017

Mailing Address P.O. Box 371907

City
Las VegasState
NVZip Code
89137

Purpose of Disbursement

011

Category/
Type

Candidate Name

Heller, Dean, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NV

District:

FEC Identification Number

C C00494229

Transaction ID : 8583190

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5250.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 617 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Kaptur for Congress

Mailing Address P.O. Box 899

City
ToledoState
OHZip Code
43697

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kaptur, Marcy, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: OH

District: 09

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	6			2	0	1	7		

FEC Identification Number

C C00154625**Transaction ID : 8583191**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. House Conservatives FundMailing Address 228 S. Washington St.
Suite 115City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
2017 Annual Membership

011

Category/
Type

Candidate Name

House Conservatives Fund

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	6			2	0	1	7		

FEC Identification Number

C C00326439**Transaction ID : 8583192**

Amount of Each Disbursement this Period

5000.00

2017 Annual Membership

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Buck for Colorado

Mailing Address P.O. Box 338018

City
GreeleyState
COZip Code
80633

Purpose of Disbursement

011

Category/
Type

Candidate Name

Buck, Kenneth, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CO

District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	6			2	0	1	7		

FEC Identification Number

C C00573378**Transaction ID : 8583193**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

11000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 618 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Anthony Brown for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2017

Mailing Address 12138 Central Ave #671

City
BowieState
MDZip Code
20721

Purpose of Disbursement

011

Category/
Type

Candidate Name

Brown, Anthony, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MD

District: 04

FEC Identification Number

C C00574640

Transaction ID : 8583195

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pittenger For Congress Llc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2017

Mailing Address PO Box 11207

City
CharlotteState
NCZip Code
28220

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pittenger, Robert, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC

District: 09

FEC Identification Number

C C00514513

Transaction ID : 8583197

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cartwright For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2017

Mailing Address PO Box 414

City
ScrantonState
PAZip Code
18501

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cartwright, Matt, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 17

FEC Identification Number

C C00509968

Transaction ID : 8583198

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 619 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Rob Woodall for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2017

Mailing Address P.O. Box 1871

City
LawrencevilleState
GAZip Code
30046

Purpose of Disbursement

011

Category/
Type

Candidate Name

Woodall, Rob, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 07

FEC Identification Number

C C00482307**Transaction ID : 8583199**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Burgess for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2017

Mailing Address P.O. Box 2334

City
DentonState
TXZip Code
76202

Purpose of Disbursement

011

Category/
Type

Candidate Name

Burgess, Michael C., , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 26

FEC Identification Number

C C00372532**Transaction ID : 8583200**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dan Newhouse for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2017

Mailing Address P.O. Box 10949

City
YakimaState
WAZip Code
98909

Purpose of Disbursement

011

Category/
Type

Candidate Name

Newhouse, Daniel, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: WA

District: 04

FEC Identification Number

C C00559393**Transaction ID : 8583201**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 620 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Byrne for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2017

Mailing Address P.O. Box 2743

City
MobileState
ALZip Code
36652

Purpose of Disbursement

011

Category/
Type

Candidate Name

Byrne, Bradley, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: AL

District: 01

FEC Identification Number

C C00545673

Transaction ID : 8583202

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Todd Young, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2017

Mailing Address PO Box 1053

City
BloomingtonState
INZip Code
47402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Young, Todd, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State: IN

District:

2016 General Debt Re

FEC Identification Number

C C00459255

Transaction ID : 8583249

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. David Scott for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2017

Mailing Address P.O. Box 960821

City
RiverdaleState
GAZip Code
30296

Purpose of Disbursement

011

Category/
Type

Candidate Name

Scott, David, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 13

FEC Identification Number

C C00369801

Transaction ID : 8587008

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 621 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Pat Meehan for Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	2			2	0	1	7		

Mailing Address P.O. Box 308

City
Drexel HillState
PAZip Code
19026

Purpose of Disbursement

011

Category/
Type

Candidate Name

Meehan, Patrick, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 07

FEC Identification Number

C C00466870

Transaction ID : 8587009

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Olson for Congress Committee

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	4			2	0	1	7		

Mailing Address P.O. Box 16381

City
Sugar LandState
TXZip Code
77496

Purpose of Disbursement

011

Category/
Type

Candidate Name

Olson, Peter, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 22

FEC Identification Number

C C00437913

Transaction ID : 8613844

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kenny Marchant for Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	4			2	0	1	7		

Mailing Address P.O. Box 110187

City
CarrolltonState
TXZip Code
75011

Purpose of Disbursement

011

Category/
Type

Candidate Name

Marchant, Kenny, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 24

FEC Identification Number

C C00393348

Transaction ID : 8613845

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

9000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 622 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. The Congressman Joe Barton Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2017

Mailing Address P.O. Box 1444

City
EnnisState
TXZip Code
75120

Purpose of Disbursement

011

Category/
Type

Candidate Name

Barton, Joe, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 06

FEC Identification Number

C C00195065

Transaction ID : 8613846

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sheila Jackson Lee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2017

Mailing Address 4412 Alameda Road

City
HoustonState
TXZip Code
77004

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lee, Sheila, Jackson, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 18

FEC Identification Number

C C00287904

Transaction ID : 8613847

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hoosiers for Rokita, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2017

Mailing Address 314 Arsenal Ave.

City
IndianapolisState
INZip Code
46123

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rokita, Theodore, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District: 04

FEC Identification Number

C C00476192

Transaction ID : 8613848

Amount of Each Disbursement this Period

3500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 623 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Friends of Matt Gaetz

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2017

Mailing Address 610 S. Boulevard

City
TampaState
FLZip Code
33606

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gaetz, Matt, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 01

FEC Identification Number

C C00612432

Transaction ID : 8613849

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Alamo PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2017

Mailing Address 816 Congress Ave, Suite 960
Frost Bank PlazaCity
AustinState
TXZip Code
78701

Purpose of Disbursement

011

Category/
Type

Candidate Name

Alamo PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00387464

Transaction ID : 8613850

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Strange For Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2017

Mailing Address PO Box 3670

City
MontgomeryState
ALZip Code
36109

Purpose of Disbursement

011

Category/
Type

Candidate Name

Strange, Luther, , Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: AL

District:

FEC Identification Number

C C00629451

Transaction ID : 8613851

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 624 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Angerholzer Broz Consulting

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2017

Mailing Address 499 S Capitol St. SW
Suite 422City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Tim Walz Event on 2/14/17

011

Category/
Type

Candidate Name

Walz, Timothy, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MN

District: 01

FEC Identification Number

C C00409409

Transaction ID : 8613963

Amount of Each Disbursement this Period

350.00

Tim Walz Event on 2/14/17

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Angerholzer Broz Consulting

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2017

Mailing Address 499 S Capitol St. SW
Suite 422City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Nita Lowey Event on 3/21/17

011

Category/
Type

Candidate Name

Lowey, Nita, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 18

FEC Identification Number

C C00219881

Transaction ID : 8613998

Amount of Each Disbursement this Period

350.00

Nita Lowey Event on 3/21/17

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kansans for Marshall

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2017

Mailing Address P.O. Box 1588

City
Great BendState
KSZip Code
67530

Purpose of Disbursement

011

Category/
Type

Candidate Name

Marshall, Roger, , , MD

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS

District: 01

FEC Identification Number

C C00576173

Transaction ID : 8614132

Amount of Each Disbursement this Period

3000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3700.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 625 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Kurt Schrader for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2017

Mailing Address P.O. Box 3314
Suite 240City
Oregon CityState
ORZip Code
97045

Purpose of Disbursement

011

Category/
Type

Candidate Name

Schrader, Kurt, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: OR

District: 05

FEC Identification Number

C C00446906

Transaction ID : 8614160

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Comstock for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2017

Mailing Address P.O. Box 831

City
McLeanState
VAZip Code
22101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Comstock, Barbara, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: VA

District: 10

FEC Identification Number

C C00554261

Transaction ID : 8614166

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brenda Lawrence For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2017

Mailing Address P.O. Box 3060

City
SouthfieldState
MIZip Code
48037

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lawrence, Brenda, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 14

FEC Identification Number

C C00552588

Transaction ID : 8614167

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 626 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Friends of Don Beyer

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2017

Mailing Address 1751 Potomac Greens Drive

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

Beyer, Donald, , , Jr

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: VA

District: 08

FEC Identification Number

C C00555888

Transaction ID : 8614174

Amount of Each Disbursement this Period

4650.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brian Mast for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2017

Mailing Address 2600 S Douglas Rd Ste 900

City
Coral GablesState
FLZip Code
33134

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mast, Brian, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 18

FEC Identification Number

C C00579896

Transaction ID : 8614175

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bilirakis for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2017

Mailing Address P.O. Box 606

City
Tarpon SpringsState
FLZip Code
34688

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bilirakis, Gus, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 09

FEC Identification Number

C C00408534

Transaction ID : 8614176

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8650.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 627 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Matsui for Congress

Mailing Address P.O. Box 1738

City
SacramentoState
CAZip Code
95812

Purpose of Disbursement

011

Category/
Type

Candidate Name

Matsui, Doris, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	4			2	0	1	7		

FEC Identification Number

C C00409219**Transaction ID : 8614177**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lisa Blunt Rochester For Congress

Mailing Address PO Box 9767

City
WilmingtonState
DEZip Code
19809

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rochester, Lisa, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: DE

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	4			2	0	1	7		

FEC Identification Number

C C00590778**Transaction ID : 8614210**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Luke Messer for Congress

Mailing Address P.O. Box 917

City
ShelbyvilleState
INZip Code
46176

Purpose of Disbursement

011

Category/
Type

Candidate Name

Messer, Luke, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	4			2	0	1	7		

FEC Identification Number

C C00460667**Transaction ID : 8614211**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 628 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. John Lewis for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2017

Mailing Address P.O. Box 2323

City
AtlantaState
GAZip Code
30301

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lewis, John, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 05

FEC Identification Number

C C00202416**Transaction ID : 8614212**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Julia Brownley for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2017

Mailing Address P.O. Box 2018

City
Thousand OaksState
CAZip Code
91358

Purpose of Disbursement

011

Category/
Type

Candidate Name

Brownley, Julia, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 26

FEC Identification Number

C C00513077**Transaction ID : 8614225**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GENE PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2017

Mailing Address 256 N Sam Houston Pkwy E, Ste 278

City
HoustonState
TXZip Code
77060Purpose of Disbursement
Gene Green's LPAC

011

Category/
Type

Candidate Name

GENE PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00494047**Transaction ID : 8614226**

Amount of Each Disbursement this Period

1500.00

Gene Green's LPAC

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 629 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Lance for Congress

Mailing Address P.O. Box 225

City
ColoniaState
NJZip Code
07067

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lance, Leonard, , ,

Office Sought:

☒

House

☐

Senate

☐

President

State: NJ

District: 07

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	4			2	0	1	7		

FEC Identification Number

C C00444224**Transaction ID : 8614227**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Terri Sewell For Congress

Mailing Address P.O. Box 1964

City
BirminghamState
ALZip Code
35201

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sewell, Terri, , ,

Office Sought:

☒

House

☐

Senate

☐

President

State: AL

District: 07

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	4			2	0	1	7		

FEC Identification Number

C C00458976**Transaction ID : 8614228**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Andy Barr for Congress, Inc.

Mailing Address P.O. Box 2059

City
LexingtonState
KYZip Code
40588

Purpose of Disbursement

011

Category/
Type

Candidate Name

Barr, Garland, , ,

Office Sought:

☒

House

☐

Senate

☐

President

State: KY

District: 06

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	4			2	0	1	7		

FEC Identification Number

C C00467571**Transaction ID : 8614229**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 630 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Diana Degette for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2017

Mailing Address P.O. Box 61337

City
DenverState
COZip Code
80206

Purpose of Disbursement

011

Category/
Type

Candidate Name

DeGette, Diana, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CO

District: 01

FEC Identification Number

C C00311639

Transaction ID : 8614230

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Smucker for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2017

Mailing Address 548 Steel Way
P.O. Box 7066City
LancasterState
PAZip Code
17604

Purpose of Disbursement

011

Category/
Type

Candidate Name

Smucker, Lloyd, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 16

FEC Identification Number

C C00599464

Transaction ID : 8614231

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Majority Committee PAC--MC PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2017

Mailing Address P.O. Box 10134

City
BakersfieldState
CAZip Code
93389Purpose of Disbursement
McCarthy's LPAC

011

Category/
Type

Candidate Name

Majority Committee PAC--MC PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00428052

Transaction ID : 8614232

Amount of Each Disbursement this Period

1000.00

McCarthy's LPAC

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 631 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. The Bill Keating Committee

Mailing Address P.O. Box 3065

City
Buzzards BayState
MAZip Code
02532

Purpose of Disbursement

011

Category/
Type

Candidate Name

Keating, William, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MA

District: 09

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	4			2	0	1	7		

FEC Identification Number

C C00479063

Transaction ID : 8614233

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
2017 Building Fund

011

Category/
Type

Candidate Name

National Republican Senatorial Committee

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	5			2	0	1	7		

FEC Identification Number

C C00027466

Transaction ID : 8614769

Amount of Each Disbursement this Period

15000.00
2017 Building Fund☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Handel for Congress, Inc.

Mailing Address 4010 Old Milton Pkwy

City
AlpharettaState
GAZip Code
30005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Handel, Karen, Christine, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☐ General
☒ Other (specify) ▼

State: GA

District: 06

Special-Primary2017

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	1	7		

FEC Identification Number

C C00633362

Transaction ID : 8622187

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

21000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 632 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Bulldog Victory PAC

Mailing Address PO Box 80

City
Van MeterState
IAZip Code
50261Purpose of Disbursement
Young's LPAC

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8622188

Amount of Each Disbursement this Period

2500.00

Young's LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John Lewis for Congress

Mailing Address P.O. Box 2323

City
AtlantaState
GAZip Code
30301

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lewis, John, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	1	7		

FEC Identification Number

C C00202416

Transaction ID : 8622189

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Latta For Congress

Mailing Address PO Box 106

City
Bowling GreenState
OHZip Code
43402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Latta, Robert, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: OH

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	1	7		

FEC Identification Number

C C00438697

Transaction ID : 8622190

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 633 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Volunteers for Shimkus

Mailing Address P.O. Box 661

City
CollinsvilleState
ILZip Code
62234

Purpose of Disbursement

011

Category/
Type

Candidate Name

Shimkus, John, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 20

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	1	7		

FEC Identification Number

C C00258855**Transaction ID : 8622191**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Guthrie for Congress

Mailing Address P.O. Box 9639

City
Bowling GreenState
KYZip Code
42102

Purpose of Disbursement

011

Category/
Type

Candidate Name

Guthrie, S. Brett, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	1	7		

FEC Identification Number

C C00445023**Transaction ID : 8622192**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Glenn Grothman For Congress

Mailing Address PO Box 1215

City
Fond Du LacState
WIZip Code
54964

Purpose of Disbursement

011

Category/
Type

Candidate Name

Grothman, Glenn, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	1	7		

FEC Identification Number

C C00561597**Transaction ID : 8622195**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

6000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 634 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Diane Black for Congress

Mailing Address P.O. Box 1437

City
GallatinState
TNZip Code
37066

Purpose of Disbursement

011

Category/
Type

Candidate Name

Black, Diane, , ,

Office Sought:

☒

House

☐

Senate

☐

President

State: TN

District: 06

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	1	7		

FEC Identification Number

C C00472878**Transaction ID : 8622196**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Austin Scott for Congress Inc

Mailing Address P.O. Box 2530

City
TiftonState
GAZip Code
31793

Purpose of Disbursement

011

Category/
Type

Candidate Name

Scott, James, , ,

Office Sought:

☒

House

☐

Senate

☐

President

State: GA

District: 08

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	1	7		

FEC Identification Number

C C00482737**Transaction ID : 8622197**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Walden for Congress

Mailing Address P.O. Box 1091

City
Hood RiverState
ORZip Code
97031

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walden, Gregory, , ,

Office Sought:

☒

House

☐

Senate

☐

President

State: OR

District: 02

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	8			2	0	1	7		

FEC Identification Number

C C00333427**Transaction ID : 8643471**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 635 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Ralph Abraham for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2017

Mailing Address P.O. Box 270

City
ArchibaldState
LAZip Code
71218

Purpose of Disbursement

011

Category/
Type

Candidate Name

Abraham, Ralph, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA

District: 05

FEC Identification Number

C C00563940

Transaction ID : 8643472

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Prosperity in America Today CPAT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2017

Mailing Address 228 S. Washington St.
Suite 115City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Toomey's LPAC

011

Category/
Type

Candidate Name

Citizens for Prosperity in America Today CPAT

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00491654

Transaction ID : 8643475

Amount of Each Disbursement this Period

5000.00

Toomey's LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Making Business Excel PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2017

Mailing Address P.O. Box 3241

City
CheyenneState
WYZip Code
82003Purpose of Disbursement
Enzi's LPAC

011

Category/
Type

Candidate Name

Making Business Excel PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00392134

Transaction ID : 8651216

Amount of Each Disbursement this Period

4000.00

Enzi's LPAC

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

13000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 636 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Charlie Dent for Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	8			2	0	1	7		

Mailing Address P.O. Box 442

City
AllentownState
PAZip Code
18105

Purpose of Disbursement

011

Category/
Type

Candidate Name

Dent, Charles, ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 15

FEC Identification Number

C C00386847

Transaction ID : 8651259

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Majority Committee PAC--MC PAC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	8			2	0	1	7		

Mailing Address P.O. Box 10134

City
BakersfieldState
CAZip Code
93389Purpose of Disbursement
McCarthy Leadership PAC

011

Category/
Type

Candidate Name

Majority Committee PAC--MC PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

FEC Identification Number

C C00428052

Transaction ID : 8651260

Amount of Each Disbursement this Period

1500.00

McCarthy Leadership PAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. National Republican Congressional Comm.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	8			2	0	1	7		

Mailing Address 320 First Street, SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
2017 Building Fund

011

Category/
Type

Candidate Name

National Republican Congressional Comm.Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00002931

Transaction ID : 8651261

Amount of Each Disbursement this Period

15000.00

2017 Building Fund

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

18500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 637 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Friends of Jeb Hensarling

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2017

Mailing Address P.O. Box 820504

City
DallasState
TXZip Code
75382

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hensarling, Jeb, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 05

FEC Identification Number

C C00370650

Transaction ID : 8651262

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Rosa Delauro

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2017

Mailing Address 12 Trumbull Street
2nd FloorCity
New HavenState
CTZip Code
06511

Purpose of Disbursement

011

Category/
Type

Candidate Name

Delauro, Rosa, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☒ General
☐ Other (specify) ▼

State: CT

District: 03

FEC Identification Number

C C00238865

Transaction ID : 8651263

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Rosa Delauro

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2017

Mailing Address 12 Trumbull Street
2nd FloorCity
New HavenState
CTZip Code
06511

Purpose of Disbursement

011

Category/
Type

Candidate Name

Delauro, Rosa, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CT

District: 03

FEC Identification Number

C C00238865

Transaction ID : 8651264

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 638 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Frelinghuysen for Congress

Mailing Address 19 Cattano Avenue

City
MorristownState
NJZip Code
07960

Purpose of Disbursement

011

Category/
Type

Candidate Name

Frelinghuysen, Rodney, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ

District: 11

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	8			2	0	1	7		

FEC Identification Number

C C00299404**Transaction ID : 8651265**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. New Pioneers PAC

Mailing Address 228 S Washington St Suite 115

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Walden's LPAC

011

Category/
Type

Candidate Name

New Pioneers PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	8			2	0	1	7		

FEC Identification Number

C C00459123**Transaction ID : 8651266**

Amount of Each Disbursement this Period

1000.00

Walden's LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mooney for Congress

Mailing Address P.O. Box 1863

City
MartinsburgState
WVZip Code
25402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mooney, Alexander, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: WV

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	8			2	0	1	7		

FEC Identification Number

C C00506774**Transaction ID : 8651267**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 639 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Health First

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	8			2	0	1	7		

Mailing Address P.O. Box 15239

FEC Identification Number

C**Transaction ID : 8651268**

Amount of Each Disbursement this Period

2500.00

Burgess JFC

☐ Memo ItemCity
WashingtonState
DCZip Code
20003Purpose of Disbursement
Burgess JFC

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Captain Higgins For Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	8			2	0	1	7		

Mailing Address PO Box 61747

FEC Identification Number

C C00617662**Transaction ID : 8651269**

Amount of Each Disbursement this Period

1000.00

☐ Memo ItemCity
LafayetteState
LAZip Code
70596

Purpose of Disbursement

Candidate Name

Higgins, Clay, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA

District: 03

Full Name (Last, First, Middle Initial)

C. Nancy Pelosi for Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	8			2	0	1	7		

Mailing Address 700 13th Street, NW
2nd Floor

FEC Identification Number

C C00213512**Transaction ID : 8651270**

Amount of Each Disbursement this Period

2500.00

☐ Memo ItemCity
WashingtonState
DCZip Code
20003

Purpose of Disbursement

Candidate Name

Pelosi, Nancy, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: DC

District: 08

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 640 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Common Sense Common Solution Political Action Committee

Mailing Address 901 N Washington St, Suite 102

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Granger LPAC

011

Candidate Name

Common Sense Common Solution Political Action Committee

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	8			2	0	1	7		

FEC Identification Number

C C00345058

Transaction ID : 8651271

Amount of Each Disbursement this Period

5000.00

Granger LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Judy Chu for Congress

Mailing Address 16633 Ventura Blvd # 1008

City
EncinoState
CAZip Code
91436

Purpose of Disbursement

011

Candidate Name

Chu, Judy, , Rep.,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 27

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	8			2	0	1	7		

FEC Identification Number

C C00458125

Transaction ID : 8651272

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Vern Buchanan for Congress

Mailing Address P. O. Box 48928

City
SarasotaState
FLZip Code
34230

Purpose of Disbursement

011

Candidate Name

Buchanan, Vernon, , ,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 13

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	8			2	0	1	7		

FEC Identification Number

C C00412759

Transaction ID : 8651273

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 641 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Castor for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2017

Mailing Address 301 W Platt Street, #385

City
TampaState
FLZip Code
33606

Purpose of Disbursement

011

Category/
Type

Candidate Name

Castor, Kathy, , ,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 11

FEC Identification Number

C C00410761**Transaction ID : 8651274**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Patriots Leading a Majority

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2017

Mailing Address 50 S Providence Road

City
MediaState
PAZip Code
19063Purpose of Disbursement
Pat Meehan LPAC

011

Category/
Type

Candidate Name

Patriots Leading a MajorityOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

FEC Identification Number

C C00526046**Transaction ID : 8651275**

Amount of Each Disbursement this Period

5000.00

Pat Meehan LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Erik Paulsen

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2017

Mailing Address P.O. Box 44369

City
Eden PrairieState
MNZip Code
55344

Purpose of Disbursement

011

Category/
Type

Candidate Name

Paulsen, Erik, , ,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 03

FEC Identification Number

C C00439661**Transaction ID : 8651276**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 642 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Friends of Dennis Ross

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2017

Mailing Address 133 South Harbor Drive

City
VeniceState
FLZip Code
33807

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ross, Dennis, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 12

FEC Identification Number

C C00459461

Transaction ID : 8651277

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Kelly for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2017

Mailing Address P.O. Box 476

City
LyndoraState
PAZip Code
16045

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kelly, Mike, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 03

FEC Identification Number

C C00474189

Transaction ID : 8651278

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Scott Peters for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2017

Mailing Address P.O. Box 70980

City
WashingtonState
DCZip Code
20024

Purpose of Disbursement

011

Category/
Type

Candidate Name

Peters, Scott, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 52

FEC Identification Number

C C00503110

Transaction ID : 8651279

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 643 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Dr. Raul Ruiz for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2017

Mailing Address P.O. Box 6116

City
La QuintaState
CAZip Code
92248

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ruiz, Raul, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 36

FEC Identification Number

C C00502575

Transaction ID : 8651280

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Building America's Republican Representation (BARR PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2017

Mailing Address 402 S. Capitol St, SE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
Andy Barr's LPAC

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : 8651281

Amount of Each Disbursement this Period

2500.00

Andy Barr's LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Westerman For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2017

Mailing Address PO Box 21097

City
Hot SpringsState
ARZip Code
71903

Purpose of Disbursement

011

Category/
Type

Candidate Name

Westerman, Bruce, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: AR

District: 04

FEC Identification Number

C C00548180

Transaction ID : 8651282

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 644 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Michael Burgess for Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	8			2	0	1	7		

Mailing Address P.O. Box 2334

City
DentonState
TXZip Code
76202

Purpose of Disbursement

011

Category/
Type

Candidate Name

Burgess, Michael C., , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 26

FEC Identification Number

C C00372532

Transaction ID : 8651283

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Heartland Values PAC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	8			2	0	1	7		

Mailing Address P.O. Box 505

City
Sious FallsState
SDZip Code
57101Purpose of Disbursement
Thune's LPAC

011

Category/
Type

Candidate Name

Heartland Values PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00409003

Transaction ID : 8651284

Amount of Each Disbursement this Period

2500.00

Thune's LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. George Holding for Congress Inc.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	8			2	0	1	7		

Mailing Address P.O. Box 97187

City
RaleighState
NCZip Code
27624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Holding, George, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC

District: 13

FEC Identification Number

C C00499236

Transaction ID : 8651285

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 645 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Cole for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2017

Mailing Address P.O. Box 722256

City
NormanState
OKZip Code
73070

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cole, Tom, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: OK

District: 04

FEC Identification Number

C C00379735

Transaction ID : 8651286

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Louise Slaughter Re-Election Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2017

Mailing Address 1150 University Ave, Bldg. 5
Building 5City
RochesterState
NYZip Code
14607

Purpose of Disbursement

011

Category/
Type

Candidate Name

Slaughter, Louise, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 28

FEC Identification Number

C C00213611

Transaction ID : 8651287

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cory Gardner For Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2017

Mailing Address 9227 E Lincoln Ave #200-234

City
Lone TreeState
COZip Code
80124

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gardner, Cory, , Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: CO

District:

FEC Identification Number

C C00492454

Transaction ID : 8651289

Amount of Each Disbursement this Period

4000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 646 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Ted Cruz For Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2017

Mailing Address 815 A Brazos
PMB 550City
AustinState
TXZip Code
78701

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cruz, Rafael, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District:

FEC Identification Number

C C00492785

Transaction ID : 8651290

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Guthrie for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2017

Mailing Address P.O. Box 9639

City
Bowling GreenState
KYZip Code
42102

Purpose of Disbursement

011

Category/
Type

Candidate Name

Guthrie, S. Brett, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY

District: 02

FEC Identification Number

C C00445023

Transaction ID : 8651293

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jason Smith for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2017

Mailing Address P.O. Box 1324

City
Cape GirardeauState
MOZip Code
63702

Purpose of Disbursement

011

Category/
Type

Candidate Name

Smith, Jason, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO

District: 08

FEC Identification Number

C C00541862

Transaction ID : 8651295

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 647 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Wicker For Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

Mailing Address PO Box 64

City
JacksonState
MSZip Code
39205

Purpose of Disbursement

011

Category/
Type

Candidate Name

Wicker, Roger, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MS

District:

FEC Identification Number

C C00443218

Transaction ID : 8671829

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Heller for Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

Mailing Address P.O. Box 371907

City
Las VegasState
NVZip Code
89137

Purpose of Disbursement

011

Category/
Type

Candidate Name

Heller, Dean, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: NV

District:

FEC Identification Number

C C00494229

Transaction ID : 8671830

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bob Corker For Senate 2018 Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

Mailing Address 1015 Stonebridge Park Drive

City
FranklinState
TNZip Code
37401

Purpose of Disbursement

011

Category/
Type

Candidate Name

Corker, Robert, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN

District:

FEC Identification Number

C C00430462

Transaction ID : 8671831

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 648 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. 4MA PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

Mailing Address PO Box 590-464

City
NewtonState
MAZip Code
02459Purpose of Disbursement
Kennedy's LPAC

011

Category/
Type

Candidate Name

4MA PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00543504

Transaction ID : 8671832

Amount of Each Disbursement this Period

1000.00

Kennedy's LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sherman for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

Mailing Address 777 S. Figueroa St., Ste. 4050

City
Los AngelesState
CAZip Code
90017

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sherman, Brad, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 30

FEC Identification Number

C C00308742

Transaction ID : 8671833

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Adrian Smith for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

Mailing Address 3321 Avenue I
Suite 6City
ScottsbluffState
NEZip Code
69361

Purpose of Disbursement

011

Category/
Type

Candidate Name

Smith, Adrian, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE

District: 03

FEC Identification Number

C C00412890

Transaction ID : 8671834

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 649 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Swalwell for Congress

Mailing Address P.O. Box 2847

City
DublinState
CAZip Code
94568

Purpose of Disbursement

011

Category/
Type

Candidate Name

Swalwell, Eric, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 15

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	2			2	0	1	7		

FEC Identification Number

C C00502294**Transaction ID : 8671835**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Richmond for CongressMailing Address 1631 Elysian Fields
Suite 150City
New OrleansState
LAZip Code
70117

Purpose of Disbursement

011

Category/
Type

Candidate Name

Richmond, Cedric, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	2			2	0	1	7		

FEC Identification Number

C C00451336**Transaction ID : 8671836**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Mike Lee Inc

Mailing Address 10 West Broadway

City
Salt Lake CityState
UTZip Code
84601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lee, Mike, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: UT

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	2			2	0	1	7		

FEC Identification Number

C C00473827**Transaction ID : 8671838**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 650 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Marc Veasey Congressional Campaign Committee

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	2			2	0	1	7		

Mailing Address P.O. Box 50084

City
Fort WorthState
TXZip Code
76105

Purpose of Disbursement

011

Category/
Type

Candidate Name

Veasey, Marc, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 33

FEC Identification Number

C C00506832

Transaction ID : 8671839

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Devin Nunes Campaign Committee

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	2			2	0	1	7		

Mailing Address P.O. Box 6545

City
VisaliaState
CAZip Code
93290

Purpose of Disbursement

011

Category/
Type

Candidate Name

Nunes, Devin, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 21

FEC Identification Number

C C00370056

Transaction ID : 8671840

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Texas Freedom Fund

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	2			2	0	1	7		

Mailing Address 104 Hume Avenue

City
AlexandriaState
VAZip Code
22301Purpose of Disbursement
Barton's LPAC

011

Category/
Type

Candidate Name

Texas Freedom Fund

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00340661

Transaction ID : 8671841

Amount of Each Disbursement this Period

1500.00

Barton's LPAC

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 651 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Perimeter PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

Mailing Address 124 Washington Street
Suite 101City
FoxboroState
MAZip Code
02035Purpose of Disbursement
Duckworth's LPAC

011

Category/
Type

Candidate Name

Perimeter PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00544254

Transaction ID : 8671842

Amount of Each Disbursement this Period

5000.00

Duckworth's LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Capito for West Virginia

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

Mailing Address P.O. Box 11519

City
CharlestonState
WVZip Code
25339

Purpose of Disbursement

011

Category/
Type

Candidate Name

Capito, Shelley, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: WV

District:

FEC Identification Number

C C00539825

Transaction ID : 8671843

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brian Fitzpatrick for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

Mailing Address P.O. Box 939

City
LanghorneState
PAZip Code
19047

Purpose of Disbursement

011

Category/
Type

Candidate Name

Fitzpatrick, Brian, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 08

FEC Identification Number

C C00607416

Transaction ID : 8671844

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 652 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Gallego For Arizona

Mailing Address PO Box 1710

City
PhoenixState
AZZip Code
85001

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gallego, Ruben, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ

District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	2			2	0	1	7		

FEC Identification Number

C C00558627**Transaction ID : 8671845**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hoyer for CongressMailing Address 700 13th Street, NW
Suite 800City
WashingtonState
DCZip Code
20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hoyer, Steny, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: DC

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	2			2	0	1	7		

FEC Identification Number

C C00140715**Transaction ID : 8671846**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cathy McMorris Rodgers for Congress

Mailing Address P.O. Box 137

City
SpokaneState
WAZip Code
99210

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rodgers, Cathy, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: WA

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	2			2	0	1	7		

FEC Identification Number

C C00390476**Transaction ID : 8671847**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Kinzinger for Congress

Mailing Address P.O. Box 2365

City
OttawaState
ILZip Code
61350

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kinzinger, Adam, , ,

Office Sought:

☒

House

☐

Senate

☐

President

State: IL

District: 11

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	2			2	0	1	7		

FEC Identification Number

C C00458877**Transaction ID : 8671848**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kurt Schrader for CongressMailing Address P.O. Box 3314
Suite 240City
Oregon CityState
ORZip Code
97045

Purpose of Disbursement

011

Category/
Type

Candidate Name

Schrader, Kurt, , ,

Office Sought:

☒

House

☐

Senate

☐

President

State: OR

District: 05

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	2			2	0	1	7		

FEC Identification Number

C C00446906**Transaction ID : 8671849**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hatch Election Committee IncMailing Address c/o EH Murray Group
6510 Anna Maria CourtCity
McLeanState
VAZip Code
22101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hatch, Orrin, , ,

Office Sought:

☐

House

☒

Senate

☐

President

State: UT

District:

Disbursement For: 2018

☐

Primary

☒

General

☐

Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	2			2	0	1	7		

FEC Identification Number

C C00104752**Transaction ID : 8673516**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 654 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Palmer Victory Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

Mailing Address 1919 Oxmoor Road, #223

City
HomewoodState
ALZip Code
35209Purpose of Disbursement
Palmer JFC

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 8673519

Amount of Each Disbursement this Period

1000.00

Palmer JFC

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Republican Governors Association

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

Mailing Address 1747 Pennsylvia Ave, NW
Ste 250City
WashingtonState
DCZip Code
20006Purpose of Disbursement
2017 Dues

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 8673597

Amount of Each Disbursement this Period

10000.00

2017 Dues

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2017

Mailing Address 430 S Capitol St SE
2nd FloorCity
WashingtonState
DCZip Code
20003Purpose of Disbursement
2017 Building Fund

011

Category/
Type

Candidate Name

Democratic Congressional Campaign CommitteeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00347864

Transaction ID : 8683660

Amount of Each Disbursement this Period

15000.00

2017 Building Fund

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

26000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 655 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Kevin McCarthy for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

Mailing Address P.O. Box 12667

City
BakersfieldState
CAZip Code
93389

Purpose of Disbursement

011

Category/
Type

Candidate Name

McCarthy, Kevin, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 22

FEC Identification Number

C C00420935

Transaction ID : 8683887

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Collins for Senator

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

Mailing Address P.O. Box 522

City
PortlandState
MEZip Code
04012

Purpose of Disbursement

011

Category/
Type

Candidate Name

Collins, Susan, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: ME

District:

FEC Identification Number

C C00314575

Transaction ID : 8683888

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. People for Ben

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

Mailing Address P.O. Box 31129

City
Santa FeState
NMZip Code
87594

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lujan, Ben, , Rep., Jr.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NM

District: 03

FEC Identification Number

C C00443689

Transaction ID : 8683891

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 656 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Kyrsten Sinema for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2017

Mailing Address P.O. Box 25879

City
TempeState
AZZip Code
85285

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sinema, Kyrsten, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ

District: 09

FEC Identification Number

C C00508804

Transaction ID : 8683892

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Blum for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2017

Mailing Address 2728 Asbury Road Suite 400

City
DubuqueState
IAZip Code
52001

Purpose of Disbursement

011

Category/
Type

Candidate Name

Blum, Rodney, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: IA

District: 01

FEC Identification Number

C C00543926

Transaction ID : 8683893

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lou Correa for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2017

Mailing Address 420 N Twin Oaks Valley Rd #2229

City
San MarcosState
CAZip Code
92079

Purpose of Disbursement

011

Category/
Type

Candidate Name

Correa, Lou, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 46

FEC Identification Number

C C00578302

Transaction ID : 8683894

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 657 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Tom O'Halleran For Congress

Mailing Address PO Box 63992

City
PhoenixState
AZZip Code
85082

Purpose of Disbursement

011

Category/
Type

Candidate Name

O'Halleran, Tom, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2017

FEC Identification Number

C C00582890

Transaction ID : 8683906

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Adam Kinzinger Future 1st Committee

Mailing Address PO Box 2381

City
OttawaState
ILZip Code
61350Purpose of Disbursement
Kinzinger JFC

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2017

FEC Identification Number

C

Transaction ID : 8683908

Amount of Each Disbursement this Period

1000.00

Kinzinger JFC

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kind for Congress CommitteeMailing Address 205 5th Avenue South
Suite 428City
La CrosseState
WIZip Code
54601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kind, Ronald, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2017

FEC Identification Number

C C00312017

Transaction ID : 8683909

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Pascrell for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

Mailing Address P.O. Box 640

City
TotowaState
NJZip Code
07511

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pascrell, William, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District: 08

FEC Identification Number

C C00313510

Transaction ID : 8683910

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bob Casey For Senate Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

Mailing Address 30 South 15th Street Suite 400

City
PhiladelphiaState
PAZip Code
19102

Purpose of Disbursement

011

Category/
Type

Candidate Name

Casey, Robert, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District:

FEC Identification Number

C C00431056

Transaction ID : 8683911

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Raja For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

Mailing Address PO Box 681202

City
SchaumburgState
ILZip Code
60168

Purpose of Disbursement

011

Category/
Type

Candidate Name

Krishnamoorthi, Raja, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 08

FEC Identification Number

C C00575092

Transaction ID : 8683912

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 659 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Coffman for Congress Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

Mailing Address 9249 South Broadway Blvd.
#200-501City
Highlands RanchState
COZip Code
80129

Purpose of Disbursement

011

Category/
Type

Candidate Name

Coffman, Mike, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CO

District: 06

FEC Identification Number

C C00441006

Transaction ID : 8683913

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carlos Curbelo Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

Mailing Address 8724 SW 72nd St

City
MiamiState
FLZip Code
33173

Purpose of Disbursement

011

Category/
Type

Candidate Name

Curbelo, Carlos, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 26

FEC Identification Number

C C00546846

Transaction ID : 8683914

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Thompson for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

Mailing Address 5429 Madison Avenue

City
SacramentoState
CAZip Code
95841

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thompson, C Michael, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 01

FEC Identification Number

C C00326363

Transaction ID : 8683916

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 660 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Mike Thompson for Congress

Mailing Address 5429 Madison Avenue

City
SacramentoState
CAZip Code
95841

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thompson, C Michael, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	3			2	0	1	7		

FEC Identification Number

C C00326363**Transaction ID : 8683917**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Erik Paulsen

Mailing Address P.O. Box 44369

City
Eden PrairieState
MNZip Code
55344

Purpose of Disbursement

011

Category/
Type

Candidate Name

Paulsen, Erik, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MN

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	3			2	0	1	7		

FEC Identification Number

C C00439661**Transaction ID : 8683918**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tammy Baldwin For Senate

Mailing Address P.O. Box 696

City
MadisonState
WIZip Code
53701

Purpose of Disbursement

011

Category/
Type

Candidate Name

Baldwin, Tammy, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	3			2	0	1	7		

FEC Identification Number

C C00326801**Transaction ID : 8683919**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 661 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Johnson for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

Mailing Address P.O. Box 14496

City
PolandState
OHZip Code
22301

Purpose of Disbursement

011

Category/
Type

Candidate Name

Johnson, Bill, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: OH

District: 06

FEC Identification Number

C C00476820

Transaction ID : 8683920

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sasse PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

Mailing Address 499 S. Capitol St. SW
Suit 420City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Sasse's LPAC

011

Category/
Type

Candidate Name

Sasse PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00571802

Transaction ID : 8683921

Amount of Each Disbursement this Period

1000.00

Sasse's LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Diane Black for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

Mailing Address P.O. Box 1437

City
GallatinState
TNZip Code
37066

Purpose of Disbursement

011

Category/
Type

Candidate Name

Black, Diane, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN

District: 06

FEC Identification Number

C C00472878

Transaction ID : 8683922

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 662 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Roskam for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2017

Mailing Address P. O. Box 713

City
WheatonState
ILZip Code
60189

Purpose of Disbursement

011

Category/
Type

Candidate Name

Roskam, Peter, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 06

FEC Identification Number

C C00410969

Transaction ID : 8683923

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hudson for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2017

Mailing Address P.O. Box 5053

City
ConcordState
NCZip Code
28027

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hudson, Richard, , Rep., Jr.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 08

FEC Identification Number

C C00504522

Transaction ID : 8683924

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bera for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2017

Mailing Address P.O.Box 582496

City
Elk GroveState
CAZip Code
95758

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bera, Amerish, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 07

FEC Identification Number

C C00461061

Transaction ID : 8683925

Amount of Each Disbursement this Period

3500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 663 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Walorski for Congress Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2017

Mailing Address P.O. Box 954

City
MishawakaState
INZip Code
46546

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walorski, Jackie, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: IN

District: 02

FEC Identification Number

C C00468579

Transaction ID : 8683926

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Walorski for Congress Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2017

Mailing Address P.O. Box 954

City
MishawakaState
INZip Code
46546

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walorski, Jackie, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District: 02

FEC Identification Number

C C00468579

Transaction ID : 8683927

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Todd Young, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2017

Mailing Address PO Box 1053

City
BloomingtonState
INZip Code
47402Purpose of Disbursement
Void - Friends Of Todd Young, Inc.

011

Category/
Type

Candidate Name

Young, Todd, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State: IN

District:

2016 General Debt Re

FEC Identification Number

C C00459255

Transaction ID : 8685937

Amount of Each Disbursement this Period

- 1000.00

Void - Friends Of Todd Young, Inc.

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 664 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. McConnell Victory Committee

Mailing Address P.O. Box 75103

City
WashingtonState
DCZip Code
20013Purpose of Disbursement
Void - McConnell Victory Committee

011

Category/
Type

Candidate Name

McConnell Victory Committee

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	6			2	0	1	7		

FEC Identification Number

C

Transaction ID : 8685943

Amount of Each Disbursement this Period

- 2500.00

☐ Memo Item Void - McConnell Victory Committee

Full Name (Last, First, Middle Initial)

B. Friends of Neal Dunn

Mailing Address 2640A Mitcham Drive

City
TallahasseeState
FLZip Code
32308

Purpose of Disbursement

011

Category/
Type

Candidate Name

Dunn, Neal, , MD FACS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	7			2	0	1	7		

FEC Identification Number

C C00582304

Transaction ID : 8686735

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Heller for Senate

Mailing Address P.O. Box 371907

City
Las VegasState
NVZip Code
89137

Purpose of Disbursement

011

Category/
Type

Candidate Name

Heller, Dean, ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: NV

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	7			2	0	1	7		

FEC Identification Number

C C00494229

Transaction ID : 8686736

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

- 500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 665 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Zeldin for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2017

Mailing Address 47 Flintlock Drive

City
ShirleyState
NYZip Code
11967

Purpose of Disbursement

011

Category/
Type

Candidate Name

Zeldin, Lee, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 01

FEC Identification Number

C C00552547

Transaction ID : 8686737

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Bishop for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2017

Mailing Address P.O. Box 1148

City
BrightonState
MIZip Code
48116

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bishop, Michael, , Mr.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 08

FEC Identification Number

C C00561001

Transaction ID : 8686738

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Burgess for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2017

Mailing Address P.O. Box 2334

City
DentonState
TXZip Code
76202

Purpose of Disbursement

011

Category/
Type

Candidate Name

Burgess, Michael C., , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 26

FEC Identification Number

C C00372532

Transaction ID : 8686739

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 666 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Yoder for Congress, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2017

Mailing Address P.O. Box 26742

City
Overland ParkState
KSZip Code
66225

Purpose of Disbursement

011

Category/
Type

Candidate Name

Yoder, Kevin, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS

District: 03

FEC Identification Number

C C00472365

Transaction ID : 8686740

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mullin for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2017

Mailing Address P.O. Box 3681

City
MuskogeeState
OKZip Code
74402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mullin, Markwayne, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: OK

District: 02

FEC Identification Number

C C00498345

Transaction ID : 8686741

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anna Eshoo for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2017

Mailing Address 555 Capitol Mall, Suite 1425

City
SacramentoState
CAZip Code
95814

Purpose of Disbursement

011

Category/
Type

Candidate Name

Eshoo, Anna, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 14

FEC Identification Number

C C00258475

Transaction ID : 8686742

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 667 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Gregg Harper for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2017

Mailing Address P.O. Box 54344

City
PearlState
MSZip Code
39288

Purpose of Disbursement

011

Category/
Type

Candidate Name

Harper, Gregg, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MS

District: 03

FEC Identification Number

C C00441295

Transaction ID : 8686750

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kansans for Marshall

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2017

Mailing Address P.O. Box 1588

City
Great BendState
KSZip Code
67530Purpose of Disbursement
Void - Kansans for Marshall

011

Category/
Type

Candidate Name

Marshall, Roger, , , MD

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS

District: 01

FEC Identification Number

C C00576173

Transaction ID : 8686755

Amount of Each Disbursement this Period

- 3000.00

Void - Kansans for Marshall

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Angerholzer Broz Consulting

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2017

Mailing Address 499 S Capitol St. SW
Suite 422City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Reception 4/17/17

011

Category/
Type

Candidate Name

Beyer, Donald, , , Jr

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: VA

District: 08

FEC Identification Number

C C00555888

Transaction ID : 8686820

Amount of Each Disbursement this Period

350.00

Reception 4/17/17

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

- 1650.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 668 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Kansans for Marshall

Mailing Address P.O. Box 1588

City
Great BendState
KSZip Code
67530

Purpose of Disbursement

011

Category/
Type

Candidate Name

Marshall, Roger, , MD

Office Sought:

☒

House

☐

Senate

☐

President

State: KS

District: 01

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	7			2	0	1	7		

FEC Identification Number

C C00576173**Transaction ID : 8686832**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Angerholzer Broz ConsultingMailing Address 499 S Capitol St. SW
Suite 422City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Dinner 6/8/17

011

Category/
Type

Candidate Name

Ruppersberger, C.A. Dutch, ,

Office Sought:

☒

House

☐

Senate

☐

President

State: MD

District: 02

Disbursement For: 2018

☐

Primary

☒

General

☐

Other (specify)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	7			2	0	1	7		

FEC Identification Number

C C00376673**Transaction ID : 8686836**

Amount of Each Disbursement this Period

350.00

Dinner 6/8/17

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Al Olszewski for US Senate

Mailing Address PO Box 1596

City
HelenaState
MTZip Code
59624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Olszewski, Albert, David, , MD

Office Sought:

☐

House

☒

Senate

☐

President

State:

District:

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	8			2	0	1	7		

FEC Identification Number

C C00639476**Transaction ID : 8687289**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6850.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 669 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Texans For Lamar Smith

Mailing Address PO Box 6155

City
San AntonioState
TXZip Code
78209

Purpose of Disbursement

011

Category/
Type

Candidate Name

Smith, Lamar, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 21

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	8			2	0	1	7		

FEC Identification Number

C C00197160**Transaction ID : 8687290**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2500.00

TOTAL This Period (last page this line number only).....▶

719850.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 670 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Ferkel, Richard, D, , MD

Mailing Address 6815 Noble Ave Frnt

City
Van NuysState
CAZip Code
91405-6515Purpose of Disbursement
Refund contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
01		24		2017

FEC Identification Number

C**Transaction ID : 8509604**

Amount of Each Disbursement this Period

300.00

Refund contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

300.00

300.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 671 OF 671

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Democratic Governors Association

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
06		12		2017

Mailing Address 1225 Eye St, NW
Ste 1100City
WashingtonState
DCZip Code
20005-3418Purpose of Disbursement
2017 Dues

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : 8673596

Amount of Each Disbursement this Period

10000.00

2017 Dues

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

10000.00