

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

Office Use Only

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

12FE4M5

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

ADDRESS (number and street) ▼

317 Massachusetts Ave., N.E.

1st Floor

☐ Check if different than previously reported. (ACC)

Washington

DC

20002

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00343137

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(c) 12-Day

PRE-Election

Report for the:

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

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2014

through

M M M / D D D / Y Y Y Y Y Y
06 30 2014

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

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

Signature of Treasurer

William J. Robb III, MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 07 2014

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 01 2014 To: M M / D D / Y Y Y Y Y Y
06 30 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		977438.67
(b) Cash on Hand at Beginning of Reporting Period.....	1104722.75	
(c) Total Receipts (from Line 19)	384615.46	880285.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1489338.21	1857724.00
7. Total Disbursements (from Line 31)	348030.83	716416.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1141307.38	1141307.38
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. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 04 01 2014

To:

 M M / D D / Y Y Y Y Y
 06 30 2014
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).....

327025.00

758579.00

(ii) Unitemized

35033.00

85946.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

362058.00

844525.00

(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) ▶

362058.00

844525.00

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).....

5880.83

12710.85

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

16650.00

23000.00

17. Other Federal Receipts

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

26.63

49.48

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))..... ▶

384615.46

880285.33

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

384615.46

880285.33

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	5880.83	12616.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5880.83	12616.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	319150.00	680800.00
24. Independent Expenditures (use Schedule E)	23000.00	23000.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	348030.83	716416.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	348030.83	716416.62

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	362058.00	844525.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	362058.00	844525.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	5880.83	12616.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	5880.83	12710.85
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	-94.23

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 282

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Robert A Coe MD

Mailing Address 1444 Hiawatha Drive

City

Beaver Dam

State

WI

Zip Code

53916-3062

FEC ID number of contributing
federal political committee.

C

Name of Employer

SSM Wisconsin

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2014

Transaction ID : 5928665

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Hussein Adel Elkousy MD

Mailing Address 7401 S Main

City

Houston

State

TX

Zip Code

77030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fondren Orthopedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2014

Transaction ID : 5929072

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brett D Crist MD

Mailing Address 5208 Beacon Falls Dr

City

Columbia

State

MO

Zip Code

65203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Missouri-Columbia

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2014

Transaction ID : 5943878

Amount of Each Receipt this Period

500.00

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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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Benjamin David Sutker 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

Southeastern Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2014

Transaction ID : 5944085

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Scott S Russo MD

Mailing Address 1579 Winterwood Drive

City

Grand Rapids

State

MI

Zip Code

49525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Assoc of Michigan

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2014

Transaction ID : 5944127

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gregory A Mencia MD

Mailing Address 906 Riverbend Rd

City

Nashville

State

TN

Zip Code

37221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2014

Transaction ID : 5944129

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

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

Full Name (Last, First, Middle Initial)

A. Thomas B Fleeter MD

Mailing Address 1860 Town Ctr Dr Ste 300

City State Zip Code
 Reston VA 20190

FEC ID number of contributing
federal political committee.

C

Name of Employer

Town Center Ortho Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 02 / 2014

Transaction ID : 5944135

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Steven F Schutzer MD

Mailing Address 499 Farmington Ave Suite 200

City State Zip Code
 Farmington CT 06032-1933

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Associates of Hartford

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 02 / 2014

Transaction ID : 5944137

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Sheila Marie Algan MD

Mailing Address 317 NW 42nd St

City State Zip Code
 Oklahoma City OK 73118

FEC ID number of contributing
federal political committee.

C

Name of Employer

OU Physicians

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 02 / 2014

Transaction ID : 5944139

Amount of Each Receipt this Period

500.00

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

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

1850.00

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

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

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

Full Name (Last, First, Middle Initial)

A. Peter O Newton MD

Mailing Address 3030 Children's Way Ste 410

City State Zip Code
 San Diego CA 92123-4228

FEC ID number of contributing federal political committee.

C

Name of Employer

CSSD

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 04 03 2014

Transaction ID : 5944426

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kenneth Levitsky MD

Mailing Address 28-04 Broadway

City State Zip Code
 Fair Lawn NJ 07410

FEC ID number of contributing federal political committee.

C

Name of Employer

Garden State Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 04 03 2014

Transaction ID : 5944428

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Scott Edward Porter MD

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

City State Zip Code
 Greenville SC 29605-4210

FEC ID number of contributing federal political committee.

C

Name of Employer

Greenville Hospital System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

84.00

Date of Receipt

M M / D D / Y Y Y Y
 04 03 2014

Transaction ID : 5944432

Amount of Each Receipt this Period

84.00

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)
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Ariel Goldman 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

North Shore Tyson Long Island Jewish H

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2014

Transaction ID : 5946691

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Byron H Izuka MD

Mailing Address 98-1967 Wilou St

City

Aiea

State

HI

Zip Code

96701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2014

Transaction ID : 5946808

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. George W Prutzman Jr, MD

Mailing Address 4235 Wild Eagle Terrace

City

Reno

State

NV

Zip Code

89511-6724

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Bee Ririe Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2014

Transaction ID : 5946820

Amount of Each Receipt this Period

500.00

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 (Last, First, Middle Initial) A. Jerry W Van Meter MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 03 / 2014 Transaction ID : 5946895</p>		
<p>Mailing Address 1010 Pensacola St</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Honolulu</p>	<p>State HI</p>	<p>Zip Code 96814</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer HPMG</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>Full Name (Last, First, Middle Initial) B. Scott P Steinmann MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 03 / 2014 Transaction ID : 5946935</p>		
<p>Mailing Address 1118 Plummer Circle</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Rochester</p>	<p>State MN</p>	<p>Zip Code 55902</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Mayo Clinic</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>			
<p>Full Name (Last, First, Middle Initial) C. Richard Edelson MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 04 / 2014 Transaction ID : 5948515</p>		
<p>Mailing Address 11532 SW Military Rd</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Portland</p>	<p>State OR</p>	<p>Zip Code 97219-8326</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>2000.00</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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(check only one)

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Steven Bennett Weinfeld MD</p> <p>Mailing Address 1725 York Ave Apt 8B</p> <p>City State Zip Code New York NY 10128-7809</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Mt. Sinai Medical Center Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 04 / 2014 Transaction ID : 5948529</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Donald J Zoltan MD</p> <p>Mailing Address 1081 East Circle Dr.</p> <p>City State Zip Code Whitefish Bay WI 53217</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Sports Med & Ortho Center Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 04 / 2014 Transaction ID : 5948577</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) C. William Joseph Peace MD</p> <p>Mailing Address 18968 W 54th Ln</p> <p>City State Zip Code Golden CO 80403-2182</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Panorama Ortho & Spine Center Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 03 / 2014 Transaction ID : 5948596</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1000.00</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

Full Name (Last, First, Middle Initial)

A. David A Beeks MD

Mailing Address 599 Delaware Dr

City State Zip Code
 Perrysburg OH 43551

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 03 / 2014

Transaction ID : 5948599

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard W Garner MD

Mailing Address 7201 E. Chester Heights Circle

City State Zip Code
 Anchorage AK 99504-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anchorage Fracture & Ortho Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 03 / 2014

Transaction ID : 5948601

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Christopher M Miller MD

Mailing Address 5059 S Greenbriar Ave

City State Zip Code
 Springfield MO 65804

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ferrell-Duncan Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 03 / 2014

Transaction ID : 5948602

Amount of Each Receipt this Period

1000.00

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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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Sean E McCance MD

Mailing Address 1155 Park Ave

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spine Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 03 / 2014

Transaction ID : 5948603

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Robert S Sterling MD

Mailing Address 5 Stream Valley Garth

City

Owings Mills

State

MD

Zip Code

21201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Johns Hopkins University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 03 / 2014

Transaction ID : 5948621

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gerard G Adler MD

Mailing Address 305 Woodland Ln

City

Oconomowoc

State

WI

Zip Code

53066-2734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 03 / 2014

Transaction ID : 5948624

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

A. E Boone Brackett III, MD

Mailing Address 1125 Westgate

City State Zip Code
 Oak Park IL 60302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 03 / 2014

Transaction ID : 5948625

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Benjamin Gulli MD

Mailing Address 3366 Oakdale Ave N Ste 103

City State Zip Code
 Minneapolis MN 55422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Twin Cities Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 04 / 2014

Transaction ID : 5948719

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Patrick T McCulloch MD

Mailing Address 12 Caley Drive

City State Zip Code
 Canonsburg PA 15317-5990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Advanced Orthopaedics & Rehabilitation

Orthopaedic Surgeon

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 / 2014

Transaction ID : 5948780

Amount of Each Receipt this Period

250.00

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

2250.00

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 (Last, First, Middle Initial)

A. Martin Boublik MD

Mailing Address 8200 E Belleview Ave Ste 615E

City State Zip Code
 Greenwood Village CO 80111-2898

FEC ID number of contributing
federal political committee.

C

Name of Employer

Steadman Hawkins Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 04 / 2014

Transaction ID : 5950925

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Charles M Blitzzer MD

Mailing Address 61 Canney Rd

City State Zip Code
 Durham NH 03824

FEC ID number of contributing
federal political committee.

C

Name of Employer

Seacoast Ortho & Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 04 / 2014

Transaction ID : 5951314

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lewis B Lane MD

Mailing Address 0 South Rd

City State Zip Code
 Sands Point NY 11050

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 05 / 2014

Transaction ID : 5951321

Amount of Each Receipt this Period

250.00

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

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 (Last, First, Middle Initial)

A. Peter F Townsend MD

Mailing Address 1941 Limestone Rd Ste 101

City State Zip Code
 Wilmington DE 19808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Delaware Ortho Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 06 2014

Transaction ID : 5951811

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John Thomas Killian MD

Mailing Address 314 Sterrett Ave

City State Zip Code
 Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 06 2014

Transaction ID : 5951814

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Rowland Brook Mayor MD

Mailing Address 12 Lantern Hill Ln

City State Zip Code
 Guilford CT 06437-2067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 06 2014

Transaction ID : 5951819

Amount of Each Receipt this Period

500.00

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

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

2500.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jeffrey C Davis MD

Mailing Address 1208 Perthshire Ct

City State Zip Code
 Hoover AL 35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Andrews Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 06 / 2014

Transaction ID : 5951821

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffery J Soldatis MD

Mailing Address 700 Sugarbush Dr

City State Zip Code
 Zionsville IN 46077

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedics Indianapolis

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 03 / 2014

Transaction ID : 5954589

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kent Jason Lowry MD

Mailing Address 3746 N Faust Lake Rd

City State Zip Code
 Rhinelander WI 54501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ministry Health Care

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 03 / 2014

Transaction ID : 5954591

Amount of Each Receipt this Period

500.00

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

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1750.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jerald L Cooper MD

Mailing Address 7601 W Jefferson Blvd

City

Fort Wayne

State

IN

Zip Code

46804

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 03 / 2014

Transaction ID : 5954592

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffrey C King MD

Mailing Address 7665 Finnagen Dr

City

Mattawan

State

MI

Zip Code

49071-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenleaf Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 03 / 2014

Transaction ID : 5954593

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John G Mayer MD

Mailing Address 151 W Golf Rd

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 03 / 2014

Transaction ID : 5954597

Amount of Each Receipt this Period

250.00

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 (Last, First, Middle Initial)

A. George W Brindley 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

Texas Tech Health Sciences Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2014

Transaction ID : 5954598

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Scott Edward Porter MD

Mailing Address Dept of Ortho, Acad Serv

701 Grove Rd 2nd Fl Suprt Twr

City

Greenville

State

SC

Zip Code

29605-4210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Hospital System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

584.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2014

Transaction ID : 5954600

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thomas O Clanton MD

Mailing Address 181 W Meadow Dr Suite 200

City

Vail

State

CO

Zip Code

81657-5058

FEC ID number of contributing
federal political committee.

C

Name of Employer

Steadman Hawkins Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2014

Transaction ID : 5954601

Amount of Each Receipt this Period

1000.00

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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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Tracy A Pesut MD

Mailing Address 460 Noelton Dr

City

Knoxville

State

TN

Zip Code

37919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tennessee Orthopaedic Clinics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2014

Transaction ID : 5954603

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Jiuliano MD

Mailing Address 104 Poipu Dr

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 09 / 2014

Transaction ID : 5960478

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Paul Strawn Sherbondy 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

Penn State Hershey

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 09 / 2014

Transaction ID : 5960479

Amount of Each Receipt this Period

84.00

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

584.00

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

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. **Joseph A Buckwalter MD**

Mailing Address Dept of Ortho 01008 JPP
 200 Hawkins Dr

City State Zip Code
 Iowa City IA 52242-1009

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Univ of Iowa Hospitals & Clinics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 09 / 2014

Transaction ID : 5964617

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. **John P Lyden MD**

Mailing Address Rm 355 West
 535 E 70th St

City State Zip Code
 New York NY 10021-4892

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 09 / 2014

Transaction ID : 5968435

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. **John Lawrence Marsh MD**

Mailing Address 200 Hawkins Drive
 01071JPP

City State Zip Code
 Iowa City IA 52242-1088

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Univ of Iowa Hospitals & Clinics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 09 / 2014

Transaction ID : 5976726

Amount of Each Receipt this Period

250.00

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 (Last, First, Middle Initial)

A. Ira Joel Singer MD

Mailing Address 22 Intervale Rd

City

Providence

State

RI

Zip Code

02906-3734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 09 / 2014

Transaction ID : 5977117

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Cass K Nakasone MD

Mailing Address 3758 Old Pali Rd

City

Honolulu

State

HI

Zip Code

96817-1067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Straub Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 10 / 2014

Transaction ID : 5982245

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Steven Douglas K Ross MD

Mailing Address 555 Wildhorse

City

Orange

State

CA

Zip Code

92869

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of California

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

04 / 10 / 2014

Transaction ID : 5989835

Amount of Each Receipt this Period

100.00

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

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

900.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Scott A McPherson MD

Mailing Address 5000 S Jasmine Trail

City

Sioux Falls

State

SD

Zip Code

57108

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORE Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 09 / 2014

Transaction ID : 5995021

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. James R Santangelo 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

US Army

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2014

Transaction ID : 5995023

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Samuel R Rosenfeld 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

APOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2014

Transaction ID : 5995024

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

A. Davis C Peterson 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

Anchorage Fracture & Ortho Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2014

Transaction ID : 5995031

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael G Kogan 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

Midwest Bone & Joint Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 09 / 2014

Transaction ID : 5995032

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas C Kennedy MD

Mailing Address 1106 Pecks Canyon

City

Yakima

State

WA

Zip Code

98908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedics Northwest

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 09 / 2014

Transaction ID : 5995035

Amount of Each Receipt this Period

1000.00

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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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 (Last, First, Middle Initial)

A. Edward W Younger III, MD

Mailing Address 8515 Kenneth Creek Ln

City

Fair Oaks

State

CA

Zip Code

95628

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2014

Transaction ID : 5995044

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Anil S Ranawat MD

Mailing Address 535 E 70th St 6th Fl

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2014

Transaction ID : 5995045

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John M Flynn MD

Mailing Address 18 Cedar Hollow Dr

City

Wallingford

State

PA

Zip Code

19086

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Surgical Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2014

Transaction ID : 5995046

Amount of Each Receipt this Period

500.00

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 (Last, First, Middle Initial)

A. A Bruce Reid MD

Mailing Address 717 S 8th St

City State Zip Code
 Griffin GA 30224

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoGeorgia

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 5995050

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Carlos Guanche MD

Mailing Address 24959 John Fremont Road

City State Zip Code
 Hidden Hills CA 91302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 5995051

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gregory S Slaphey MD

Mailing Address 139 Fairway Dr

City State Zip Code
 Carrollton GA 30117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carrollton Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 5995052

Amount of Each Receipt this Period

250.00

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

<p>Full Name (Last, First, Middle Initial) A. John W McClellan III, MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 07 / 2014 Transaction ID : 5995053</p>	
<p>Mailing Address 12715 Westchester Plaza</p>			<p>Amount of Each Receipt this Period 1000.00</p>	
<p>City Omaha</p>	<p>State NE</p>	<p>Zip Code 68154</p>		
<p>FEC ID number of contributing federal political committee. C</p>				
<p>Name of Employer Nebraska Spine Center</p>		<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>		
<p>Full Name (Last, First, Middle Initial) B. Craig M Bone MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 07 / 2014 Transaction ID : 5995054</p>	
<p>Mailing Address 2105 East Halmoon Lake Lane</p>			<p>Amount of Each Receipt this Period 250.00</p>	
<p>City Colbert</p>	<p>State WA</p>	<p>Zip Code 99005</p>		
<p>FEC ID number of contributing federal political committee. C</p>				
<p>Name of Employer Spokane Orthopedics</p>		<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>		
<p>Full Name (Last, First, Middle Initial) C. Richard Chang MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 07 / 2014 Transaction ID : 5995566</p>	
<p>Mailing Address 1081 Route 22 W</p>			<p>Amount of Each Receipt this Period 250.00</p>	
<p>City Bridgewater</p>	<p>State NJ</p>	<p>Zip Code 08807-2921</p>		
<p>FEC ID number of contributing federal political committee. C</p>				
<p>Name of Employer Somerset Orthopaedics Inc</p>		<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1500.00</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

Full Name (Last, First, Middle Initial)

A. Eric T Miller MD

Mailing Address 4101 Okey Court

City State Zip Code
 Medina OH 44256

FEC ID number of contributing
federal political committee.

C

Name of Employer

Summa Health Systems

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 5995567

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Arthur H Conley MD

Mailing Address 1834 Dorchester Place

City State Zip Code
 Nichols Hills OK 73120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 5995568

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Daniel J Nagle MD

Mailing Address 737 N Michigan Ave
 Ste 700

City State Zip Code
 Chicago IL 60611-7108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 5995569

Amount of Each Receipt this Period

500.00

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

<p>Full Name (Last, First, Middle Initial) A. Victor Anthony Prieto MD</p> <p>Mailing Address 900 Hyde St 11th Fl</p> <p>City State Zip Code San Francisco CA 94109-4806</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 07 / 2014</p> <p>Transaction ID : 5995570</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name (Last, First, Middle Initial) B. David A Mattingly MD</p> <p>Mailing Address Longwood Orthopedic Associates 830 Boylston St Ste 106</p> <p>City State Zip Code Chestnut Hill MA 02467-2502</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Longwood Orthopedic Associates Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 07 / 2014</p> <p>Transaction ID : 5995572</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name (Last, First, Middle Initial) C. Ryan Edward Will MD</p> <p>Mailing Address 2007 60th Ave NW</p> <p>City State Zip Code Gig Harbor WA 98335</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Multicare Health System Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 07 / 2014</p> <p>Transaction ID : 5995575</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p> <p>TOTAL This Period (last page this line number only)..... ▶</p>		<p>1000.00</p>

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Keith S Hechtman MD

Mailing Address 13821 SW 97th Ave

City
Miami

State
FL

Zip Code
33176-6884

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health South Florida

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : 5995576

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael D Smith MD

Mailing Address 4847 East Lake Harriet Parkway

City

Minneapolis

State

MN

Zip Code

55419

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : 5995578

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Danny W Nicholls DO

Mailing Address 7201 Diamond Oaks Drive

City

Mansfield

State

TX

Zip Code

76063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arlington Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : 5995579

Amount of Each Receipt this Period

200.00

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

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

700.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Steven M Sanders MD

Mailing Address 9124 Eagle Hills Dr

City

Las Vegas

State

NV

Zip Code

89134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2014

Transaction ID : 5995580

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ryan C Meis MD

Mailing Address 466 Firethorn Trail

City

Dakota Dunes

State

SD

Zip Code

57049

FEC ID number of contributing
federal political committee.

C

Name of Employer

CNOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2014

Transaction ID : 5995581

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David F Dalury MD

Mailing Address 8322 Bellona Ave Ste 200

City

Baltimore

State

MD

Zip Code

21204-2076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Towson Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 5995784

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bryan M Huber MD

Mailing Address 430 Lower Sanborn

City State Zip Code
 Stowe VT 05672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 12 / 2014

Transaction ID : 5997603

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Stephen Brett Whitfield MD

Mailing Address 1315 Lake Dr

City State Zip Code
 Daniels WV 25832-9237

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

OSSA

Orthopaedic Surgeon

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 / 12 / 2014

Transaction ID : 5997605

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Ronald A MacBeth Jr, MD

Mailing Address 118 Fair Bianca Court

City State Zip Code
 Clarkesville GA 30523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Habersham County Medical Center

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 / 09 / 2014

Transaction ID : 5999339

Amount of Each Receipt this Period

100.00

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Robert A Kelly MD

Mailing Address 3084 W Roxboro Rd NE

City State Zip Code
 Atlanta GA 30324

FEC ID number of contributing federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 09 2014

Transaction ID : 5999344

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Rafael Antonio Lopez MD

Mailing Address P.O. Box 363682

City State Zip Code
 San Juan PR 00936-3682

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 09 2014

Transaction ID : 5999345

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kevin Charles Booth MD

Mailing Address 100 Bridges Ct

City State Zip Code
 Alamo CA 94507

FEC ID number of contributing federal political committee.

C

Name of Employer

NCSI

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 09 2014

Transaction ID : 5999346

Amount of Each Receipt this Period

1000.00

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 (Last, First, Middle Initial)

A. Douglas M Lange MD

Mailing Address 2405 Shadelands Dr Ste 210
PO Box 31396

City State Zip Code
Walnut Creek CA 94598-5905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Muir Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
04 / 09 / 2014

Transaction ID : 5999347

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. M Bradford Henley MD, MBA

Mailing Address 6853 W Mercer Way

City State Zip Code
Mercer Island WA 98040-4861

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Washington

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
04 / 09 / 2014

Transaction ID : 5999348

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Douglas W Lundy MD

Mailing Address 1368 Wynbrook Trace

City State Zip Code
Mableton GA 30126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
04 / 09 / 2014

Transaction ID : 5999349

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jonathan William Surdam MD

Mailing Address 2519 E. Summer Creek Dr

City State Zip Code
 Bloomington IN 47401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Indiana Physicians

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 5999421

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas Griffin Taylor MD

Mailing Address 4009 Vintage Trl

City State Zip Code
 Longview TX 75605-2858

FEC ID number of contributing
federal political committee.

C

Name of Employer

Longview Orthopedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 5999422

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Richard D Schmidt MD

Mailing Address 4010 Sunnyside Road

City State Zip Code
 Edina MN 55424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 5999423

Amount of Each Receipt this Period

250.00

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

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

750.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kayvon S Riggi MD

Mailing Address 14536 Rocksborough Rd

City State Zip Code
 Minnetonka MN 55345

FEC ID number of contributing
federal political committee.

C

Name of Employer

Twin Cities Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 5999424

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gurpal Singh Ahluwalia MD

Mailing Address 335 Thompson Dr

City State Zip Code
 Fairborn OH 45324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kettering Health Network

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 5999426

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Willie J Banks Jr, MD

Mailing Address Washington VA Medical Center
 50 Irving Street, NW

City State Zip Code
 Washington DC 20422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dept of Veterans Affairs

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 5999427

Amount of Each Receipt this Period

100.00

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

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

600.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Paul F Lachiewicz MD

Mailing Address 417 Lyons Rd

City State Zip Code
 Chapel Hill NC 27514

FEC ID number of contributing federal political committee.

C

Name of Employer

Chapel Hill Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 04 / 07 / 2014

Transaction ID : 5999428

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Carla S Smith MD

Mailing Address 2006 E 24th Ave

City State Zip Code
 Spokane WA 99203

FEC ID number of contributing federal political committee.

C

Name of Employer

Providence Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 04 / 07 / 2014

Transaction ID : 5999429

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Scott L Slivka MD

Mailing Address 6276 Coach House Way

City State Zip Code
 Hamilton OH 45011

FEC ID number of contributing federal political committee.

C

Name of Employer

Trihealth

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 04 / 07 / 2014

Transaction ID : 5999430

Amount of Each Receipt this Period

250.00

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 (Last, First, Middle Initial)

A. Kenneth K Ishizue MD

Mailing Address 12705 Corte Cordillera

City State Zip Code
 Salinas CA 93908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 5999431

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Thomas C Wilder Jr, MD

Mailing Address 239 Parfitt Way, Unit 1B

City State Zip Code
 Bainbridge Island WA 98110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Group Health Permanente

Orthopaedic Surgeon

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 / 07 / 2014

Transaction ID : 5999432

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael J Bercik MD

Mailing Address 711 Westminster Ave

City State Zip Code
 Elizabeth NJ 07208-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 5999436

Amount of Each Receipt this Period

500.00

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

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

1100.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Shervondalonn R Brown MD

Mailing Address 1516 Winterberry Dr

City

Murfreesboro

State

TN

Zip Code

37130-1149

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tennessee Orthopaedic Alliance

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 5999437

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Patricia McHale MD

Mailing Address 15819 Glenmiro Dr

City

Huntersville

State

NC

Zip Code

28078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Carolina

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 5999439

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Steven J Bruce MD

Mailing Address 1533 Lakeway Pl

City

Bellingham

State

WA

Zip Code

98229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Peace Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 5999440

Amount of Each Receipt this Period

100.00

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

1600.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Richard Lee Parker MD

Mailing Address 6 Dowling Ct

City State Zip Code
 Old Westbury NY 11568

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Nassau Ortho Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 5999442

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Alan R McCall MD

Mailing Address 7447 W Talcott Ave Ste 500

City State Zip Code
 Chicago IL 60631-3745

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 5999443

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David J Stapor MD

Mailing Address 2076 Hycroft Dr

City State Zip Code
 Pittsburgh PA 15241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 5999445

Amount of Each Receipt this Period

250.00

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

1000.00

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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 (Last, First, Middle Initial)

A. Rodney J Herrin MD

Mailing Address 1301 S Koke Mill Rd

City
Springfield

State Zip Code
IL 62711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Center of IL

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : 5999446

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Larry D Herron MD

Mailing Address 219 Indio

City
Shell Beach

State Zip Code
CA 93449

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Coast Orthopaedic Medicine

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : 5999448

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. H Chester Boston Jr, MD

Mailing Address 6700 Elaina Ln

City
Tuscaloosa

State Zip Code
AL 35406

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Orthopaedic Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : 5999450

Amount of Each Receipt this Period

1000.00

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

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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 (Last, First, Middle Initial)

A. Frederick F Fakharzadeh MD

Mailing Address 829 Ellis Place

City State Zip Code
 Oradell NJ 07649

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 5999454

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John Patrick Reilly MD

Mailing Address 60 Copperflag Ln

City State Zip Code
 Staten Island NY 10304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 5999456

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Reginald E Manning MD

Mailing Address 72 Maple St

City State Zip Code
 Brooklyn NY 11225-5002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : 5999457

Amount of Each Receipt this Period

500.00

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

<p>Full Name (Last, First, Middle Initial) A. Cooper L Terry MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 15 / 2014 Transaction ID : 6003629</p>		
<p>Mailing Address 1106 S Lamar Blvd</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Oxford</p>	<p>State MS</p>	<p>Zip Code 38655-4732</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>			
<p>Full Name (Last, First, Middle Initial) B. D Kay Kirkpatrick MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 15 / 2014 Transaction ID : 6003685</p>		
<p>Mailing Address 2926 Ashebrooke Dr</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Marietta</p>	<p>State GA</p>	<p>Zip Code 30068</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Resurgens Orthopaedics</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>			
<p>Full Name (Last, First, Middle Initial) C. David A Bernstein MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 15 / 2014 Transaction ID : 6004067</p>		
<p>Mailing Address New Mexico Orthopaedics 201 Cedar SE Ste 6600</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Albuquerque</p>	<p>State NM</p>	<p>Zip Code 87106</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer New Mexico Orthopaedics</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>2500.00</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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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. John T Gill MD

Mailing Address 3424 Wentwood Dr

City State Zip Code
 Dallas TX 75225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dallas Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : 6008129

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Paul D Burton DO

Mailing Address 250 Campbell Ave

City State Zip Code
 Redlands CA 92374

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arrowhead Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 14 / 2014

Transaction ID : 6008203

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dennis M Brown MD

Mailing Address 1774 Kylemore Ct

City State Zip Code
 Dayton OH 45459

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Health Specialists

Occupation

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
 04 / 14 / 2014

Transaction ID : 6008204

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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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 (Last, First, Middle Initial)

A. James R Kasser MD

Mailing Address 9 Vesta Rd

City
Natick

State
MA

Zip Code
01760

FEC ID number of contributing
federal political committee.

C

Name of Employer

COSF

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 14 / 2014

Transaction ID : 6008205

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Raymond F Lower DO

Mailing Address 19465 Deerfield Ave
Ste 405

City
Leesburg

State
VA

Zip Code
20176

FEC ID number of contributing
federal political committee.

C

Name of Employer

CSO

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 14 / 2014

Transaction ID : 6008207

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Theodore I Macey 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

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 14 / 2014

Transaction ID : 6008208

Amount of Each Receipt this Period

1000.00

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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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial)

A. Mark W Diehl MD

Mailing Address 1110 Hazeltine Ln

City State Zip Code
 Kennesaw GA 30152

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pinnacle Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 14 / 2014

Transaction ID : 6008209

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Curtis W Spencer III, MD

Mailing Address 2760 Atlantic Ave

City State Zip Code
 Long Beach CA 90806-2755

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Ortho Surgical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 14 / 2014

Transaction ID : 6008210

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Robert Knox Yarbrough MD

Mailing Address 3965 Fouts Dr

City State Zip Code
 Cumming GA 30028-4933

FEC ID number of contributing
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 14 / 2014

Transaction ID : 6008211

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Michael S Marandola MD

Mailing Address 26401 Crown Valley Prkwy Ste 101

City State Zip Code
Mission Viejo CA 92691

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 14 / 2014

Transaction ID : 6008213

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jonathan B Ticker MD

Mailing Address 8 Wood Acres Rd

City State Zip Code
Brookville NY 11545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Island Ortho & Sports Med

Orthopaedic Surgeon

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 / 14 / 2014

Transaction ID : 6008214

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kevin G Shea MD

Mailing Address 4620 N Bantry Pl

City State Zip Code
Boise ID 83702-1863

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

St. Lukes Health System

Orthopaedic Surgeon

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 / 15 / 2014

Transaction ID : 6008221

Amount of Each Receipt this Period

500.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Seth Rosenzweig MD

Mailing Address 500 N Lewis Ste 280

City State Zip Code
 New Iberia LA 70563

FEC ID number of contributing
federal political committee.

C

Name of Employer

Legacy Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2014

Transaction ID : 6008222

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael Gayle Klassen MD

Mailing Address 10 Harris Ct Bldg A Ste A
 P.O. Box 2019

City State Zip Code
 Monterey CA 93942-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer

MPOSMI

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2014

Transaction ID : 6008224

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brian Makhuli MD

Mailing Address 1748 Woodwalk Creek

City State Zip Code
 Atlanta GA 30339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2014

Transaction ID : 6008225

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

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

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

Full Name (Last, First, Middle Initial)

A. Carl R Weinert Jr, MD

Mailing Address 1310 W Stewart Dr Ste 508

City State Zip Code
Orange CA 92868-3856

FEC ID number of contributing
federal political committee.

C

Name of Employer

APOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2014

Transaction ID : 6008226

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Philip Schrank MD

Mailing Address 5 Schooners Cove

City State Zip Code
East Setauket NY 11733

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Associates of Long Island

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2014

Transaction ID : 6008227

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Nikhil N Verma MD

Mailing Address 1822 N Honore St

City State Zip Code
Chicago IL 60622-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Orthopaedics at Rush

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2014

Transaction ID : 6008228

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

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 (Last, First, Middle Initial)

A. Jeffrey G Mokris MD

Mailing Address 17812 Wilbanks Dr.

City State Zip Code
Charlotte NC 28278

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Carolina

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2014

Transaction ID : 6008230

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Lowry Jones Jr, MD

Mailing Address 2609 W 65th St

City State Zip Code
Mission Hills KS 66208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dickson Diveley Midwest Ortho

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2014

Transaction ID : 6008231

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Brian C de Beaubien MD

Mailing Address 2220 Center Ave

City State Zip Code
Bay City MI 48708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Covenant Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2014

Transaction ID : 6008232

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

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

Full Name (Last, First, Middle Initial)

A. Henry George Krull MD

Mailing Address 36156 Tremolo Circle

City State Zip Code
Soldotna AK 99669

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kenai Peninsula Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2014

Transaction ID : 6008233

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Peter W Ross MD

Mailing Address P.O. Box 3916

City State Zip Code
Soldotna AK 99669-3916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kenai Peninsula Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2014

Transaction ID : 6008234

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. R Lee Nichols MD

Mailing Address 426 W College St

City State Zip Code
Florence AL 35630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shoals Orthopedics & Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2014

Transaction ID : 6008235

Amount of Each Receipt this Period

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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NAME 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 Edward Pollack MD

Mailing Address 6 Sand Hill Rd Ste 102

City State Zip Code
 Flemington NJ 08822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hunterdon Ortho Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 15 / 2014

Transaction ID : 6008236

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joshua J Jacobs MD

Mailing Address 2407 Pomona Ln

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Orthopaedics at Rush

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 15 / 2014

Transaction ID : 6008237

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Andrew N Pollak MD

Mailing Address 1692 Bullock Circle

City State Zip Code
 Owings Mills MD 21117

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Maryland

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 15 / 2014

Transaction ID : 6008238

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Alan G Greenwald MD

Mailing Address 14780 Tieton Dr.

City State Zip Code
 Yakima WA 98908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 04 / 15 / 2014

Transaction ID : 6008239

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sean C Tracy MD

Mailing Address W211 N5455 Carters Crossing Circle

City State Zip Code
 Menomonee Falls WI 53051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Wisconsin Bone and Joint

Orthopaedic 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 / 11 / 2014

Transaction ID : 6008241

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Tudor Roberts Tien MD

Mailing Address 3090 Andora Dr

City State Zip Code
 Ypsilanti MI 48198-9649

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Allegiance Health

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 04 / 11 / 2014

Transaction ID : 6008242

Amount of Each Receipt this Period

250.00

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 (Last, First, Middle Initial)

A. Gary M Zartman MD

Mailing Address 2433 Butter Rd

City
Lancaster

State Zip Code
PA 17601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lancaster Orthopaedic Group

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 6008243

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeffrey L Lovallo MD

Mailing Address 7107 Elizabeth Dr

City
Mc Lean

State Zip Code
VA 22101-2624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 6008245

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Paul J Duwelius MD

Mailing Address 16925 Scott Ct

City
Lake Oswego

State Zip Code
OR 97034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopedic & Fracture Specialists

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 6008246

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

Full Name (Last, First, Middle Initial)

A. Paul E Havel MD

Mailing Address 15931 York Circle NW

City State Zip Code
Ramsey MN 55303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allina

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 6008247

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Michael David Calfee MD

Mailing Address Suite 104
1720 East Reelfoot Avenue

City State Zip Code
Union City TN 38261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 6008248

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Larry S Bankston Jr, MD

Mailing Address 1854 Cedardale Ave

City State Zip Code
Baton Rouge LA 70808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baton Rouge Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 6008249

Amount of Each Receipt this Period

250.00

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 (Last, First, Middle Initial)

A. Randall Evan Marcus MD

Mailing Address 11100 Euclid Ave

City

Cleveland

State

OH

Zip Code

44106-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospitals

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 11 / 2014

Transaction ID : 6008250

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James F Harris MD

Mailing Address 8404 Hideaway Ln NW

City

Silverdale

State

WA

Zip Code

98383

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 11 / 2014

Transaction ID : 6008251

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mark Chong Lee MD

Mailing Address 3 Hamilton Way

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Connecticut Children's Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 11 / 2014

Transaction ID : 6008253

Amount of Each Receipt this Period

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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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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bradley C Edgerton MD

Mailing Address 4888 Adrian Ln

City	State	Zip Code
Duluth	MN	55811-3904

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	11	/	2014

Transaction ID : 6008254

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David G Heller MD

Mailing Address 11 Wanders Dr

City	State	Zip Code
Hingham	MA	02043-3456

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Carney Hospital

Orthopaedic 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	/	11	/	2014

Transaction ID : 6008255

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Richard H Cobden MD

Mailing Address 385 Forest Hills Ct

City	State	Zip Code
Fairbanks	AK	99709

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	11	/	2014

Transaction ID : 6008256

Amount of Each Receipt this Period

500.00

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

1000.00

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 (Last, First, Middle Initial)

A. Miguel Antonio Schmitz MD

Mailing Address 8624 E Maringo Dr

City State Zip Code
 Spokane WA 99212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 11 / 2014

Transaction ID : 6008257

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. J Chris Osgood MD

Mailing Address 1720 S Karl Johan Ave

City State Zip Code
 Tacoma WA 98465

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Group Health Cooperative

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 / 2014

Transaction ID : 6008258

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Paul S Kenyon MD

Mailing Address 150 S East Ave
 PO Box 600

City State Zip Code
 Jackson MI 49204-0600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 11 / 2014

Transaction ID : 6008259

Amount of Each Receipt this Period

250.00

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

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

1300.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Travis Jay Kemp MD

Mailing Address 1398 E Versailles Ct

City

Boise

State

ID

Zip Code

83706-6709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : 6008698

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Roy C Terry MD

Mailing Address 102 Hartmann Dr
Ste G PMB 364

City

Lebanon

State

TN

Zip Code

37087-1502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tennessee Orthopaedic Clinics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 20 / 2014

Transaction ID : 6012501

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Marc Romaine Davidson 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

Advantage Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 20 / 2014

Transaction ID : 6012503

Amount of Each Receipt this Period

1000.00

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 (Last, First, Middle Initial)

A. Geoffrey F Haft MD

Mailing Address 503 E 21st St

City

Sioux Falls

State

SD

Zip Code

57105-2012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2014

Transaction ID : 6012505

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Richard M Wilk MD

Mailing Address 69 Dartmouth Street

City

Newton

State

MA

Zip Code

02465

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lahey Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2014

Transaction ID : 6016431

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ross Alan Benthien MD

Mailing Address 25 Lakeview Drive

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Associates of Hartford

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2014

Transaction ID : 6020904

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

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

Full Name (Last, First, Middle Initial)

A. Ali Reza Motamedi MD

Mailing Address 15318 Oyster Creek Lane

City

Sugar Land

State

TX

Zip Code

77478

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCLA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2014

Transaction ID : 6022009

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David Jevsevar MD, MBA

Mailing Address 2331 West Entrada Trail
#52

City

St George

State

UT

Zip Code

84770

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dixie Regional Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2014

Transaction ID : 6022263

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Afshin Razi MD

Mailing Address 66-37 Saunders St

City

Rego Park

State

NY

Zip Code

11374

FEC ID number of contributing
federal political committee.

C

Name of Employer

Madison Avenue Ortho Assoc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2014

Transaction ID : 6023533

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Sumeet Garg MD

Mailing Address 9157 East 35th Ave

City State Zip Code
 Denver CO 80238

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : 6023551

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Troy D Pierce MD

Mailing Address 4012 Edgewater PI SE

City State Zip Code
 Mandan ND 58554

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 04 / 11 / 2014

Transaction ID : 6024271

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Enrique Escobar-Medina MD

Mailing Address P.O. Box 8637

City State Zip Code
 Caguas PR 00726-8637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 04 / 11 / 2014

Transaction ID : 6024272

Amount of Each Receipt this Period

250.00

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

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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 (Last, First, Middle Initial)

A. Bradley Heiges MD

Mailing Address 59 W Bluff Dr

City
Savannah

State Zip Code
GA 31406-7547

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 11 / 2014

Transaction ID : 6024273

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Arnold Houkom MD

Mailing Address 939 Coast Blvd Unit 12B

City
La Jolla

State Zip Code
CA 92037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 11 / 2014

Transaction ID : 6024274

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Alexandra Elizabeth Page MD

Mailing Address 939 Coast Blvd Unit 12B

City
La Jolla

State Zip Code
CA 92037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Southern California Permanente Medical

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 11 / 2014

Transaction ID : 6024275

Amount of Each Receipt this Period

250.00

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

600.00

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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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Theodore Georgis Jr, MD</p> <p>Mailing Address 520 Frederick St # 24</p> <p>City State Zip Code San Francisco CA 94117-2729</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Northpoint Medical Consultants Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 11 / 2014 Transaction ID : 6024276</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Thomas John Haverbush MD</p> <p>Mailing Address 315 E Warwick Rd Ste A</p> <p>City State Zip Code Alma MI 48801-1013</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 11 / 2014 Transaction ID : 6024280</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) c. Thomas P Obade Jr, MD</p> <p>Mailing Address 414 Tatum St</p> <p>City State Zip Code Woodbury NJ 08096-3499</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Advanced Orthopaedic Centers Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 11 / 2014 Transaction ID : 6024282</p> <p>Amount of Each Receipt this Period 1000.00</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**

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 (Last, First, Middle Initial)

A. John R Denton MD

Mailing Address 1333A North Ave
PMB 434

City State Zip Code
New Rochelle NY 10804-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 6024283

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David B Coward MD

Mailing Address 2801 K St Ste 310

City State Zip Code
Sacramento CA 95816-5119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Sacramento Knee & Sports Medicine

Orthopaedic Surgeon

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 / 11 / 2014

Transaction ID : 6024284

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Edward J Bieber MD

Mailing Address 7407 Beverly Road

City State Zip Code
Bethesda MD 20814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

BCCOA Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 6024285

Amount of Each Receipt this Period

500.00

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 (Last, First, Middle Initial)

A. John Charles Kofoed MD

Mailing Address 2619 Seminole Ct

City

Fairfield

State

CA

Zip Code

94534-7871

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sutter Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 6024286

Amount of Each Receipt this Period

244.00

Full Name (Last, First, Middle Initial)

B. William L Hennrikus 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

Penn State Hershey Medical Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 6024287

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Louis U Bigliani MD

Mailing Address PH 11-1130 Center

622 W 168th St

City

New York

State

NY

Zip Code

10032-3713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbia University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 6024288

Amount of Each Receipt this Period

250.00

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

744.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Scott W McCall MD

Mailing Address 405 Tramore Ct

City State Zip Code
Franklin TN 37067

FEC ID number of contributing
federal political committee.

C

Name of Employer

MTBJ

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2014

Transaction ID : 6024298

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. William F Tucker Jr, MD

Mailing Address 3533 Southwestern Blvd.

City State Zip Code
Dallas TX 75225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 6024827

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Thomas W Wright MD

Mailing Address P.O. Box 112727
3450 Hull Road

City State Zip Code
Gainesville FL 32611-2727

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 6024910

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. John A Gracy MD

Mailing Address 92 Dallon Lane

City State Zip Code
Ringgold GA 30736

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 14 2014

Transaction ID : 6027081

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Daniel I Singer MD

Mailing Address 1401 South Beretania St
Suite 750

City State Zip Code
Honolulu HI 96814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ortho Assoc of Hawaii

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
04 14 2014

Transaction ID : 6027082

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mitchel B Harris MD

Mailing Address Dept of Ortho
75 Francis St PBB A2

City State Zip Code
Boston MA 02115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Brigham & Woman's Ortho

Orthopaedic Surgeon

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 2014

Transaction ID : 6027083

Amount of Each Receipt this Period

500.00

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)
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 Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jeffrey S Abrams MD

Mailing Address 23 Foulet Dr

City	State	Zip Code
Princeton	NJ	08540

FEC ID number of contributing federal political committee.

C

Name of Employer

Princeton Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	14	/	2014

Transaction ID : 6027084

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Steven G Glasgow MD

Mailing Address 2111 Midlands Ct Ste 100

City	State	Zip Code
Sycamore	IL	60178-3125

FEC ID number of contributing federal political committee.

C

Name of Employer

Midwest Orthopaedic Consultants

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	14	/	2014

Transaction ID : 6027086

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Michele T Glasgow MD

Mailing Address 3085 Wolf Ct

City	State	Zip Code
Dekalb	IL	60115

FEC ID number of contributing federal political committee.

C

Name of Employer

Midwest Orthopaedic Consultants

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	14	/	2014

Transaction ID : 6027087

Amount of Each Receipt this Period

1000.00

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

2200.00

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 (Last, First, Middle Initial)

A. Randy G Delcore MD

Mailing Address 86 N Beacon Dr

City State Zip Code
 Cedar City UT 84720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 15 / 2014

Transaction ID : 6027088

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Paul E Perry MD

Mailing Address 225 Crosslake Dr

City State Zip Code
 Evansville IN 47715-8198

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Tri-State Orthopaedic Surgeons

Orthopaedic Surgeon

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 / 15 / 2014

Transaction ID : 6027089

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mark A Coppes MD

Mailing Address 1227 Shannock Rd

City State Zip Code
 Charlestown RI 02813

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

South County Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 15 / 2014

Transaction ID : 6027090

Amount of Each Receipt this Period

1000.00

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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(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Richard A Fankhauser MD

Mailing Address 815 W Broad St Ste 300

City State Zip Code
Columbus OH 43222-1465

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2014

Transaction ID : 6027091

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ross Aron Schumer MD

Mailing Address 4184 Douglass Way

City State Zip Code
USAF Academy CO 80840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

US Air Force

Orthopaedic Surgeon

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 / 15 / 2014

Transaction ID : 6027092

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David M Lindgren MD

Mailing Address 8001 Chesshire Ln N

City State Zip Code
Maple Grove MN 55311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2014

Transaction ID : 6027093

Amount of Each Receipt this Period

250.00

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
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Christopher John Evanich MD</p> <p>Mailing Address 2323 North Mayfair Rd Suite 300</p> <p>City Wauwatosa State WI Zip Code 53226</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 15 / 2014 Transaction ID : 6027094</p> <p>Amount of Each Receipt this Period 1000.00</p>
<p>Full Name (Last, First, Middle Initial) B. Susan E Stephens MD</p> <p>Mailing Address 1776 Chartley</p> <p>City Gates Mills State OH Zip Code 44040</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer The Institute for Spine, Inc Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 15 / 2014 Transaction ID : 6027095</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name (Last, First, Middle Initial) C. Daniel J Martin Jr, MD</p> <p>Mailing Address 621 S New Ballas Rd Ste 5015B</p> <p>City Saint Louis State MO Zip Code 63141-8200</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 15 / 2014 Transaction ID : 6027096</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p> <p>TOTAL This Period (last page this line number only)..... ▶</p>		<p>1750.00</p>

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kevin Crawford MD

Mailing Address 4401 11th St

City

Lubbock

State

TX

Zip Code

79416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2014

Transaction ID : 6027099

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael Lee Granberry MD

Mailing Address 120 McGregor Avenue South

City

Mobile

State

AL

Zip Code

36608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alabama Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : 6027100

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Briana Lynn Calore MD

Mailing Address 678 County Highway 26

City

Fly Creek

State

NY

Zip Code

13337-2202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bassett

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : 6027103

Amount of Each Receipt this Period

250.00

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

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

2250.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Roger B Collins MD

Mailing Address 105 N Greenleaf St

City

Gurnee

State

IL

Zip Code

60031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenleaf Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 28 / 2014

Transaction ID : 6027908

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David G Scott MD

Mailing Address 9330 Bluffwind Chase

City

Roswell

State

GA

Zip Code

30076-3281

FEC ID number of contributing
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 28 / 2014

Transaction ID : 6027909

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lawrence J Iwersen MD

Mailing Address 540 Robocker Ln

City

Kalispell

State

MT

Zip Code

59901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 28 / 2014

Transaction ID : 6027910

Amount of Each Receipt this Period

250.00

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 (Last, First, Middle Initial)

A. Sameer B Shammas 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

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
04 / 28 / 2014

Transaction ID : 6027911

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Deepak Virjeebhai Chavda 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

Texas Bone & Joint Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
04 / 28 / 2014

Transaction ID : 6027913

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James J Hamilton MD

Mailing Address 839 NW 25th Ave

City

Portland

State

OR

Zip Code

97210

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Physician Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
04 / 28 / 2014

Transaction ID : 6027914

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Leon P Mead MD

Mailing Address 201 Barefoot Beach Blvd

City State Zip Code
 Bonita Springs FL 34134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : 6027915

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pierre Durand MD

Mailing Address 13230 Red Bird Ct

City State Zip Code
 Moorpark CA 93021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : 6027917

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Brad R Bruns MD

Mailing Address 5620 E Bell Rd

City State Zip Code
 Scottsdale AZ 85254-5950

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Arizona Bone & Joint Specialists

Orthopaedic 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 / 24 / 2014

Transaction ID : 6027920

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

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

Full Name (Last, First, Middle Initial)

A. Shane T Seroyer MD

Mailing Address 6103 Tiffany Park Ct

City

Arlington

State

TX

Zip Code

76016

FEC ID number of contributing
federal political committee.

C

Name of Employer

TMI Sports Medicine and Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 24 / 2014

Transaction ID : 6027921

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Christian T Royer MD

Mailing Address 5159 Stillwater Trail

City

Frisco

State

TX

Zip Code

75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Texas Provider Network

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 24 / 2014

Transaction ID : 6027922

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William John Jason MD

Mailing Address 12212 Cortez Boulevard

City

Brooksville

State

FL

Zip Code

34613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 24 / 2014

Transaction ID : 6027923

Amount of Each Receipt this Period

400.00

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

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

900.00

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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 (Last, First, Middle Initial) A. Daniel C Wnorowski MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2014 Transaction ID : 6027924</p>		
<p>Mailing Address 4309 Hepatica Hill Rd</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Manlius</p>	<p>State NY</p>	<p>Zip Code 13104-8714</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>Full Name (Last, First, Middle Initial) B. Victor W Macko MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2014 Transaction ID : 6027925</p>		
<p>Mailing Address 2545 W Hammer Ln</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Stockton</p>	<p>State CA</p>	<p>Zip Code 95209-2839</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Gould Medical Foundation</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>Full Name (Last, First, Middle Initial) C. Robert H Bell MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2014 Transaction ID : 6027926</p>		
<p>Mailing Address 2669 Walnut Ridge Rd</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Akron</p>	<p>State OH</p>	<p>Zip Code 44333</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Crystal Clinic Orthopaedic Center</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1000.00</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

Full Name (Last, First, Middle Initial)

A. Norman B Livermore III, MD

Mailing Address 120 La Casa Via Ste 206

City

Walnut Creek

State

CA

Zip Code

94598-3007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2014

Transaction ID : 6027927

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Peter C Rink DO

Mailing Address 2805 E 43rd

City

Davenport

State

IA

Zip Code

52807-1580

FEC ID number of contributing
federal political committee.

C

Name of Employer

ORA Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2014

Transaction ID : 6027928

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Joseph C Tauro MD

Mailing Address 9 Hospital Dr Ste B7

City

Toms River

State

NJ

Zip Code

08755-6425

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2014

Transaction ID : 6027929

Amount of Each Receipt this Period

1000.00

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

1450.00

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 (Last, First, Middle Initial)

A. Pat D Do MD

Mailing Address 8300 Steeplechase St

City State Zip Code
 Wichita KS 67206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid America Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 04 24 2014

Transaction ID : 6027931

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Alfred J Wroblewski MD

Mailing Address 02840 Reycraft Rd

City State Zip Code
 Boyne City MI 49712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 04 23 2014

Transaction ID : 6027936

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Craig H Rosen MD

Mailing Address 1802 Champlain Dr

City State Zip Code
 Voorhees Township NJ 08043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 04 23 2014

Transaction ID : 6027937

Amount of Each Receipt this Period

500.00

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 (Last, First, Middle Initial)

A. Joseph P Iannotti MD, PhD

Mailing Address Dept of Orthopaedic Surgery
9500 Euclid Ave A-41

City Cleveland State OH Zip Code 44195

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 23 / 2014

Transaction ID : 6027938

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James Ragan Gosey Jr, MD

Mailing Address 1150 Robert Blvd Ste 240

City Slidell State LA Zip Code 70458-2005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Elite Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 23 / 2014

Transaction ID : 6027940

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Bradley J Dunlap MD

Mailing Address 2541 Ridgeway Ave

City Evanston State IL Zip Code 60201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northshore Univ Health Systems

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 22 / 2014

Transaction ID : 6027941

Amount of Each Receipt this Period

250.00

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

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

1750.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Louis J Mariorenzi MD

Mailing Address 84 Bay View Drive

City

Jamestown

State

RI

Zip Code

02835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2014

Transaction ID : 6027953

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Charles N Hubbard MD

Mailing Address Georgia Ortho Society
150 Clinic Ave

City

Carrollton

State

GA

Zip Code

30117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Orthopaedic Society

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2014

Transaction ID : 6027955

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Scott P Schemmel MD

Mailing Address 1160 Pamela Ct

City

Dubuque

State

IA

Zip Code

52003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Associates Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2014

Transaction ID : 6027956

Amount of Each Receipt this Period

250.00

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

2250.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Ana K Palmieri MD

Mailing Address 9716 Legends Dr

City State Zip Code
Germantown TN 38139

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : 6027957

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Francis X Mendoza MD

Mailing Address 5 Ponds Ln

City State Zip Code
Purchase NY 10577

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : 6027958

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. A Lee Hunter Jr, MD

Mailing Address 1050 N Jms Campbell Blvd #200

City State Zip Code
Columbia TN 38401

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : 6028251

Amount of Each Receipt this Period

500.00

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 (Last, First, Middle Initial)

A. Ray Payne MD

Mailing Address 230 Clearfield Ave Ste 124

City State Zip Code
 Virginia Beach VA 23462-1832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlantic Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 28 / 2014

Transaction ID : 6028265

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jay E Jolley II, MD

Mailing Address 2707 Citico Ave

City State Zip Code
 Chattanooga TN 37406-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Spine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 21 / 2014

Transaction ID : 6028320

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Christopher Lee Anderson MD

Mailing Address 2545 N Loch Lomond Ct

City State Zip Code
 Wichita KS 67228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advanced Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 21 / 2014

Transaction ID : 6028323

Amount of Each Receipt this Period

250.00

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

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

2250.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Stephen E Blythe MD

Mailing Address 1403 N Green Way Dr

City State Zip Code
 Coral Gables FL 33134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 21 2014

Transaction ID : 6028325

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bradley M Fideler MD

Mailing Address N2950 State Rd 67

City State Zip Code
 Lake Geneva WI 53147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Mercy Health

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 21 2014

Transaction ID : 6028326

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jay R Lieberman MD

Mailing Address 7304 Beverly Blvd #256

City State Zip Code
 Los Angeles CA 90036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

USC

Orthopaedic Surgeon

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 2014

Transaction ID : 6028327

Amount of Each Receipt this Period

1000.00

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

<p>Full Name (Last, First, Middle Initial) A. Edward Blair Miller MD</p> <p>Mailing Address 1709 Timber Hills Rd</p> <p>City State Zip Code Mount Shasta CA 96067</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2014 Transaction ID : 6028330</p> <p>Amount of Each Receipt this Period 250.00</p>		
<p>Full Name (Last, First, Middle Initial) B. Craig A Hogan MD</p> <p>Mailing Address 18023 East Peakview Place</p> <p>City State Zip Code Aurora CO 80016</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation University of Colorado Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2014 Transaction ID : 6028331</p> <p>Amount of Each Receipt this Period 250.00</p>		
<p>Full Name (Last, First, Middle Initial) C. Michael Augustine Yusaf MD</p> <p>Mailing Address 1096 Canyon Creek Dr.</p> <p>City State Zip Code Rochester Hills MI 48306-4281</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Rochester Hills Orthopedic Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2014 Transaction ID : 6028332</p> <p>Amount of Each Receipt this Period 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>			<p></p>		

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Kent A Reinker MD</p> <p>Mailing Address 928 Hokulani Street</p> <p>City Honolulu State HI Zip Code 96825</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Retired Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>			<p>Date of Receipt</p> <p>04 / 21 / 2014</p> <p>Transaction ID : 6028333</p> <p>Amount of Each Receipt this Period 300.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Glenn D Wera MD</p> <p>Mailing Address Hanna House 6 11100 Euclid Ave</p> <p>City Cleveland State OH Zip Code 44106</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer University Hospitals Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt</p> <p>04 / 21 / 2014</p> <p>Transaction ID : 6028340</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Young Jo Kim MD, PhD</p> <p>Mailing Address Hunnewell 225 300 Longwood Ave</p> <p>City Boston State MA Zip Code 02115</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>			<p>Date of Receipt</p> <p>04 / 21 / 2014</p> <p>Transaction ID : 6028341</p> <p>Amount of Each Receipt this Period 300.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>850.00</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

Full Name (Last, First, Middle Initial)

A. Laurette A Chang MD

Mailing Address P.O. Box 640745

City

El Paso

State

TX

Zip Code

79904-0745

FEC ID number of contributing
federal political committee.

C

Name of Employer

VA Health Care Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2014

Transaction ID : 6028418

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. J Andrew Parr MD

Mailing Address 650 Forest Blvd

City

Indianapolis

State

IN

Zip Code

46240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana University Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2014

Transaction ID : 6028419

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William F Schnell MD

Mailing Address MN Ortho Society
1000 E 1st St Ste 404

City

Duluth

State

MN

Zip Code

55805-2297

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates of Duluth

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2014

Transaction ID : 6028420

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. James M Worthington MD

Mailing Address 467 Dillon Ln

City

Swansea

State

MA

Zip Code

02777

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 23 / 2014

Transaction ID : 6028430

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. K Daniel Riew MD

Mailing Address 26 Upper Ladue Road

City

Saint Louis

State

MO

Zip Code

63124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 23 / 2014

Transaction ID : 6028432

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Craig L McDonald MD

Mailing Address 618 County Rd. 32N

City

Angleton

State

TX

Zip Code

77515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 23 / 2014

Transaction ID : 6028439

Amount of Each Receipt this Period

500.00

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

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

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 (Last, First, Middle Initial)

A. Christopher D Casscells MD

Mailing Address 100 Buck Rd

City
Greenville

State Zip Code
DE 19807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Casscells Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 23 / 2014

Transaction ID : 6028440

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jess Lucas Brehmer MD

Mailing Address 2985 Cougar Court

City
Red Wing

State Zip Code
MN 55066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo Clinic Health System

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 23 / 2014

Transaction ID : 6028441

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Christopher Henderson MD

Mailing Address 17 Chatham Hill Circle

City
Clarks Summit

State Zip Code
PA 18411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scranton Orthopedic Specialists

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2014

Transaction ID : 6028446

Amount of Each Receipt this Period

250.00

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

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 (Last, First, Middle Initial)

A. Brian Keith Vickaryous MD

Mailing Address 3330 Lakeview Oaks Drive

City State Zip Code
 Longwood FL 32779

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 24 2014

Transaction ID : 6028447

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James O Maher III, MD

Mailing Address 12 Peckham Ave

City State Zip Code
 Newport RI 02840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University Orthopaedic Clinic

Orthopaedic Surgeon

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 2014

Transaction ID : 6028448

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Philip D Bobrow MD

Mailing Address 5530 Wisconsin Ave Ste 1660

City State Zip Code
 Chevy Chase MD 20815-4404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 24 2014

Transaction ID : 6028449

Amount of Each Receipt this Period

500.00

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 (Last, First, Middle Initial)

A. Gary T Brock MD

Mailing Address 5 Pinehill Lane

City State Zip Code
Houston TX 77019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 28 / 2014

Transaction ID : 6028450

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kenneth Sabbag MD

Mailing Address 800 S Raymond St Ste 300

City State Zip Code
Pasadena CA 91105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 28 / 2014

Transaction ID : 6028451

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John N Hall MD

Mailing Address 3196 Turnberry Circle

City State Zip Code
Charlottesville VA 22911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 29 / 2014

Transaction ID : 6028862

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Nicholas A Abidi MD

Mailing Address 27 Taryn Ct

City

Scotts Valley

State

CA

Zip Code

95066

FEC ID number of contributing
federal political committee.

C

Name of Employer

Santa Cruz Orthopaedic Institute, Inc.

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 01 / 2014

Transaction ID : 6031071

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John J Callahan Jr, MD

Mailing Address 10 Braunview Way

City

Orchard Park

State

NY

Zip Code

14127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Excelsior Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 01 / 2014

Transaction ID : 6035205

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Brian Miller MD

Mailing Address 8509 E Appaloosa Trail

City

Scottsdale

State

AZ

Zip Code

85258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 02 / 2014

Transaction ID : 6038186

Amount of Each Receipt this Period

1000.00

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

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

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 (Last, First, Middle Initial)

A. Scott Edward Porter MD

Mailing Address Dept of Ortho, Acad Serv

701 Grove Rd 2nd Fl Supt Twr

City

Greenville

State

SC

Zip Code

29605-4210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Hospital System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.00

Date of Receipt

MM / DD / YYYY
05 / 03 / 2014

Transaction ID : 6041051

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. Joel T Jeffries MD

Mailing Address Missouri Orthopaedic Institute

1100 Virginia Avenue

City

Columbia

State

MO

Zip Code

65212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Spine Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
05 / 03 / 2014

Transaction ID : 6041053

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Rick F Papandrea 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

Orthopaedic Associates of WI

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
05 / 03 / 2014

Transaction ID : 6041063

Amount of Each Receipt this Period

1000.00

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

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

1584.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Gordon M Mead MD

Mailing Address P.O. Box 51455

City

Shreveport

State

LA

Zip Code

71135-1455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Highland Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 03 / 2014

Transaction ID : 6041065

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David J Kolessar MD

Mailing Address 950 Timbergrove Rd

City

Shavertown

State

PA

Zip Code

18708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Geisinger Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 04 / 2014

Transaction ID : 6041550

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Joshua T Carothers MD

Mailing Address 6505 Meoqui Ct. NW

City

Los Ranchos De Albuquerque

State

NM

Zip Code

87107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 04 / 2014

Transaction ID : 6041566

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. David J Mansfield MD

Mailing Address 5550 Cory Dr

City

El Paso

State

TX

Zip Code

79932-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer

El Paso Orthopaedic Surg Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

05 / 05 / 2014

Transaction ID : 6041567

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Brent A Ponce MD

Mailing Address 108 Malaga Ave

City

Birmingham

State

AL

Zip Code

35209-2025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 05 / 2014

Transaction ID : 6041571

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ray Payne MD

Mailing Address 230 Clearfield Ave Ste 124

City

Virginia Beach

State

VA

Zip Code

23462-1832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlantic Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 05 / 2014

Transaction ID : 6044946

Amount of Each Receipt this Period

1000.00

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

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

2085.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Eric J Marsh MD

Mailing Address 1365 N Grove St

City

Rutland

State

VT

Zip Code

05701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2014

Transaction ID : 6045049

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Thomas J Meyer MD

Mailing Address 180 S. Third St.
Suite 100

City

Belleville

State

IL

Zip Code

62220

FEC ID number of contributing
federal political committee.

C

Name of Employer

HSHS Medical Group

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2014

Transaction ID : 6047994

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Gregory H Portland 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

Illinois Bone & Joint Institute

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2014

Transaction ID : 6047998

Amount of Each Receipt this Period

500.00

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

1250.00

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 (Last, First, Middle Initial) A. Matthew John Weresh MD</p> <p>Mailing Address 6001 Westown Pkwy Attn: Mike Tebo</p> <p>City State Zip Code West Des Moines IA 50266-7702</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Des Moines Orthopaedic Surgeons Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 02 / 2014 Transaction ID : 6048000</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name (Last, First, Middle Initial) B. Jack D Lennox DO</p> <p>Mailing Address 28100 Grand River Ste 209</p> <p>City State Zip Code Farmington Hills MI 48336</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Tri County Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 02 / 2014 Transaction ID : 6048002</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name (Last, First, Middle Initial) C. Patrick E Clare MD</p> <p>Mailing Address 575 S 70th St Ste 200</p> <p>City State Zip Code Lincoln NE 68510-2471</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation NE Orthopaedic & Sports Medicine Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 02 / 2014 Transaction ID : 6048003</p> <p>Amount of Each Receipt this Period 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>		

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Karen Jane McRae MD</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 02 / 2014 Transaction ID : 6048004</p>	
<p>Mailing Address Watauga Ortho 2410 Susannah St</p>		<p>Amount of Each Receipt this Period 500.00</p>	
<p>City Johnson City State TN Zip Code 37601</p>			
<p>FEC ID number of contributing federal political committee. C</p>			
<p>Name of Employer Watauga Orthopaedics</p>	<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ 500.00</p>		
<p>Full Name (Last, First, Middle Initial) B. Larry Michael Carroll MD</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 02 / 2014 Transaction ID : 6048008</p>	
<p>Mailing Address 1117 East 6th Ave</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>City Houghton State MI Zip Code 49931</p>			
<p>FEC ID number of contributing federal political committee. C</p>			
<p>Name of Employer Retired</p>	<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ 250.00</p>		
<p>Full Name (Last, First, Middle Initial) C. Donald R Davis MD</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 02 / 2014 Transaction ID : 6048009</p>	
<p>Mailing Address 4202 Park Hollow Ct</p>		<p>Amount of Each Receipt this Period 250.00</p>	
<p>City Austin State TX Zip Code 78746-1247</p>			
<p>FEC ID number of contributing federal political committee. C</p>			
<p>Name of Employer Self Employed</p>	<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ 250.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<p>1000.00</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

Full Name (Last, First, Middle Initial)

A. John Charles Kofoed MD

Mailing Address 2619 Seminole Ct

City

Fairfield

State

CA

Zip Code

94534-7871

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sutter Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 02 / 2014

Transaction ID : 6048010

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. Raj D Rao MD

Mailing Address Medical College of Wisconsin
9200 W Wisconsin Ave

City

Milwaukee

State

WI

Zip Code

53226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical College of Wisconsin

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 02 / 2014

Transaction ID : 6048011

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Andrew T Brooks 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

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 02 / 2014

Transaction ID : 6048017

Amount of Each Receipt this Period

225.00

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

559.00

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 (Last, First, Middle Initial)

A. Kieran Daniel Cody MD

Mailing Address 800 W State St Ste 202

City

Doylestown

State

PA

Zip Code

18901-5842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bucks County Orthopedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 02 / 2014

Transaction ID : 6048027

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Thomas J Dennie Jr, MD

Mailing Address 7099 Scenic Hwy

City

Pensacola

State

FL

Zip Code

32504-6842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 02 / 2014

Transaction ID : 6048028

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Gerald R Williams Jr, MD

Mailing Address 859 Lesley Rd

City

Villanova

State

PA

Zip Code

19085

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rothman Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 02 / 2014

Transaction ID : 6048029

Amount of Each Receipt this Period

500.00

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

1250.00

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 (Last, First, Middle Initial)

A. Gerald R Williams Jr, MD

Mailing Address 859 Lesley Rd

City Villanova State PA Zip Code 19085

FEC ID number of contributing federal political committee.

C

Name of Employer

Rothman Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
05 / 02 / 2014

Transaction ID : 6048030

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Patrick W Kwok MD

Mailing Address 177 Judson Rd

City Fairfield State CT Zip Code 06824-6746

FEC ID number of contributing federal political committee.

C

Name of Employer

Orthopaedic Specialty Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
05 / 06 / 2014

Transaction ID : 6048032

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Mark Seltzer Sanders MD

Mailing Address 11315 Bothwell Way

City Houston State TX Zip Code 77024

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
05 / 06 / 2014

Transaction ID : 6048034

Amount of Each Receipt this Period

1000.00

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 (Last, First, Middle Initial)

A. John Thomas Lynn II, MD

Mailing Address 24 Hillside Dr

City State Zip Code
 Hollis NH 03049

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 02 / 2014

Transaction ID : 6048035

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeffrey John Kovacic MD

Mailing Address 910 Tarpley Rd NW

City State Zip Code
 Kennesaw GA 30152-6228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cobb Medical Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 02 / 2014

Transaction ID : 6048036

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Paul K Peartree MD

Mailing Address 30 Hagen Dr Ste 220

City State Zip Code
 Rochester NY 14625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Rochester Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 02 / 2014

Transaction ID : 6048037

Amount of Each Receipt this Period

250.00

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

1000.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Robert Cameron More MD

Mailing Address 6 Sandhill Rd Ste 102

City	State	Zip Code
Flemington	NJ	08822

FEC ID number of contributing federal political committee.

C

Name of Employer

Hunterdon Ortho Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2014

Transaction ID : 6048039

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John H Bargren MD

Mailing Address 1724 W. Union
#100

City	State	Zip Code
Tacoma	WA	98405

FEC ID number of contributing federal political committee.

C

Name of Employer

Puget Sound Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2014

Transaction ID : 6048040

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Eric Everett Sides MD

Mailing Address 7430 Remcon Circle
Building B, suite 120

City	State	Zip Code
El Paso	TX	79912

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2014

Transaction ID : 6048041

Amount of Each Receipt this Period

500.00

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

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 (Last, First, Middle Initial)

A. Matthew J Kraay MD

Mailing Address 11100 Euclid Ave

City State Zip Code
Cleveland OH 44106-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospital Case Medical Centre

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2014

Transaction ID : 6048042

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dmitry Tudor MD

Mailing Address 329 Elizabeth Rd

City State Zip Code
San Antonio TX 78209

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Orthopedic Specialty Group

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2014

Transaction ID : 6048043

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Perry William Greene III, MD

Mailing Address 30575 N Woodward Ave
Ste 100

City State Zip Code
Royal Oak MI 48073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakland Orthopedic Surgeons

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2014

Transaction ID : 6048047

Amount of Each Receipt this Period

1000.00

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

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

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 (Last, First, Middle Initial)

A. Robert P Roye MD

Mailing Address 4453 FM1446

City

Waxahachie

State

TX

Zip Code

75167

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regional Ortho & Sports Medici

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2014

Transaction ID : 6048048

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. J Christopher Noonan MD

Mailing Address 74 B Centennial Loop Ste 300

City

Eugene

State

OR

Zip Code

97401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2014

Transaction ID : 6048049

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mary Haus MD

Mailing Address 4050 Briarwood Dr

City

Jeannette

State

PA

Zip Code

15644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Valley Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2014

Transaction ID : 6048050

Amount of Each Receipt this Period

1500.00

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

<p>Full Name (Last, First, Middle Initial) A. Paul Strawn Sherbondy MD</p> <p>Mailing Address 507 Beaumont Drive</p> <p>City State Zip Code State College PA 16801</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Penn State Hershey Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 420.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 09 / 2014</p> <p>Transaction ID : 6050188</p> <p>Amount of Each Receipt this Period 84.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Stephen L Curtin MD</p> <p>Mailing Address 5810 N Moccasin Trl</p> <p>City State Zip Code Tucson AZ 85750</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Tucson Ortho Institute 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 ▼ 2000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 09 / 2014</p> <p>Transaction ID : 6051427</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) C. William M Strassberg MD</p> <p>Mailing Address 36 Sailors Bluff</p> <p>City State Zip Code Northport ME 04849-3063</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Mount Desert Island Hospital Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 11 / 2014</p> <p>Transaction ID : 6051446</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1334.00</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

<p>Full Name (Last, First, Middle Initial) A. Charles M Davis III, MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 11 / 2014 Transaction ID : 6051448</p>		
<p>Mailing Address 30 Hope Dr EC089</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Hershey</p>	<p>State PA</p>	<p>Zip Code 17033</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Milton S. Hershey Medical Center</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>			
<p>Full Name (Last, First, Middle Initial) B. Louis M Kwong MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 12 / 2014 Transaction ID : 6052933</p>		
<p>Mailing Address Department of Orthopaedic Surgery 1000 W Carson Street, Box 422</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Torrance</p>	<p>State CA</p>	<p>Zip Code 90509</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>Full Name (Last, First, Middle Initial) C. Burton F Elrod MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 13 / 2014 Transaction ID : 6055081</p>		
<p>Mailing Address 2021 Church St Ste 200</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Nashville</p>	<p>State TN</p>	<p>Zip Code 37203</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Elite Sports Medicine</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			2250.00		
<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

Full Name (Last, First, Middle Initial)

A. R Christopher Glattes 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

Elite Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 13 / 2014

Transaction ID : 6055084

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David R Moore MD

Mailing Address 2021 Church St Ste 200

City

Nashville

State

TN

Zip Code

37203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Elite Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 13 / 2014

Transaction ID : 6055090

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Todd A Schmidt MD

Mailing Address 2865 Lake Park Drive

City

Jonesboro

State

GA

Zip Code

30236-4133

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

05 / 14 / 2014

Transaction ID : 6055091

Amount of Each Receipt this Period

84.00

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

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

2084.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Ronald W B Wyatt MD

Mailing Address 533 Carleton Way

City

Alamo

State

CA

Zip Code

94507-2863

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 14 / 2014

Transaction ID : 6055092

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. David R Chandler MD

Mailing Address 165 Middle Plantation Ln

City

Gulf Breeze

State

FL

Zip Code

32561-4899

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

05 / 14 / 2014

Transaction ID : 6055093

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Thomas T Dovan 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

Elite Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 14 / 2014

Transaction ID : 6060996

Amount of Each Receipt this Period

1000.00

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

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

1185.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jason A Barry MD

Mailing Address 17188 62nd Avenue North

City State Zip Code
 Maple Grove MN 55311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Twin Cities Orthopaedics

Occupation

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
 05 / 14 / 2014

Transaction ID : 6061057

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John T Prather MD

Mailing Address 301 W Broughton St #4A

City State Zip Code
 Savannah GA 31401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : 6072488

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Andrew D Bries MD

Mailing Address 3126 Westminster Rd

City State Zip Code
 Bettendorf IA 52722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : 6074093

Amount of Each Receipt this Period

250.00

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

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

1500.00

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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 (Last, First, Middle Initial) A. William J Krywicki MD</p> <p>Mailing Address 40 Pinecone Lane</p> <p>City State Zip Code Shavertown PA 18708-9543</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Geisinger Medical Center Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt 05 / 08 / 2014 Transaction ID : 6074147 </p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Leonard M Rudolf MD</p> <p>Mailing Address 129-C Mascoma St</p> <p>City State Zip Code Lebanon NH 03766-2647</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt 05 / 08 / 2014 Transaction ID : 6074148 </p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) C. John P Dormans MD</p> <p>Mailing Address 8024 Goshen Road</p> <p>City State Zip Code Newtown Square PA 19073-1122</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Childrens Hospital of Philadel 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 05 / 08 / 2014 Transaction ID : 6074149 </p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			1750.00	
<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

<p>Full Name (Last, First, Middle Initial) A. Stephen W Rodrigue MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 08 / 2014 Transaction ID : 6074150</p>		
<p>Mailing Address 26 Arborside Drive</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Falmouth</p>	<p>State ME</p>	<p>Zip Code 04105</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Group Practice</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>			
<p>Full Name (Last, First, Middle Initial) B. Roland H Winter MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 08 / 2014 Transaction ID : 6074151</p>		
<p>Mailing Address 5660 E Acorn Ct</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Stockton</p>	<p>State CA</p>	<p>Zip Code 95212</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Alpine Orthopaedic Medical Group</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>Full Name (Last, First, Middle Initial) C. Richard Mills Roberts MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 08 / 2014 Transaction ID : 6074154</p>		
<p>Mailing Address 1505 Cottonwood Valley Circ North</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Irving</p>	<p>State TX</p>	<p>Zip Code 75038</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer OrthoTexas</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>2500.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. David S Muldowny MD

Mailing Address 1103 Kaliste Saloom Rd Ste 102

City State Zip Code
Lafayette LA 70508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 08 / 2014

Transaction ID : 6074157

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Robert Louis Morrow Jr, MD

Mailing Address 317 Woodbluff Dr

City State Zip Code
Lafayette LA 70503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 08 / 2014

Transaction ID : 6074158

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Neil J Maki MD

Mailing Address 525 St Mary St

City State Zip Code
Thibodaux LA 70301-2627

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Thibodaux Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 08 / 2014

Transaction ID : 6074159

Amount of Each Receipt this Period

500.00

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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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Carl Michael Adolph Jr, MD

Mailing Address 1118 Persimmon Dr

City State Zip Code
 Lancaster PA 17601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Associates, LLC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 08 / 2014

Transaction ID : 6074340

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. E Bruce Bynum DO

Mailing Address 4292 SW Agate Ave

City State Zip Code
 Corvallis OR 97333-1178

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Corvallis Clinic PC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 08 / 2014

Transaction ID : 6074341

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Randall J Lewis MD

Mailing Address 5631 Bent Branch Rd

City State Zip Code
 Bethesda MD 20816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : 6074348

Amount of Each Receipt this Period

500.00

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

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

2500.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Matthew R Hwang MD

Mailing Address 3423 Deer Creek Trail

City

Saint Cloud

State

MN

Zip Code

56301

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Cloud Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2014

Transaction ID : 6074349

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sanford E Emery 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

West Virginia University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 09 / 2014

Transaction ID : 6074358

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John Daigneault MD

Mailing Address 9 Hampton Ct

City

Guilford

State

CT

Zip Code

06437

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2014

Transaction ID : 6074359

Amount of Each Receipt this Period

500.00

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 (Last, First, Middle Initial)

A. Howard G Miller MD

Mailing Address 199 Ledge View Drive

City State Zip Code
Huntsville AL 35802

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2014

Transaction ID : 6074360

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Thomas L Erickson MD

Mailing Address 1780 E Florence Blvd Ste 106

City State Zip Code
Casa Grande AZ 85122-4782

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sierra Orthopaedics PC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2014

Transaction ID : 6074361

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Robert E Gieringer MD

Mailing Address 2751 Debarr Rd Ste B320

City State Zip Code
Anchorage AK 99508-6805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2014

Transaction ID : 6074366

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Michael J Axe MD

Mailing Address 4745 Ogletown Stanton Rd Ste 225

City State Zip Code
 Newark DE 19713-1340

FEC ID number of contributing
federal political committee.

C

Name of Employer

First State Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 12 / 2014

Transaction ID : 6074712

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Perry Lauren Savage MD

Mailing Address 52 Medical Park E Dr
 Ste 115

City State Zip Code
 Birmingham AL 35235-3409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 12 / 2014

Transaction ID : 6074714

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. David C Napoli MD

Mailing Address 110 Bent Creek Ranch Rd

City State Zip Code
 Asheville NC 28806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Ridge Bone & Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 12 / 2014

Transaction ID : 6074746

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Gregory Martin Alberton MD

Mailing Address 785 Lynwood Dr

City

Encinitas

State

CA

Zip Code

92024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sharp Rees Stealy

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 12 / 2014

Transaction ID : 6074749

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Pedro Javier Tort-Saade MD

Mailing Address Theis 1733 Lomas Verdes Ave
Rio Piedra Heights

City

San Juan

State

PR

Zip Code

00926-3248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tort Orthopaedic Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 13 / 2014

Transaction ID : 6076124

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Benjamin E Lesin MD

Mailing Address 5114 Amestoy Ave

City

Encino

State

CA

Zip Code

91316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 13 / 2014

Transaction ID : 6076128

Amount of Each Receipt this Period

500.00

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

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

875.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. David P Hughes MD</p> <p>Mailing Address 914 Pennwood Circle</p> <p>City Lancaster State PA Zip Code 17601</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Orthopedic Associates, LLC Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 13 / 2014 Transaction ID : 6076131 </p> <p>Amount of Each Receipt this Period 1000.00 </p>	
<p>Full Name (Last, First, Middle Initial) B. Arthur L Valadie III, MD</p> <p>Mailing Address 526 56th St</p> <p>City Holmes Beach State FL Zip Code 34217</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Coastal Orthopaedics Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 13 / 2014 Transaction ID : 6076132 </p> <p>Amount of Each Receipt this Period 250.00 </p>	
<p>Full Name (Last, First, Middle Initial) C. Jan H Garrett MD</p> <p>Mailing Address 8440 Southland Dr</p> <p>City Tyler State TX Zip Code 75703</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Azalea Orthopedics Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 750.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 13 / 2014 Transaction ID : 6076133 </p> <p>Amount of Each Receipt this Period 250.00 </p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1500.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>	

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Edgar O Hicks MD

Mailing Address 118 Canterbury Rd

City

Eau Claire

State

WI

Zip Code

54701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 13 / 2014

Transaction ID : 6076141

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David E Attarian MD

Mailing Address 3 Jupiter Hills Ct

City

Durham

State

NC

Zip Code

27712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duke University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 13 / 2014

Transaction ID : 6076143

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gursewak S Sandhu MD

Mailing Address 511 W Grove St Ste 301

City

Middleboro

State

MA

Zip Code

02346-1458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 13 / 2014

Transaction ID : 6076146

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Patrick M Palmer MD

Mailing Address 8111 Princess Court

City

San Antonio

State

TX

Zip Code

78209

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHSCSA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 13 / 2014

Transaction ID : 6076161

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Richard F McKay MD

Mailing Address 3203 Ong

City

Amarillo

State

TX

Zip Code

79109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 13 / 2014

Transaction ID : 6076163

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Hector M Pedraza MD

Mailing Address 101 Teal Pointe Drive

City

Pikeville

State

NC

Zip Code

27863

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wayne Health Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 13 / 2014

Transaction ID : 6076164

Amount of Each Receipt this Period

500.00

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

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

1100.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Christine Seaworth MD

Mailing Address 3940 Wilani Rd

City

Knoxville

State

TN

Zip Code

37919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Tennessee

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2014

Transaction ID : 6076166

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael P Connair MD

Mailing Address 12 Village St Ste 8

City

North Haven

State

CT

Zip Code

06473-3828

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2014

Transaction ID : 6076769

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Franklin Mirrer 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

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2014

Transaction ID : 6076772

Amount of Each Receipt this Period

250.00

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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

<p>Full Name (Last, First, Middle Initial) A. James W Gallentine MD</p> <p>Mailing Address 3121 Sheridan Blvd</p> <p>City Lincoln State NE Zip Code 68502</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Nebraska Ortho & Sports Med Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y 05 / 13 / 2014 Transaction ID : 6076776 </p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Evander F Fogle MD</p> <p>Mailing Address 4162 N Stratford Rd NE</p> <p>City Atlanta State GA Zip Code 30342-3941</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 600.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y 05 / 13 / 2014 Transaction ID : 6076777 </p> <p>Amount of Each Receipt this Period 100.00</p>	
<p>Full Name (Last, First, Middle Initial) C. James G Warmbrod Jr, MD</p> <p>Mailing Address 947 Grayson Ln</p> <p>City Jackson State TN Zip Code 38305</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Jackson Clinic Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y 05 / 13 / 2014 Transaction ID : 6076778 </p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			1350.00	
<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 (Last, First, Middle Initial)

A. Darryl W Peterson MD

Mailing Address 1920 Highley
Suite 206

City State Zip Code
Gilbert AZ 85234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Banner Ortho

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2014

Transaction ID : 6076780

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Scott A Langford MD

Mailing Address 4401 W 87th Terrace

City State Zip Code
Prairie Village KS 66207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockhill Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2014

Transaction ID : 6076781

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Mark Ruoff MD

Mailing Address 15 Sierra Ct

City State Zip Code
Hillsdale NJ 07642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2014

Transaction ID : 6076871

Amount of Each Receipt this Period

250.00

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 (Last, First, Middle Initial)

A. Mark S Humphrey MD

Mailing Address 18190 Berryhill Drive

City State Zip Code
 Stilwell KS 66085

FEC ID number of contributing
federal political committee.

C

Name of Employer

Overland Park Orthopaedics

Occupation

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
 05 / 13 / 2014

Transaction ID : 6076872

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Paul Andrew Puckett MD

Mailing Address 2204 Fox Hollow Rd

City State Zip Code
 Missoula MT 59802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missoula Bone & Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 13 / 2014

Transaction ID : 6076875

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. John H Mahon MD

Mailing Address 8602 N Cardinal Dr

City State Zip Code
 Phoenix AZ 85028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 13 / 2014

Transaction ID : 6076877

Amount of Each Receipt this Period

250.00

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

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

1050.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. David J Martin MD

Mailing Address 7444 N La Cholla Blvd

City State Zip Code
Tucson AZ 85741-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 13 / 2014

Transaction ID : 6076878

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Mark Roberts V, MD

Mailing Address 9250 Blue Ash Rd

City State Zip Code
Cincinnati OH 45242-6822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

The Christ Hospital Spine Institute

Orthopaedic 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 / 13 / 2014

Transaction ID : 6076879

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Gerald J Ortiz MD

Mailing Address 188 Steadmill Rd

City State Zip Code
Amsterdam NY 12010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 13 / 2014

Transaction ID : 6076880

Amount of Each Receipt this Period

500.00

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 (Last, First, Middle Initial)

A. Hal J McCutchan MD

Mailing Address 14221 92nd St SE

City

Snohomish

State

WA

Zip Code

98290

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 13 / 2014

Transaction ID : 6076883

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. William O Shaffer MD, BS

Mailing Address 100 Market St Unit 510

City

Des Moines

State

IA

Zip Code

50309

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 13 / 2014

Transaction ID : 6076884

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Peter D Pizzutillo 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

Tenet Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 13 / 2014

Transaction ID : 6076885

Amount of Each Receipt this Period

250.00

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

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

2250.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Bert C Callahan MD

Mailing Address 707 S. University Ave.

City State Zip Code
 Beaver Dam WI 53916

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Beaven Dam Community Hospital

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : 6076890

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John W Barnard MD

Mailing Address 129 Sanders Ln

City State Zip Code
 Lynchburg VA 24503

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Central Virginia Orthopaedics

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : 6076891

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael J Diminick MD

Mailing Address 1492 Langhorne Rd

City State Zip Code
 Lynchburg VA 24503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : 6076892

Amount of Each Receipt this Period

500.00

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

2000.00

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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 (Last, First, Middle Initial) A. Joseph H Wombwell MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 14 / 2014 Transaction ID : 6076893</p>		
<p>Mailing Address 4715 John Scott Drive</p>			<p>Amount of Each Receipt this Period 250.00</p>		
City	State	Zip Code			
Lynchburg	VA	24503			
FEC ID number of contributing federal political committee.		C			
Name of Employer		Occupation			
Orthopaedic Center of Central Virginia		Orthopaedic Surgeon			
Receipt For:		Aggregate Year-to-Date ▼			
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		500.00			
<p>Full Name (Last, First, Middle Initial) B. Peter A Caprise MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 14 / 2014 Transaction ID : 6076894</p>		
<p>Mailing Address 401 St Andrews Circle</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
City	State	Zip Code			
Lynchburg	VA	24503			
FEC ID number of contributing federal political committee.		C			
Name of Employer		Occupation			
OCCV		Orthopaedic Surgeon			
Receipt For:		Aggregate Year-to-Date ▼			
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		1000.00			
<p>Full Name (Last, First, Middle Initial) C. Drew E Kiernan MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 14 / 2014 Transaction ID : 6076895</p>		
<p>Mailing Address 3075 Holcomb Rock Rd</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
City	State	Zip Code			
Lynchburg	VA	24503			
FEC ID number of contributing federal political committee.		C			
Name of Employer		Occupation			
Central Virginia Orthopaedics		Orthopaedic Surgeon			
Receipt For:		Aggregate Year-to-Date ▼			
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		1000.00			
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>			2250.00		
<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

Full Name (Last, First, Middle Initial)

A. John Robert Prahinski MD

Mailing Address 4016 Peakland Pl

City

Lynchburg

State

VA

Zip Code

24503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Center of Central Virginia

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : 6076896

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gautham Gondi MD

Mailing Address 2405 Atherholt Rd

City

Lynchburg

State

VA

Zip Code

24501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Center of Central Virginia

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : 6076897

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert Wingfield Sydnor MD

Mailing Address 2405 Atherholt Rd

City

Lynchburg

State

VA

Zip Code

24501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Virginia Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : 6076898

Amount of Each Receipt this Period

250.00

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

1250.00

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 (Last, First, Middle Initial)

A. Daniel W Guehlstorf MD

Mailing Address 9083 Kensington Way

City State Zip Code
 Franklin WI 53132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 14 2014

Transaction ID : 6076899

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Brian McIntosh MD

Mailing Address 302 Broadway

City State Zip Code
 Mt Vernon IL 62864

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NOI

Orthopaedic Surgeon

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 14 2014

Transaction ID : 6076900

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Thomas G Padanilam MD

Mailing Address 528 Forest Lake Dr

City State Zip Code
 Holland OH 43528-9028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Toledo Orthopaedic Surgeons

Orthopaedic Surgeon

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 14 2014

Transaction ID : 6076901

Amount of Each Receipt this Period

500.00

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 (Last, First, Middle Initial)

A. Gregg A Ferrero MD

Mailing Address 8865 Locust Grove Drive

City

Port Tobacco

State

MD

Zip Code

20677

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 14 / 2014

Transaction ID : 6076903

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James Lee Knavel MD

Mailing Address 352 Peller Rd

City

Lake Geneva

State

WI

Zip Code

53147-4543

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Health Systems

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 14 / 2014

Transaction ID : 6076910

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Matthew J Bueche MD

Mailing Address 1259 Rickert Dr Ste 101

City

Naperville

State

IL

Zip Code

60540

FEC ID number of contributing
federal political committee.

C

Name of Employer

DuPage Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 14 / 2014

Transaction ID : 6076912

Amount of Each Receipt this Period

250.00

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 (Last, First, Middle Initial)

A. Grigory Goldberg MD

Mailing Address 7 Silver Maple Ct

City State Zip Code
 Belle Mead NJ 08502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : 6077130

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Robert S Adelaar MD

Mailing Address 10414 Cherokee Rd

City State Zip Code
 Richmond VA 23235

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

MCV Orthopaedics

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 / 14 / 2014

Transaction ID : 6077131

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Dante A Brittis MD

Mailing Address 212 Center St

City State Zip Code
 Southport CT 06890

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

OSG

Orthopaedic Surgeon

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 / 16 / 2014

Transaction ID : 6097268

Amount of Each Receipt this Period

500.00

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

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

1175.00

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 (Last, First, Middle Initial)

A. Brian J McGinley MD

Mailing Address 16 Caterham Ln

City

East Setauket

State

NY

Zip Code

11733

FEC ID number of contributing
federal political committee.

C

Name of Employer

Long Island Bone & Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 16 / 2014

Transaction ID : 6097269

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeffrey C Dick 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

Twin Cities Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 16 / 2014

Transaction ID : 6097271

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ernest M Found Jr, MD

Mailing Address 200 Hawkins Dr Ste 01008JPP

City

Iowa City

State

IA

Zip Code

52242-1088

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Iowa Hospitals & Clinics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 16 / 2014

Transaction ID : 6097275

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Thomas E Trumble MD

Mailing Address 7683 SE 27th St. #254

City

Mercer Island

State

WA

Zip Code

98040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 16 / 2014

Transaction ID : 6097276

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steven D Washburn 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

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 16 / 2014

Transaction ID : 6097277

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Craig Dunwody Cameron DO

Mailing Address 717 Big Holley Drive

City

Martinez

State

GA

Zip Code

30907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Department of the Army

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 16 / 2014

Transaction ID : 6097278

Amount of Each Receipt this Period

500.00

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

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

Full Name (Last, First, Middle Initial)

A. C Perry Cooke III, MD

Mailing Address 6797 Knollwood Rd

City State Zip Code
 Fayetteville NY 13066

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 16 / 2014

Transaction ID : 6097279

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Charles Richard Clark MD

Mailing Address 9 Wildberry Ct NE

City State Zip Code
 Iowa City IA 52240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Iowa Hospitals & Clinics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 16 / 2014

Transaction ID : 6097282

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Douglas R Elenz MD

Mailing Address 900 W 38th St Ste 300

City State Zip Code
 Austin TX 78705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Austin Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 16 / 2014

Transaction ID : 6097283

Amount of Each Receipt this Period

250.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Robert C Durkin MD

Mailing Address 2721 Huapala St

City

Honolulu

State

HI

Zip Code

96822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hawaii Pacific Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : 6102235

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John G Mowbray MD

Mailing Address 590 Kensington Farms Dr

City

Milton

State

GA

Zip Code

30004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

Transaction ID : 6102272

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Steven L Buckley 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

TOC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

Transaction ID : 6102275

Amount of Each Receipt this Period

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**

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Joseph T Moskal MD

Mailing Address 4940 FawnDell Rd

City State Zip Code
Roanoke VA 24018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Roanoke Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : 6102279

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Daniel R Ripa MD

Mailing Address 4000 S 98th St

City State Zip Code
Lincoln NE 68520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : 6102280

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas S Gorsche MD

Mailing Address 1633 Dakota Drive

City State Zip Code
Waterloo IA 50701

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVMS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : 6102281

Amount of Each Receipt this Period

500.00

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

A. William L Hennrikus Jr, MD Full Name (Last, First, Middle Initial) 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 Penn State Hershey Medical Ctr Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00			Date of Receipt M M / D D / Y Y Y Y Y 05 / 16 / 2014 Transaction ID : 6102284 Amount of Each Receipt this Period 250.00
B. Paul L Benfanti MD Full Name (Last, First, Middle Initial) Mailing Address 7172 9th St S City Saint Petersburg State FL Zip Code 33705 FEC ID number of contributing federal political committee. C Name of Employer US Army Occupation 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 05 / 16 / 2014 Transaction ID : 6102285 Amount of Each Receipt this Period 250.00
C. Melburn K Huebner MD Full Name (Last, First, Middle Initial) 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 Self Employed Occupation 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 05 / 16 / 2014 Transaction ID : 6102286 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)..... ▶			1000.00
TOTAL This Period (last page this line number only)..... ▶			

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. David H Godfried MD

Mailing Address 89 Remington Rd

City

Manhasset

State

NY

Zip Code

11030

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYU Hospital for Joint Diseases

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 16 / 2014

Transaction ID : 6102287

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Vincent P Genovese MD

Mailing Address 400 Burkley Dr

City

Greenville

State

AL

Zip Code

42345-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Muhlenbeuro Community Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 16 / 2014

Transaction ID : 6102288

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James Vincent Bruno MD

Mailing Address 37832 Atkins Knoll

City

Oconomowoc

State

WI

Zip Code

53066-3921

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fort Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 16 / 2014

Transaction ID : 6102289

Amount of Each Receipt this Period

200.00

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

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

700.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Evangelos Megariotis MD

Mailing Address 21 Ravona St

City State Zip Code
Clifton NJ 07012-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 16 / 2014

Transaction ID : 6102290

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Scott G Bowerman MD

Mailing Address 100 Three Rivers Dr NE

City State Zip Code
Rome GA 30161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Rome Orthopaedic Clinic

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 16 / 2014

Transaction ID : 6102291

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael Hayden Boothby MD

Mailing Address 119 Hidden Lake Ranch Rd

City State Zip Code
Aledo TX 76008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 20 / 2014

Transaction ID : 6102327

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. John G Birch MD

Mailing Address 9107 Brady Dr

City State Zip Code
 Dallas TX 75243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Scottish Rite Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 20 / 2014

Transaction ID : 6102328

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Peter C Rink DO

Mailing Address 2805 E 43rd

City State Zip Code
 Davenport IA 52807-1580

FEC ID number of contributing
federal political committee.

C

Name of Employer

ORA Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 20 / 2014

Transaction ID : 6102329

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael A Thorpe MD

Mailing Address 2979 Squalicum Pkwy Ste 203

City State Zip Code
 Bellingham WA 98225-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 20 / 2014

Transaction ID : 6102330

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Mark R Colville MD

Mailing Address 2375 NW Overton St

City State Zip Code
Portland OR 97210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Surgical Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : 6102336

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael Andrew Campbell MD

Mailing Address 3192 Stonewood Drive

City State Zip Code
Virginia Beach VA 23456

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlantic Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : 6102338

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Joshua Pletka MD

Mailing Address 4535 Spruce Ridge Drive

City State Zip Code
Manlius NY 13104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Upstate Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : 6102339

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Mark Ruoff MD

Mailing Address 15 Sierra Ct

City Hillsdale State NJ Zip Code 07642

FEC ID number of contributing federal political committee.

C

Name of Employer
Orthopaedic Associates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 20 / 2014

Transaction ID : 6102345

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Paul Seaberg MD

Mailing Address 2931 Georgetown Street

City Houston State TX Zip Code 77005

FEC ID number of contributing federal political committee.

C

Name of Employer
Houston Methodist Hospital

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 20 / 2014

Transaction ID : 6102346

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert O Anderson 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
Summit Orthopedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 20 / 2014

Transaction ID : 6102347

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Gary S Simon 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

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 20 / 2014

Transaction ID : 6102354

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Donald H Rosenbaum 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

Dodge County Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 20 / 2014

Transaction ID : 6102355

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dennis P Rivero MD

Mailing Address 8177 S Harvard St #533

City

Tulsa

State

OK

Zip Code

74137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Muskogee Surgical Associate Orthopedic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 20 / 2014

Transaction ID : 6102364

Amount of Each Receipt this Period

250.00

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

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

750.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. James J McCarthy MD

Mailing Address 1224 E. Rookwood Court

City State Zip Code
Cincinnati OH 45208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cincinnati Childrens Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : 6102365

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Richard B Welch MD

Mailing Address PO Box 2190

City State Zip Code
Napa CA 94558

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : 6102366

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Lorence W Trick MD

Mailing Address P.O. Box 509

City State Zip Code
Elmendorf TX 78112-0509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : 6102368

Amount of Each Receipt this Period

250.00

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

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

550.00

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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 (Last, First, Middle Initial) A. Robert William Bucholz MD</p>			<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>05 / 20 / 2014</div> </div> </p>		
<p>Mailing Address 5323 Harry Hines Blvd</p>			<p>Transaction ID : 6102369</p>		
<p>City Dallas</p>	<p>State TX</p>	<p>Zip Code 75390-8870</p>	<p>Amount of Each Receipt this Period <div> <div>500.00</div> </div> </p>		
<p>FEC ID number of contributing federal political committee. <div> <div>C</div> </div> </p>					
<p>Name of Employer UT Southwestern</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>		<p>Aggregate Year-to-Date ▼ <div> <div>500.00</div> </div> </p>			
<p>Full Name (Last, First, Middle Initial) B. Paul Dominic Saadi MD</p>			<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>05 / 20 / 2014</div> </div> </p>		
<p>Mailing Address 5 Winding Lake Drive</p>			<p>Transaction ID : 6102370</p>		
<p>City Dallas</p>	<p>State TX</p>	<p>Zip Code 75230</p>	<p>Amount of Each Receipt this Period <div> <div>143.00</div> </div> </p>		
<p>FEC ID number of contributing federal political committee. <div> <div>C</div> </div> </p>					
<p>Name of Employer Dallas Bone & Joint Clinic</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>		<p>Aggregate Year-to-Date ▼ <div> <div>333.00</div> </div> </p>			
<p>Full Name (Last, First, Middle Initial) C. Richard A Biana MD</p>			<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>05 / 20 / 2014</div> </div> </p>		
<p>Mailing Address 1566 Edgehill Ln</p>			<p>Transaction ID : 6102371</p>		
<p>City Redlands</p>	<p>State CA</p>	<p>Zip Code 92373</p>	<p>Amount of Each Receipt this Period <div> <div>250.00</div> </div> </p>		
<p>FEC ID number of contributing federal political committee. <div> <div>C</div> </div> </p>					
<p>Name of Employer Arrowhead Orthopaedics</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>		<p>Aggregate Year-to-Date ▼ <div> <div>500.00</div> </div> </p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<div> <div>893.00</div> </div>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<div> <div></div> </div>		

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Perry L Schoenecker MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 20 / 2014 Transaction ID : 6102372</p>		
<p>Mailing Address 428 N. Dickson</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Kirkwood</p>	<p>State MO</p>	<p>Zip Code 63122</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Washington Univ School of Medicine</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 2000.00</p>			
<p>Full Name (Last, First, Middle Initial) B. Bret T Kean MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 20 / 2014 Transaction ID : 6102378</p>		
<p>Mailing Address 2930 SE Carlton St</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Portland</p>	<p>State OR</p>	<p>Zip Code 97202</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>			
<p>Full Name (Last, First, Middle Initial) C. John H Bargren MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 20 / 2014 Transaction ID : 6102383</p>		
<p>Mailing Address 1724 W. Union #100</p>			<p>Amount of Each Receipt this Period 150.00</p>		
<p>City Tacoma</p>	<p>State WA</p>	<p>Zip Code 98405</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Puget Sound Orthopaedics</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 400.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>2150.00</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

Full Name (Last, First, Middle Initial)

A. Frank L Barnes MD

Mailing Address 3117 Avalon Pl

City

Houston

State

TX

Zip Code

77019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 20 / 2014

Transaction ID : 6102385

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. David Matthew Beard MD

Mailing Address 3000 32nd Ave South

City

Fargo

State

ND

Zip Code

58103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Essentia Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 20 / 2014

Transaction ID : 6102386

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. James C Vailas 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

New Hampshire Orthopedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 21 / 2014

Transaction ID : 6102392

Amount of Each Receipt this Period

1000.00

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 (Last, First, Middle Initial)

A. Danielle Katz MD

Mailing Address 5122 Reis Cir

City

Fayetteville

State

NY

Zip Code

13066-9305

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUNY Upstate

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 21 / 2014

Transaction ID : 6102393

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Paul Francis Carroll MD

Mailing Address 170 N Pointe Blvd

City

Lancaster

State

PA

Zip Code

17601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Associates, LLC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 21 / 2014

Transaction ID : 6102394

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Abdul Foad MD

Mailing Address 19152 247th Avenue

City

Bettendorf

State

IA

Zip Code

52722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 21 / 2014

Transaction ID : 6102395

Amount of Each Receipt this Period

1000.00

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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 (Last, First, Middle Initial)

A. William R Boulden MD

Mailing Address 12499 University Ave # 210

City State Zip Code
 Clive IA 50325-8281

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capital Ortho Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 21 / 2014

Transaction ID : 6102399

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Anthony F Pachelli MD

Mailing Address 11200 San Rafael Ave N E

City State Zip Code
 Albuquerque NM 87122

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Mexico Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 21 / 2014

Transaction ID : 6102400

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Stuart Alexander Gardner MD

Mailing Address 686 Deercroft Drive

City State Zip Code
 Blacksburg VA 24060

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 21 / 2014

Transaction ID : 6102401

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

A. Serena Young-Nguyen MD

Mailing Address 1760 Termino Ave #208

City State Zip Code
Long Beach CA 90804

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2014

Transaction ID : 6102430

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gregory William Stocks MD

Mailing Address 5207 Valerie

City State Zip Code
Bellaire TX 77401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Fondren Orthopaedic Group

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2014

Transaction ID : 6102431

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. William W Faloon Jr, MD

Mailing Address 6618 Tomaker Ln

City State Zip Code
Spokane WA 99223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Coulee Medical Center

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2014

Transaction ID : 6102432

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Luis M Espinoza MD</p> <p>Mailing Address 5 Savannah Ridge Lane</p> <p>City State Zip Code Metairie LA 70001</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2014</p> <p>Transaction ID : 6102433</p> <p>Amount of Each Receipt this Period 300.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Mark J Ghilarducci MD</p> <p>Mailing Address 2231 Wankel Way</p> <p>City State Zip Code Oxnard CA 93030</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Ventura Orthopaedic Medical Group Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2014</p> <p>Transaction ID : 6102434</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) C. John Alexander Heflin MD</p> <p>Mailing Address 1674 S Devonshire Dr</p> <p>City State Zip Code Salt Lake Cty UT 84108-2559</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation University of Utah Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2014</p> <p>Transaction ID : 6102436</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>800.00</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

Full Name (Last, First, Middle Initial)

A. Augustus D Mazzocca MD, MS

Mailing Address Department of Orthopaedic Surgery
263 Farmington Avenue, MC 4037

City Farmington State CT Zip Code 06030-4037

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Connecticut

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2014

Transaction ID : 6102440

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Rola H Rashid MD

Mailing Address 42 Delancey Ct

City Pittsford State NY Zip Code 14534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 21 / 2014

Transaction ID : 6102441

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. John W Anderson MD

Mailing Address 3301 N.W. 50th

City Oklahoma City State OK Zip Code 73112-5627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopedic Associates, LLC

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 21 / 2014

Transaction ID : 6102442

Amount of Each Receipt this Period

1000.00

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

1450.00

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 (Last, First, Middle Initial)

A. Donald W Roberts MD

Mailing Address 9 Durham Street
Number 3

City State Zip Code
Boston MA 02115

FEC ID number of contributing
federal political committee.

C

Name of Employer

NW Surgical Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2014

Transaction ID : 6102443

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Kirk Drake MD

Mailing Address 12018 Oak Hollow

City State Zip Code
Vanceleave MS 39565

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bienville Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2014

Transaction ID : 6102444

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jeremy Russell DO

Mailing Address 8000 Woodbine Ln

City State Zip Code
Wausau WI 54401-8459

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Assoc of Wausau

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2014

Transaction ID : 6102447

Amount of Each Receipt this Period

300.00

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

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

1050.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Herbert J Louis MD

Mailing Address 5110 N 40th St Ste 236

City
Phoenix

State
AZ

Zip Code
85018-2151

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2014

Transaction ID : 6102450

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael T Diment MD

Mailing Address 7448 Oak Hill Dr

City
Sylvania

State
OH

Zip Code
43560

FEC ID number of contributing
federal political committee.

C

Name of Employer

Promedica Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2014

Transaction ID : 6102453

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Haissam S El Zaim MD

Mailing Address 18871 Serene Water Dr

City
Montgomery

State
TX

Zip Code
77356

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Texas Physicians Network

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2014

Transaction ID : 6102458

Amount of Each Receipt this Period

250.00

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

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

2250.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Robert A Arciero MD

Mailing Address 10 Fallbrook

City State Zip Code
 Avon CT 06001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Connecticut

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 21 / 2014

Transaction ID : 6102459

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Louis U Bigliani MD

Mailing Address PH 11-1130 Center
 622 W 168th St

City State Zip Code
 New York NY 10032-3713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbia University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 21 / 2014

Transaction ID : 6102461

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thomas W Wise MD

Mailing Address 117 S Washington Street

City State Zip Code
 Winchester VA 22601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Orthopedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 21 / 2014

Transaction ID : 6102469

Amount of Each Receipt this Period

250.00

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

1250.00

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 (Last, First, Middle Initial)

A. Gregory P Duff MD

Mailing Address 4409 NW Anderson Hill Rd

City
Silverdale

State
WA

Zip Code
98383-6807

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Sound Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 21 / 2014

Transaction ID : 6102470

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Bryan D Den Hartog MD

Mailing Address 7220 South Hwy 16

City
Rapid City

State
SD

Zip Code
57709-6850

FEC ID number of contributing
federal political committee.

C

Name of Employer

Black Hills Orthopedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 21 / 2014

Transaction ID : 6102471

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Thomas F Dwyer 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

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 21 / 2014

Transaction ID : 6102472

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Joseph P Burns MD

Mailing Address 289 Beloit Ave

City

Los Angeles

State

CA

Zip Code

90049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern California Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 21 / 2014

Transaction ID : 6102473

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William D Allen MD

Mailing Address 1430 My Drive

City

Zanesville

State

OH

Zip Code

43701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Associates of Zanesville

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2014

Transaction ID : 6102476

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Christopher S Proctor 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

Alta Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 21 / 2014

Transaction ID : 6102478

Amount of Each Receipt this Period

350.00

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

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

1100.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Elliot L Gross MD

Mailing Address 3831 Hughes Ave Ste 509

City State Zip Code
 Culver City CA 90232-6861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 21 / 2014

Transaction ID : 6102479

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jonathan L Chang MD

Mailing Address 1456 Oak Crest Ave

City State Zip Code
 South Pasadena CA 91030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Pacific Ortho Medical Group

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 21 / 2014

Transaction ID : 6102485

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David L Nelson MD

Mailing Address 56 Delmar St

City State Zip Code
 San Francisco CA 94117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 21 / 2014

Transaction ID : 6102486

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

A. Thomas Vaill King MD

Mailing Address 333 Borthwick Ave Ste 301

City State Zip Code
Portsmouth NH 03801-7128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : 6102488

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Patricia M Kallemeier MD

Mailing Address 15005 Maple Dr

City State Zip Code
Des Moines IA 50323-2425

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : 6102493

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael G Neuwirth MD

Mailing Address 5 E 98th St
Box 1188

City State Zip Code
New York NY 10029-6501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Beth Israel Medical Center

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : 6102506

Amount of Each Receipt this Period

500.00

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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 (Last, First, Middle Initial) A. Philip Schrank MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 21 / 2014 Transaction ID : 6102509</p>	
<p>Mailing Address 5 Schooners Cove</p>			<p>Amount of Each Receipt this Period 188.00</p>	
<p>City State Zip Code East Setauket NY 11733</p>				
<p>FEC ID number of contributing federal political committee. C</p>				
<p>Name of Employer Occupation Orthopedic Associates of Long Island 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 ▼ 438.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Joseph R O'Brien MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 21 / 2014 Transaction ID : 6102513</p>	
<p>Mailing Address 4724 23rd St North</p>			<p>Amount of Each Receipt this Period 500.00</p>	
<p>City State Zip Code Arlington VA 22207</p>				
<p>FEC ID number of contributing federal political committee. C</p>				
<p>Name of Employer Occupation George Washington Univ Orthopaedic Surgeon</p>				
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Aggregate Year-to-Date ▼ 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) c. Curtis W Spencer III, MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 21 / 2014 Transaction ID : 6102514</p>	
<p>Mailing Address 2760 Atlantic Ave</p>			<p>Amount of Each Receipt this Period 200.00</p>	
<p>City State Zip Code Long Beach CA 90806-2755</p>				
<p>FEC ID number of contributing federal political committee. C</p>				
<p>Name of Employer Occupation Memorial Ortho Surgical Group Orthopaedic Surgeon</p>				
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Aggregate Year-to-Date ▼ 450.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>888.00</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

<p>Full Name (Last, First, Middle Initial) A. Anthony V Mollano MD</p> <p>Mailing Address 163 Galloping Hill Rd</p> <p>City State Zip Code Contoocook NH 03229-3401</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Concord Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 21 / 2014 Transaction ID : 6102521 </p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Javad Parvizi MD, FRCS</p> <p>Mailing Address 245 Maple Hill Rd</p> <p>City State Zip Code Gladwyne PA 19035</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Rothman Institute Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 21 / 2014 Transaction ID : 6102522 </p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) c. Charles T Price MD</p> <p>Mailing Address 1009 Greentree Dr</p> <p>City State Zip Code Winter Park FL 32789</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Orlando Health Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 21 / 2014 Transaction ID : 6102527 </p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			2500.00	
<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

Full Name (Last, First, Middle Initial)

A. Brett Raymond Grebing MD

Mailing Address 719 Schwarz Rd

City State Zip Code
 Edwardsville IL 62025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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 / 23 / 2014

Transaction ID : 6105244

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Steven D Steinlauf MD

Mailing Address 1514 Victoria Isle Way

City State Zip Code
 Weston FL 33327-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ortho Assoc of South Broward

Orthopaedic Surgeon

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 / 29 / 2014

Transaction ID : 6119700

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James C Bolz MD

Mailing Address 1405 West Lake Drive

City State Zip Code
 Novi MI 48377

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Center for Orthopedic Research and Edu

Orthopaedic Surgeon

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 / 02 / 2014

Transaction ID : 6123730

Amount of Each Receipt this Period

250.00

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

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

2250.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Isador H Lieberman MD, MBA, F

Mailing Address 6020 W Parker Rd Ste 200

City State Zip Code
 Plano TX 75093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Back Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.00

Date of Receipt

06 / 02 / 2014

Transaction ID : 6123733

Amount of Each Receipt this Period

563.00

Full Name (Last, First, Middle Initial)

B. William H Paterson MD

Mailing Address 120 E Carver Rd

City State Zip Code
 Tempe AZ 85284-2302

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoArizona

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 02 / 2014

Transaction ID : 6123736

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Daniel M Ward MD

Mailing Address 14 Upland Rd

City State Zip Code
 Wellesley MA 02482-6910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Longwood Orthopedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 02 / 2014

Transaction ID : 6123738

Amount of Each Receipt this Period

500.00

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

1313.00

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 (Last, First, Middle Initial)

A. Joseph E Alhadeff 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

Orthopaedic & Spine Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2014

Transaction ID : 6123739

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steven S Ratcliffe 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

Proliance Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2014

Transaction ID : 6123740

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Timothy L Keenen MD

Mailing Address Pacific Spine Specialists
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

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2014

Transaction ID : 6123741

Amount of Each Receipt this Period

1000.00

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

2000.00

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 (Last, First, Middle Initial)

A. Paul Tornetta III, MD

Mailing Address 850 Harrison Ave., D2N

City	State	Zip Code
Boston	MA	02118

FEC ID number of contributing federal political committee.

C

Name of Employer

Boston Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2014

Transaction ID : 6123742

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Carey E Winder MD

Mailing Address 866 Woodgate Blvd

City	State	Zip Code
Baton Rouge	LA	70808

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2014

Transaction ID : 6123743

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James A Keeney MD
 Mailing Address 660 S Euclid Ave
 Campus Box 8233 Dept of Ortho Surg

City	State	Zip Code
St Louis	MO	63110

FEC ID number of contributing federal political committee.

C

Name of Employer

Washington University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2014

Transaction ID : 6123744

Amount of Each Receipt this Period

1000.00

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

2300.00

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 (Last, First, Middle Initial)

A. R Bryan Griffith Jr, MD

Mailing Address 8080 Bluebonnet Blvd Ste 1000

City State Zip Code
Baton Rouge LA 70810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baton Rouge Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 02 / 2014

Transaction ID : 6123746

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Juan F Agudelo MD

Mailing Address 3364 Horseshoe Bend Ct

City State Zip Code
Longwood FL 32779

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 02 / 2014

Transaction ID : 6123751

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Marc I Dinowitz MD

Mailing Address 2940 E Banner Gateway Dr Ste 200

City State Zip Code
Gilbert AZ 85234-2171

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoArizona

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 02 / 2014

Transaction ID : 6123752

Amount of Each Receipt this Period

250.00

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

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

750.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Justin D Harris MD

Mailing Address 6830 Marcus Rd

City
Lincoln

State
NE

Zip Code
68516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 02 / 2014

Transaction ID : 6123753

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Steven C Dennis MD

Mailing Address 22 Corporate Plaza Drive

City

Newport Beach

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Newport Orthopaedic Institute

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 02 / 2014

Transaction ID : 6123754

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. David Huang MD

Mailing Address 3512 Harrison St

City

Wichita Falls

State

TX

Zip Code

76308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 02 / 2014

Transaction ID : 6123756

Amount of Each Receipt this Period

1000.00

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 (Last, First, Middle Initial)

A. David B Mayo MD

Mailing Address 30575 N Woodward Ave

City State Zip Code
 Royal Oak MI 48073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oakland Orthopaedic Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : 6123758

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Nicholas J Honkamp MD

Mailing Address 681 50th St

City State Zip Code
 Des Moines IA 50312-1807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Des Moines Orthopaedic Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : 6123759

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Teresa Cappello MD

Mailing Address 822 Fair Oaks Avenue

City State Zip Code
 Oak Park IL 60302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Loyola

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : 6123760

Amount of Each Receipt this Period

250.00

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 (Last, First, Middle Initial)

A. Kim Marie Clabbers MD

Mailing Address 120 W Maple Ave

City

Langhorne

State

PA

Zip Code

19047

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lower Bucks Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 02 / 2014

Transaction ID : 6125135

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Colleen M Fay MD

Mailing Address 2 Overlook Rd Apt 2A4

City

White Plains

State

NY

Zip Code

10605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bronx-Lebanon Hospital Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 02 / 2014

Transaction ID : 6125136

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. James Vahey MD

Mailing Address 8585 S Eastern Ave Ste 100

City

Las Vegas

State

NV

Zip Code

89123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 02 / 2014

Transaction ID : 6125138

Amount of Each Receipt this Period

250.00

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

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

600.00

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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 (Last, First, Middle Initial) A. Douglas Bentley Freedberg MD</p> <p>Mailing Address 6818 E Valley Vista Ln</p> <p>City State Zip Code Paradise Valley AZ 85253</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation OrthoArizona 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 ▼ 282.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 02 / 2014</p> <p>Transaction ID : 6125139</p> <p>Amount of Each Receipt this Period 282.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Robert Cameron More MD</p> <p>Mailing Address 6 Sandhill Rd Ste 102</p> <p>City State Zip Code Flemington NJ 08822</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Hunterdon Ortho Institute 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 ▼ 2000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 02 / 2014</p> <p>Transaction ID : 6125142</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Rick W Wright MD</p> <p>Mailing Address Department of Orthopaedic Surgery 660 South Euclid Avenue, Campus Bo</p> <p>City State Zip Code Saint Louis MO 63110</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Washington University Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 02 / 2014</p> <p>Transaction ID : 6125143</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1532.00</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 (Last, First, Middle Initial)

A. Joseph M Lane MD

Mailing Address 535 E 86th St Apt 14F

City State Zip Code
 New York City NY 10028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : 6125144

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. George H Thompson MD

Mailing Address 21249 Claythorne Rd

City State Zip Code
 Shaker Heights OH 44122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : 6125146

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John W Durham MD

Mailing Address 512 W Fir Ave

City State Zip Code
 Flagstaff AZ 86001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : 6125151

Amount of Each Receipt this Period

1000.00

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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NAME 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 Eric Winter MD

Mailing Address 773 Oakhurst

City

Cheyenne

State

WY

Zip Code

82009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 02 / 2014

Transaction ID : 6125153

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Russell A Betcher MD

Mailing Address 1422 Old Weisgarber Rd

City

Knoxville

State

TN

Zip Code

37909-1293

FEC ID number of contributing
federal political committee.

C

Name of Employer

Knoxville Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 02 / 2014

Transaction ID : 6125154

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thomas L Martin 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

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 02 / 2014

Transaction ID : 6125157

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Alexander Rosenstein MD

Mailing Address Ste 201

415 Morris St

City

Charleston

State

WV

Zip Code

25301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charleston Area Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2014

Transaction ID : 6125158

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jesse Ellis Templeton MD

Mailing Address 2906 Nottingham Drive

City

Parma

State

OH

Zip Code

44134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2014

Transaction ID : 6125160

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Scott Edward Porter MD

Mailing Address Dept of Ortho, Acad Serv

701 Grove Rd 2nd Fl Suprt Twr

City

Greenville

State

SC

Zip Code

29605-4210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Hospital System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

752.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2014

Transaction ID : 6126469

Amount of Each Receipt this Period

84.00

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

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

1334.00

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

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

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

Full Name (Last, First, Middle Initial)

A. Robert J Heaps MD

Mailing Address 66 Colonel Daniels Dr

City State Zip Code
Bedford NH 03110-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Hampshire Orthopedic Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2014

Transaction ID : 6131671

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David J Mansfield MD

Mailing Address 5550 Cory Dr

City State Zip Code
El Paso TX 79932-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer
El Paso Orthopaedic Surg Group

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2014

Transaction ID : 6133276

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. William McNamara MD

Mailing Address 4015 Laird Pl

City State Zip Code
Chevy Chase MD 20815-6817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physician Associates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2014

Transaction ID : 6133610

Amount of Each Receipt this Period

100.00

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

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

685.00

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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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Curtis R Noel MD

Mailing Address 493 Misty Ln

City State Zip Code
 Copley OH 44321

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Crystal Clinic Orthopaedic Center

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : 6133612

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Joseph E Mumford MD

Mailing Address 3110 SW Briarwood Circle

City State Zip Code
 Topeka KS 66611

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Stormont Vail Healthcare

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : 6133613

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. John Vernon Houghtaling MD

Mailing Address 3940 Hollyhock Ln

City State Zip Code
 Maumee OH 43537-9241

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Toledo Orthopaedic Surgeons

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : 6133614

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

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

Full Name (Last, First, Middle Initial)

A. James Huddleston DO

Mailing Address 121 Parkview Pl

City

Bellevue

State

OH

Zip Code

44811-9059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Ohio Medical Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 02 / 2014

Transaction ID : 6133616

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Glenn B Rankin 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

Southern California Permanente Medical

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 02 / 2014

Transaction ID : 6133617

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Letha Y Griffin 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

Peachtree Ortho Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 02 / 2014

Transaction ID : 6133618

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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 (Last, First, Middle Initial)

A. Sidney Premer Migliori MD

Mailing Address 40 Chief Botelho Ct

City

East Greenwich

State

RI

Zip Code

02818-1251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 02 / 2014

Transaction ID : 6133621

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. S Robert Rozbruch MD

Mailing Address 10 Horton Ct

City

West Harrison

State

NY

Zip Code

10604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 02 / 2014

Transaction ID : 6133626

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Bradley J Dunlap MD

Mailing Address 2541 Ridgeway Ave

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northshore Univ Health Systems

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 02 / 2014

Transaction ID : 6133627

Amount of Each Receipt this Period

100.00

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

600.00

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. John Charles Kofoed MD</p> <p>Mailing Address 2619 Seminole Ct</p> <p>City State Zip Code Fairfield CA 94534-7871</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Sutter Medical Group Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 412.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 02 / 2014 Transaction ID : 6133628</p> <p>Amount of Each Receipt this Period 84.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Wilburn A Smith MD</p> <p>Mailing Address 1100 E Pleasant Grove Rd.</p> <p>City State Zip Code Montgomery AL 36105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 02 / 2014 Transaction ID : 6133629</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) C. James K McKechnie MD</p> <p>Mailing Address 103 Professional Plz</p> <p>City State Zip Code Mattoon IL 61938-9252</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Lincoln Trail Ortho Clinic Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 02 / 2014 Transaction ID : 6133630</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1334.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</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 (Last, First, Middle Initial) A. Thomas J Grogan MD</p> <p>Mailing Address 521 S. Westgate Ave</p> <p>City State Zip Code Los Angeles CA 90049</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 02 / 2014</p> <p>Transaction ID : 6133727</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Tony Nguyen Aram MD</p> <p>Mailing Address 40513 Grogan Court</p> <p>City State Zip Code Leesburg VA 20175</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Center for Advanced Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 02 / 2014</p> <p>Transaction ID : 6133729</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Robert Clio Robertson MD</p> <p>Mailing Address 6517 Timberlane Rd</p> <p>City State Zip Code Tulsa OK 74136</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Central States Orthopaedic Specialists Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 02 / 2014</p> <p>Transaction ID : 6133730</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1000.00</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 (Last, First, Middle Initial)

A. John Marshall Knight MD

Mailing Address 2405 Shadelands Dr Ste 210

City State Zip Code
Walnut Creek CA 94598

FEC ID number of contributing
federal political committee.

C

Name of Employer

Muir Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 02 / 2014

Transaction ID : 6133731

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael D Hossack MD

Mailing Address 80 Old Colony Rd

City State Zip Code
Hartsdale NY 10530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montefiore Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 02 / 2014

Transaction ID : 6133733

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Bryan Scott Kamps MD

Mailing Address 3741 Monarch Dr NE

City State Zip Code
Grand Rapids MI 49525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Health Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 02 / 2014

Transaction ID : 6133735

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

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

<p>Full Name (Last, First, Middle Initial) A. Mininder S Kocher MD, MPH</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 02 / 2014 Transaction ID : 6133736</p>	
<p>Mailing Address 30 Strawberry Hill</p>			<p>Amount of Each Receipt this Period 250.00</p>	
<p>City Dover</p>	<p>State MA</p>	<p>Zip Code 02030</p>		
<p>FEC ID number of contributing federal political committee. C</p>				
<p>Name of Employer Boston Children's Hospital</p>		<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>		
<p>Full Name (Last, First, Middle Initial) B. John C Rodgers MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 02 / 2014 Transaction ID : 6133740</p>	
<p>Mailing Address 2163 Meadow Ridge Dr</p>			<p>Amount of Each Receipt this Period 1000.00</p>	
<p>City Lancaster</p>	<p>State PA</p>	<p>Zip Code 17601</p>		
<p>FEC ID number of contributing federal political committee. C</p>				
<p>Name of Employer Orthopedic Associates, LLC</p>		<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>		
<p>Full Name (Last, First, Middle Initial) C. Thomas Jeffrey Green MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 02 / 2014 Transaction ID : 6133741</p>	
<p>Mailing Address 615 West South Street</p>			<p>Amount of Each Receipt this Period 500.00</p>	
<p>City Carlisle</p>	<p>State PA</p>	<p>Zip Code 17013</p>		
<p>FEC ID number of contributing federal political committee. C</p>				
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</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)
for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Pat D Do MD

Mailing Address 8300 Steeplechase St

City	State	Zip Code
Wichita	KS	67206

FEC ID number of contributing federal political committee.

C

Name of Employer

Mid America Orthopedics

Occupation

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
06	/	02	/	2014

Transaction ID : 6133742

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dennis R Wenger MD

Mailing Address 3030 Children's Way Ste 410

City	State	Zip Code
San Diego	CA	92123-4228

FEC ID number of contributing federal political committee.

C

Name of Employer

San Diego Children's Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2014

Transaction ID : 6133743

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ravi Patel MD

Mailing Address 1810 Ladino Rd

City	State	Zip Code
Sacramento	CA	95864

FEC ID number of contributing federal political committee.

C

Name of Employer

Medical Clinic of Sacramento

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2014

Transaction ID : 6133747

Amount of Each Receipt this Period

250.00

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

800.00

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

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

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

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

Full Name (Last, First, Middle Initial)

A. Robert N Hensinger MD

Mailing Address 261 Corrie Rd

City State Zip Code
Ann Arbor MI 48105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Michigan Medical Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 02 / 2014

Transaction ID : 6133767

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Bruce R Buhr MD

Mailing Address 1706 N Chapel Hill St

City State Zip Code
Wichita KS 67206-5501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Via Christi Health

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 02 / 2014

Transaction ID : 6133769

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Richard W Smith MD

Mailing Address 14 Field Stone Lane

City State Zip Code
Tiverton RI 02878

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Orthopaedics Institute

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 02 / 2014

Transaction ID : 6133774

Amount of Each Receipt this Period

750.00

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

1200.00

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: PAGE 188 OF 282
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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

A. Anthony M DeLuise Jr, MD Full Name (Last, First, Middle Initial) Mailing Address 76 Oakwood Drive City Foster State RI Zip Code 02825-1165 FEC ID number of contributing federal political committee. C Name of Employer Foundry Orthopedics & Sports Medicine Occupation 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 / 02 / 2014 Transaction ID : 6133775 Amount of Each Receipt this Period 250.00
B. Alan M Reznik MD, MBA Full Name (Last, First, Middle Initial) Mailing Address 199 Whitney Ave City New Haven State CT Zip Code 06511 FEC ID number of contributing federal political committee. C Name of Employer The Orthopaedic Group Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2014 Transaction ID : 6133777 Amount of Each Receipt this Period 375.00
C. Kevin Michael McGee MD Full Name (Last, First, Middle Initial) Mailing Address 1532 Eagle Ridge Dr. NE City Albuquerque State NM Zip Code 87122 FEC ID number of contributing federal political committee. C Name of Employer Presbyterian Medical Group Occupation 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 / 02 / 2014 Transaction ID : 6133778 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)..... ▶			1125.00
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 (Last, First, Middle Initial) A. Anthony Saker MD</p> <p>Mailing Address 1601 Clint Moore Rd Ste 125</p> <p>City Boca Raton State FL Zip Code 33487</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Clint Moore Brog LLC Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 02 / 2014 Transaction ID : 6133784</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name (Last, First, Middle Initial) B. Robert Hall MD</p> <p>Mailing Address 9875 Middle Rock Road</p> <p>City Anchorage State AK Zip Code 99507</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Orthopaedic Physicians Anchorage Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 02 / 2014 Transaction ID : 6133786</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name (Last, First, Middle Initial) C. Andrew H Glassman MD</p> <p>Mailing Address 126 North Drexel Avenue</p> <p>City Columbus State OH Zip Code 43209</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Ohio State University Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 02 / 2014 Transaction ID : 6133787</p> <p>Amount of Each Receipt this Period 300.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		800.00
<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

<p>Full Name (Last, First, Middle Initial) A. Thomas J Ellis MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 02 / 2014 Transaction ID : 6133788</p>		
<p>Mailing Address 4175 Bangle Court</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Dublin</p>	<p>State OH</p>	<p>Zip Code 43016</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Ohio State</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>Full Name (Last, First, Middle Initial) B. J Lockwood Ochsner Jr, MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 02 / 2014 Transaction ID : 6133792</p>		
<p>Mailing Address 2018 Jefferson Ave.</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City New Orleans</p>	<p>State LA</p>	<p>Zip Code 70115</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Ochsner Clinic Foundation</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>Full Name (Last, First, Middle Initial) C. John Paul Houde MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 02 / 2014 Transaction ID : 6133793</p>		
<p>Mailing Address 125 Mascoma Street</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Lebanon</p>	<p>State NH</p>	<p>Zip Code 03766</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Alice Peck Day Hospital</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1250.00</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 (Last, First, Middle Initial)

A. Bradley C Carofino MD

Mailing Address 3377 Herons Gate

City

Virginia Bch

State

VA

Zip Code

23452-6148

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 02 / 2014

Transaction ID : 6133794

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard D Goldner MD

Mailing Address 39 Wilhelm Dr

City

Durham

State

NC

Zip Code

27705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duke Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 02 / 2014

Transaction ID : 6133795

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Andrew P Gutow MD

Mailing Address 741 Westminster Ln

City

Los Altos

State

CA

Zip Code

94022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palo Alto Medical Foundation Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 02 / 2014

Transaction ID : 6133796

Amount of Each Receipt this Period

500.00

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

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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 (Last, First, Middle Initial) A. Michael Robert Krueger MD</p> <p>Mailing Address 175 Emerald Way</p> <p>City Elizabethtown State KY Zip Code 42701</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Hardin Memorial Hospital Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt 06 / 02 / 2014 Transaction ID : 6133797 Amount of Each Receipt this Period 500.00 </p>	
<p>Full Name (Last, First, Middle Initial) B. John R Chase MD</p> <p>Mailing Address 813 Suwanee Court</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 Jewett Orthopaedic Clinic Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt 06 / 02 / 2014 Transaction ID : 6133799 Amount of Each Receipt this Period 250.00 </p>	
<p>Full Name (Last, First, Middle Initial) C. R William Petty MD</p> <p>Mailing Address 2320 NW 66th Ct</p> <p>City Gainesville State FL Zip Code 32653</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Exactech, Inc Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 2000.00</p>			<p>Date of Receipt 06 / 04 / 2014 Transaction ID : 6133819 Amount of Each Receipt this Period 1000.00 </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 (Last, First, Middle Initial)

A. Jason J Davis MD

Mailing Address 3300 Timberlake Dr.

City

Commerce Township

State

MI

Zip Code

48390

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2014

Transaction ID : 6133820

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kristoffer Meyers Breien MD

Mailing Address 10977 57th St N

City

Lake Elmo

State

MN

Zip Code

55042-9697

FEC ID number of contributing
federal political committee.

C

Name of Employer

Summit Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 04 / 2014

Transaction ID : 6133821

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Greg T Jones MD

Mailing Address 3 Berryhill

City

Fort Smith

State

AR

Zip Code

72903-3501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2014

Transaction ID : 6134346

Amount of Each Receipt this Period

500.00

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

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

1750.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jeffrey Dean Coe MD

Mailing Address 221 E Hacienda Ste A

City	State	Zip Code
Campbell	CA	95008

FEC ID number of contributing federal political committee.

C

Name of Employer

Silicon Valley Spine Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	04	/	2014

Transaction ID : 6135195

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joseph G Khoury MD

Mailing Address 2700 Watkins Glen Dr.

City	State	Zip Code
Vestavia Hills	AL	35216

FEC ID number of contributing federal political committee.

C

Name of Employer

University of Alabama at Birmingham

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	04	/	2014

Transaction ID : 6135197

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Daniel J Martin Jr, MD

Mailing Address 621 S New Ballas Rd Ste 5015B

City	State	Zip Code
Saint Louis	MO	63141-8200

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	04	/	2014

Transaction ID : 6135198

Amount of Each Receipt this Period

500.00

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 (Last, First, Middle Initial)

A. David Burstein MD

Mailing Address Farmington Valley Ortho Assoc
34 Dale Rd Ste 208

City Avon State CT Zip Code 06001-3659

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2014

Transaction ID : 6135201

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Russell A Wagner MD

Mailing Address 4059 Riveridge Ct

City Fort Worth State TX Zip Code 76109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of North Texas

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2014

Transaction ID : 6135205

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Earl A Latimer III, MD

Mailing Address 115 E 19th St

City Roswell State NM Zip Code 88201-5151

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SCOR, PC

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2014

Transaction ID : 6135209

Amount of Each Receipt this Period

250.00

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 (Last, First, Middle Initial)

A. Cheston Simmons Jr, MD

Mailing Address 3069 Hollow Rd

City State Zip Code
Malvern PA 19355-8660

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : 6135213

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jay M Lipke MD

Mailing Address 10301 Kanis Rd

City State Zip Code
Little Rock AR 72205-6205

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoArkansas Physicians

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : 6135214

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. James Albert Nunley II, MD

Mailing Address 4709 Creekstone Drive, Suite 200

City State Zip Code
Durham NC 27703-8411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duke University Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : 6135215

Amount of Each Receipt this Period

500.00

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1400.00

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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 (Last, First, Middle Initial) A. Larry Benz Marti MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 04 / 2014 Transaction ID : 6135216</p>		
<p>Mailing Address 12110 State Rt CC</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Rolla</p>	<p>State MO</p>	<p>Zip Code 65401</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Mercy Medical</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>Full Name (Last, First, Middle Initial) B. Chad Efird MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 04 / 2014 Transaction ID : 6135218</p>		
<p>Mailing Address 147 Royal Dornoch Dr</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Branson</p>	<p>State MO</p>	<p>Zip Code 65616-7414</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Cox Medical Center Branson</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>Full Name (Last, First, Middle Initial) C. Michael T O'Neil MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 04 / 2014 Transaction ID : 6135219</p>		
<p>Mailing Address Nebraska Ortho Assoc LLP 2725 S 144th St Ste 110</p>			<p>Amount of Each Receipt this Period 150.00</p>		
<p>City Omaha</p>	<p>State NE</p>	<p>Zip Code 68144-5253</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 350.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>650.00</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

Full Name (Last, First, Middle Initial)

A. Paul Strawn Sherbondy MD

Mailing Address 507 Beaumont Drive

City State Zip Code
State College PA 16801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Penn State Hershey

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2014

Transaction ID : 6141635

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. Bradley J Nelson MD

Mailing Address 6820 Valley View Rd

City State Zip Code
Edina MN 55439

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Minnesota

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : 6142246

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Paul G Melaragno MD

Mailing Address 3288 Scioto Run Blvd

City State Zip Code
Hilliard OH 43026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic One

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID : 6142249

Amount of Each Receipt this Period

300.00

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

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

634.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Rodney Alan Miller MD

Mailing Address 1776 W Highland Ave

City State Zip Code
 Wooster OH 44691-9070

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Wooster Orthopaedic & Sports

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : 6142250

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Warren G Kramer III, MD

Mailing Address 1401 Avocado Ave Ste 307

City State Zip Code
 Newport Beach CA 92660-8732

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : 6142252

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. William P Carney MD

Mailing Address 260 The By Way

City State Zip Code
 Ridgewood NJ 07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : 6142253

Amount of Each Receipt this Period

500.00

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

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

1750.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Paul E Papierski 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

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 06 / 2014

Transaction ID : 6142258

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Benjamin C Tam MD

Mailing Address 960 Monte Verde Dr.

City

Arcadia

State

CA

Zip Code

91007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : 6142261

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Edward A Stokel MD

Mailing Address P.O. Box 616

City

Petoskey

State

MI

Zip Code

49770-0616

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : 6142262

Amount of Each Receipt this Period

500.00

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

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

1300.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Joseph B Chalal MD

Mailing Address 1005 Brooks Lane

City

Delray Beach

State

FL

Zip Code

33483

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : 6142263

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert A Arciero MD

Mailing Address 10 Fallbrook

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Connecticut

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : 6142264

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Brian Jeffrey Bear 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

Rockford Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : 6142265

Amount of Each Receipt this Period

500.00

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

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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 (Last, First, Middle Initial) A. Kent F Dickson MD</p> <p>Mailing Address 3812 Imperial Drive</p> <p>City State Zip Code Flower Mound TX 75208</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 06 / 2014</p> <p>Transaction ID : 6142266</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Henry G Chambers MD</p> <p>Mailing Address 3030 Children's Way Ste 410</p> <p>City State Zip Code San Diego CA 92123-4228</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Univ of California Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 06 / 2014</p> <p>Transaction ID : 6142268</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Kirk Kindsfater MD</p> <p>Mailing Address 16285 CR 76</p> <p>City State Zip Code Eaton CO 80615</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 06 / 2014</p> <p>Transaction ID : 6142269</p> <p>Amount of Each Receipt this Period 500.00</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>	

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Paul K Peartree MD</p> <p>Mailing Address 30 Hagen Dr Ste 220</p> <p>City State Zip Code Rochester NY 14625</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Greater Rochester Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 350.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 06 / 2014 Transaction ID : 6142271</p> <p>Amount of Each Receipt this Period 100.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Paul J Mason MD</p> <p>Mailing Address 192 Park Club Lane</p> <p>City State Zip Code Williamsville NY 14221-5270</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Buffalo Orthopaedic Group Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 06 / 2014 Transaction ID : 6142283</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Jeffrey D Willers MD</p> <p>Mailing Address 824 Glen Leven Dr</p> <p>City State Zip Code Nashville TN 37204-4316</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Elite Sports Medicine Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 10 / 2014 Transaction ID : 6144206</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1600.00</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

Full Name (Last, First, Middle Initial)

A. Adrian B Ryan MD

Mailing Address 3831 Piper St Ste S220

City State Zip Code
 Anchorage AK 99508-4642

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Anchorage Fracture & Ortho Clinic

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 11 / 2014

Transaction ID : 6145957

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. James P Tasto MD

Mailing Address 6719 Alvarado Rd
 Ste 200

City State Zip Code
 San Diego CA 92120-5256

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 11 / 2014

Transaction ID : 6145959

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Sergio Andres Mendoza-Lattes MD

Mailing Address 3758 Forest Gate Dr NE

City State Zip Code
 Iowa City IA 52240-7903

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Univ of Iowa Hospitals & Clinics

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2014

Transaction ID : 6145967

Amount of Each Receipt this Period

250.00

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1500.00

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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 (Last, First, Middle Initial) A. Brian A Murphy MD</p> <p>Mailing Address 3803 Highknob Circle</p> <p>City Naperville State IL Zip Code 60564</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer DuPage Medical Group Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2014 Transaction ID : 6145968</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Gregory R Misenhimer MD</p> <p>Mailing Address 104 Calle Cumbre</p> <p>City El Paso State TX Zip Code 79912</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer El Paso Orthopaedic Surg Group Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2014 Transaction ID : 6145970</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Richard J Mason MD</p> <p>Mailing Address 510 Idlewild Ave</p> <p>City Easton State MD Zip Code 21601-3881</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer The Orthopaedic Center Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2014 Transaction ID : 6145971</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			1750.00	
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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 (Last, First, Middle Initial) A. Kevin Bron Cleveland MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2014 Transaction ID : 6145987</p>		
<p>Mailing Address 150 E Goodwyn St</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Memphis</p>	<p>State TN</p>	<p>Zip Code 38111-2514</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Campbell Clinic</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>			
<p>Full Name (Last, First, Middle Initial) B. Kenneth C Thomas MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2014 Transaction ID : 6145988</p>		
<p>Mailing Address 6021 Craig Creek Circle</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Anchorage</p>	<p>State AK</p>	<p>Zip Code 99507-6904</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>Full Name (Last, First, Middle Initial) C. Richard P Lewallen MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2014 Transaction ID : 6145989</p>		
<p>Mailing Address 2900 12th Ave N Ste 100E</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Billings</p>	<p>State MT</p>	<p>Zip Code 59101-0121</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Ortho Montana</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1500.00</p>			
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>			1750.00		
<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

Full Name (Last, First, Middle Initial)

A. James B Manning MD

Mailing Address 9728 Verlaine Court

City State Zip Code
Las Vegas NV 89145

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 11 / 2014

Transaction ID : 6145990

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gary B Anderson MD

Mailing Address 3301 N.W. 50th

City State Zip Code
Oklahoma City OK 73112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 11 / 2014

Transaction ID : 6145994

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Adam Johnson MD

Mailing Address 5441 Colibri Pl

City State Zip Code
Farmington NM 87402-5312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Orthopaedic Associates

Orthopaedic Surgeon

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 / 11 / 2014

Transaction ID : 6145995

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Chitranjan S Ranawat MD

Mailing Address 535 East 70th St 6th Fl
Suite 637

City State Zip Code
New York NY 10021-4823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : 6146001

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Douglas J Straehley MD

Mailing Address 14590 W 58th Pl

City State Zip Code
Arvada CO 80004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : 6146002

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Norman B Livermore III, MD

Mailing Address 120 La Casa Via Ste 206

City State Zip Code
Walnut Creek CA 94598-3007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID : 6146003

Amount of Each Receipt this Period

150.00

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

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

1650.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. David E Nonweiler MD

Mailing Address 2622 E 33rd Pl

City

Tulsa

State

OK

Zip Code

74105-2338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central States Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 06 / 2014

Transaction ID : 6146004

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Shana N Miskovsky MD

Mailing Address 18300 Shaker Blvd

City

Shaker Heights

State

OH

Zip Code

44120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Case Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : 6146009

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. David M Henneghan 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

Klasinski Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : 6146010

Amount of Each Receipt this Period

500.00

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 (Last, First, Middle Initial) A. Timothy Douglas Jenkins MD</p> <p>Mailing Address 5 Edgewater Ct</p> <p>City Johnson City State TN Zip Code 37615-2968</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 06 / 2014 Transaction ID : 6146013</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Todd Busse Orvald MD</p> <p>Mailing Address 1211 N 16th Ave</p> <p>City Yakima State WA Zip Code 98902-2950</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Orthopaedics Northwest PLC Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 06 / 2014 Transaction ID : 6146014</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Todd A Schmidt MD</p> <p>Mailing Address 2865 Lake Park Drive</p> <p>City Jonesboro State GA Zip Code 30236-4133</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Southern Orthopaedic Specialists Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 336.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 14 / 2014 Transaction ID : 6147621</p> <p>Amount of Each Receipt this Period 84.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			2084.00	
<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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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Ronald W B Wyatt MD

Mailing Address 533 Carleton Way

City	State	Zip Code
Alamo	CA	94507-2863

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	14	/	2014

Transaction ID : 6147622

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. David R Chandler MD

Mailing Address 165 Middle Plantation Ln

City	State	Zip Code
Gulf Breeze	FL	32561-4899

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

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
06	/	14	/	2014

Transaction ID : 6147623

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

c. Michael J Pushkarewicz MD

Mailing Address 1510 Braken Ave

City	State	Zip Code
Wilmington	DE	19808

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2014

Transaction ID : 6148478

Amount of Each Receipt this Period

250.00

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

435.00

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 (Last, First, Middle Initial)

A. Jane Soon-Yen Tan MD

Mailing Address 160 Woodland Dr

City

Alpena

State

MI

Zip Code

49707-1131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alpena Regional Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 6150121

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kanwaldeep S Sidhu 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

St Clair Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 6150122

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Keith Frazier MD

Mailing Address 3191 Ford Ln

City

LaFayette

State

CA

Zip Code

94549-4147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Webster Orthopaedic Med Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 6150125

Amount of Each Receipt this Period

500.00

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 (Last, First, Middle Initial)

A. James J Dietz MD

Mailing Address 1156 Yorkshire

City State Zip Code
 Grosse Pointe Park MI 48230-1101

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Clair Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : 6150126

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Christopher Lawrence Lee MD

Mailing Address 23829 Little Mack Ste 100

City State Zip Code
 Saint Clair Shores MI 48080

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Clair Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : 6150127

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Christopher Zingas MD

Mailing Address 23829 Little Mack Ste 100

City State Zip Code
 Saint Clair Shores MI 48080

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Clair Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : 6150128

Amount of Each Receipt this Period

500.00

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 (Last, First, Middle Initial)

A. Nicholas Schoch DO

Mailing Address 53948 Trent River Dr

City State Zip Code
 Shelby Township MI 48315

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Clair Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : 6150129

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Glenn J Minster MD

Mailing Address 23829 Little Mack Ste 100

City State Zip Code
 Saint Clair Shores MI 48080-1186

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Clair Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : 6150130

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Christopher T Donaldson MD

Mailing Address 1500 Donato Ct

City State Zip Code
 Johnstown PA 15905-1528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western PA Orthopaedic & Sports Medici

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : 6150131

Amount of Each Receipt this Period

250.00

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 (Last, First, Middle Initial)

A. Benjamin N Rosenberg MD

Mailing Address 1436 Exchange St

City
Middlebury

State
VT

Zip Code
05753

FEC ID number of contributing
federal political committee.

C

Name of Employer

Champlain Valley Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 6150133

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Richard T Perry 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

St Clair Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 6150134

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Billy Keith Parsley MD

Mailing Address 1219 Barnsley Place

City

Kingsport

State

TN

Zip Code

37660-1197

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 20 / 2014

Transaction ID : 6169201

Amount of Each Receipt this Period

500.00

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

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

Full Name (Last, First, Middle Initial)

A. Gary M Schniegenberg MD

Mailing Address 1982 Road P1

City

Bluffton

State

OH

Zip Code

45817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Institute of Ohio

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : 6169652

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Patrick A Smith MD

Mailing Address 1305 Westview Terrace

City

Columbia

State

MO

Zip Code

65203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : 6169653

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

c. Thomas C McLaughlin MD

Mailing Address 2667 Berkshire Rd

City

Cleveland

State

OH

Zip Code

44106-3361

FEC ID number of contributing
federal political committee.

C

Name of Employer

LSCVAMC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : 6169656

Amount of Each Receipt this Period

500.00

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

1225.00

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 (Last, First, Middle Initial)

A. Benjamin Curtis MD

Mailing Address 1990 E Browning Ave

City

Salt Lake Cty

State

UT

Zip Code

84108-2274

FEC ID number of contributing
federal political committee.

C

Name of Employer

Utah Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 20 / 2014

Transaction ID : 6169658

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Annunziato Amendola MD

Mailing Address UI Sports Med Ctr
2701 Prairie Meadow Dr

City

Iowa City

State

IA

Zip Code

52242-8001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Iowa Hospitals & Clinics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 20 / 2014

Transaction ID : 6169660

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jose E Rodriguez MD

Mailing Address 315 Electrc Dr

City

Houston

State

TX

Zip Code

77024-4747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 24 / 2014

Transaction ID : 6175745

Amount of Each Receipt this Period

500.00

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

1900.00

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

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

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

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

Full Name (Last, First, Middle Initial)

A. Joseph Benevenia MD

Mailing Address 140 Bergen St ACC D1610

City

Newark

State

NJ

Zip Code

07103-2425

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rutgers University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 24 / 2014

Transaction ID : 6175746

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John A Bojeskul MD

Mailing Address 2108 Wythe Dr

City

Evans

State

GA

Zip Code

30809-5476

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Army

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2014

Transaction ID : 6175747

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kris John Alden MD, PhD

Mailing Address 2940 Rollingridge Rd
Ste 102

City

Naperville

State

IL

Zip Code

60564-4234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hinsdale Orthopaedic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 24 / 2014

Transaction ID : 6175753

Amount of Each Receipt this Period

1000.00

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
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NAME 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 P K Featheringill 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

Orthopedic Sports Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : 6175757

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jack R Steel MD

Mailing Address 630 Fern Street

City

Huntington

State

WV

Zip Code

25701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott Orthopedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : 6175758

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William O Samuelson MD

Mailing Address 2800 Pierce St Ste 101

City

Sioux City

State

IA

Zip Code

51104-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : 6175766

Amount of Each Receipt this Period

1000.00

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

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

<p>Full Name (Last, First, Middle Initial) A. Patrick M Sullivan MD</p> <p>Mailing Address 6001 Westown Pkwy</p> <p>City State Zip Code West Des Moines IA 50266-7702</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Des Moines Orthopaedic Surgeons 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 ▼ 2000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 20 / 2014 Transaction ID : 6175768</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) B. William A Jiranek MD</p> <p>Mailing Address 4066 Old River Tr</p> <p>City State Zip Code Powhatan VA 23139</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Virginia Commonwealth University Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 13 / 2014 Transaction ID : 6175782</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) C. David Irvine MD</p> <p>Mailing Address 13012 Sunny Dawn Ct</p> <p>City State Zip Code Saint Louis MO 63127</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 13 / 2014 Transaction ID : 6175783</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>2000.00</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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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Xavier A Duralde MD</p> <p>Mailing Address Suite 700 2045 Peachtree Road NE</p> <p>City Atlanta State GA Zip Code 30309-1476</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Peachtree Orthopaedics Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 13 / 2014</p> <p>Transaction ID : 6175787</p> <p>Amount of Each Receipt this Period 100.00</p>
<p>Full Name (Last, First, Middle Initial) B. Robert A Gurtler MD</p> <p>Mailing Address 2192 Wagon Trail Rd</p> <p>City White Heath State IL Zip Code 61884</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Carle Clinic Assoc Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 13 / 2014</p> <p>Transaction ID : 6175788</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name (Last, First, Middle Initial) C. Sean David Toomey MD</p> <p>Mailing Address 1 Crescent Key</p> <p>City Bellevue State WA Zip Code 98006-1009</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Proliance Surgeons Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 24 / 2014</p> <p>Transaction ID : 6176116</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<p>850.00</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
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jon D Zoltan MD

Mailing Address 2222 E Highland Ave Ste 300

City State Zip Code
Phoenix AZ 85016

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Orthopedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2014

Transaction ID : 6176118

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Kevin P Black MD

Mailing Address 628 Grey Drive

City State Zip Code
Hummelstown PA 17036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Penn State Hershey Medical Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2014

Transaction ID : 6176124

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Gregory Solis MD

Mailing Address 10610 Brighton Hill Circle N.

City State Zip Code
Jacksonville FL 32256

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jacksonville Ortho Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2014

Transaction ID : 6176127

Amount of Each Receipt this Period

250.00

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

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

1450.00

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 (Last, First, Middle Initial)

A. Vincent Iacono MD

Mailing Address P.O. Box 30

City

Stoughton

State

MA

Zip Code

02072-0030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Care Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 24 / 2014

Transaction ID : 6176133

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gary Dean Harter MD

Mailing Address 104 Countryside Ln

City

Lewisburg

State

PA

Zip Code

17837-8508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Geisinger Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 24 / 2014

Transaction ID : 6176135

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Rafael M Fernandez MD

Mailing Address P.O. Box 800809

City

Coto Laurel

State

PR

Zip Code

00780-0809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 28 / 2014

Transaction ID : 6183996

Amount of Each Receipt this Period

100.00

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

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

1600.00

327025.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. American Association of Orthopaedic Surgeons

Mailing Address 6300 N River Road

City State Zip Code
Rosemont IL 60018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8830.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 22 2014

Transaction ID : 6020902

Amount of Each Receipt this Period

2000.43

Refund of bank fees from affiliated organization

Full Name (Last, First, Middle Initial)

B. American Association of Orthopaedic Surgeons

Mailing Address 6300 N River Road

City State Zip Code
Rosemont IL 60018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10852.94

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 19 2014

Transaction ID : 6096873

Amount of Each Receipt this Period

2022.49

Refund of bank fees from affiliated organization

Full Name (Last, First, Middle Initial)

C. American Association of Orthopaedic Surgeons

Mailing Address 6300 N River Road

City State Zip Code
Rosemont IL 60018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12710.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 19 2014

Transaction ID : 6172583

Amount of Each Receipt this Period

1857.91

Refund of bank fees from affiliated organization

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

5880.83

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

5880.83

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

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

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

Full Name (Last, First, Middle Initial)

A. Tim Scott for Senate

Mailing Address 1405 Ashley River Road

City State Zip Code
Charleston SC 29407

FEC ID number of contributing
federal political committee.

C C00540302

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 01 / 2014

Transaction ID : 6041556

Amount of Each Receipt this Period

1000.00

Refund of contribution

Full Name (Last, First, Middle Initial)

B. Cathy McMorris Rodgers for Congress

Mailing Address P.O. Box 137

City State Zip Code
Spokane WA 99210

FEC ID number of contributing
federal political committee.

C C00390476

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 03 / 2014

Transaction ID : 6130072

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

C. Dave Camp for Congress

Mailing Address 5915 Eastman Avenue
Suite 100

City State Zip Code
Midland MI 48640

FEC ID number of contributing
federal political committee.

C C00347476

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 03 / 2014

Transaction ID : 6130073

Amount of Each Receipt this Period

5000.00

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

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

6650.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Matheson for Congress

Mailing Address P.O. Box 521048

City	State	Zip Code
Salt Lake City	UT	84152

FEC ID number of contributing
federal political committee.**C** C00344721

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2014

Transaction ID : 6130074

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Gingrey for Senate Inc

Mailing Address P.O. Box U

City	State	Zip Code
Marietta	GA	30060

FEC ID number of contributing
federal political committee.**C** C00370783

Name of Employer

Occupation

Receipt For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼
Runoff2013

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2014

Transaction ID : 6151491

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

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

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

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

10000.00

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

16650.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
Type

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

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2014

Transaction ID : 5953318

Amount of Each Disbursement this Period

490.51

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
Type

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

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2014

Transaction ID : 5953364

Amount of Each Disbursement this Period

749.43

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
Type

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

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2014

Transaction ID : 5953365

Amount of Each Disbursement this Period

75.67

Bank fees deducted from account

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

1315.61

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

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

State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2014

Transaction ID : 6010198

Amount of Each Disbursement this Period

552.07

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

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

State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : 6010199

Amount of Each Disbursement this Period

132.75

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

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

State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

Transaction ID : 6041551

Amount of Each Disbursement this Period

217.28

Bank fees deducted from account

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

902.10

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

Transaction ID : 6041552

Amount of Each Disbursement this Period

228.60

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

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

Date of Disbursement

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

Transaction ID : 6041553

Amount of Each Disbursement this Period

737.12

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

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

Date of Disbursement

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

Transaction ID : 6041554

Amount of Each Disbursement this Period

353.07

Bank fees deducted from account

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

1318.79

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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

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

State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : 6041561

Amount of Each Disbursement this Period

269.69

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

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

State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Transaction ID : 6055371

Amount of Each Disbursement this Period

216.73

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

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

State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		03		2014

Transaction ID : 6129717

Amount of Each Disbursement this Period

91.05

Bank fees deducted from account

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

577.47

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
Type

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

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2014

Transaction ID : 6129718

Amount of Each Disbursement this Period

984.01

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
Type

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

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : 6129719

Amount of Each Disbursement this Period

190.37

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
Type

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

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2014

Transaction ID : 6129720

Amount of Each Disbursement this Period

537.32

Bank fees deducted from account

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

1711.70

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

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

5880.83

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Nancy Pelosi for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Mailing Address 700 13th Street, Nw
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Transaction ID : 5944086

Amount of Each Disbursement this Period

1000.00

Candidate Name

Nancy PelosiCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: DC District: 08Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Palazzo for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Mailing Address P.O. Box 6217

City Gulfport State MS Zip Code 39506

Purpose of Disbursement

011

Transaction ID : 5944088

Amount of Each Disbursement this Period

1500.00

Candidate Name

Steven PalazzoCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: MS District: 04Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Stivers for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement

011

Transaction ID : 5944091

Amount of Each Disbursement this Period

1500.00

Candidate Name

Steve StiversCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: OH District: 15Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. The Gula Graham Group

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Mailing Address 499 S Capitol St S.W. Suite 420

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
3/5 Cathy McMorris Rodgers fundraiser

011

Transaction ID : 5944122

Amount of Each Disbursement this Period

350.00

Candidate Name

Cathy RodgersCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 05

3/5 Cathy McMorris Rodgers fundraiser

Full Name (Last, First, Middle Initial)

B. Alexander for Senate 2014 Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Mailing Address 228 S Washington Street Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement

011

Transaction ID : 5999257

Amount of Each Disbursement this Period

1500.00

Candidate Name

Lamar AlexanderCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District:

Full Name (Last, First, Middle Initial)

C. Dr. Brian Babin for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Mailing Address PO Box 159

City	State	Zip Code
Woodville	TX	75979

Purpose of Disbursement

011

Transaction ID : 5999294

Amount of Each Disbursement this Period

5000.00

Candidate Name

Brian BabinCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼

State: TX District: 36

Runoff2013

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

6850.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. New Pioneers PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Mailing Address 228 S Washington St Suite 115

City	State	Zip Code
Alexandria	VA	22314

Transaction ID : 5999295Purpose of Disbursement
Walden's LPAC

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

New Pioneers PACCategory/
Type

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

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

Walden's LPAC

State: District:

Full Name (Last, First, Middle Initial)

B. Vote to Elect Republicans Now PAC (VERN PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Mailing Address P.O. Box 48928

City	State	Zip Code
Sarasota	FL	34236

Transaction ID : 5999296Purpose of Disbursement
Buchanan's LPAC

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

Vote to Elect Republicans Now PAC (VERN PAC)Category/
Type

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

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

Buchanan's LPAC

State: District:

Full Name (Last, First, Middle Initial)

C. Walter Jones Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Mailing Address P.O. Box 3962

City	State	Zip Code
Greenville	NC	27836

Transaction ID : 6014636

Purpose of Disbursement

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Walter JonesCategory/
Type

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

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

State: NC District: 03

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

10000.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Wyden for Senate

Mailing Address P.O. Box 3498

City	State	Zip Code
Portland	OR	97208

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ronald Wyden

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary
☒ General
☐ Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	21	/	2014

Transaction ID : 6014637

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Committee to Re-Elect Linda SanchezMailing Address 50 E St, SE
Suite 211

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Linda Sanchez

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

State: DC District: 39

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	21	/	2014

Transaction ID : 6014639

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Collins for Senator

Mailing Address P.O. Box 522

City	State	Zip Code
Portland	ME	04012

Purpose of Disbursement

011

Category/
Type

Candidate Name

Susan Collins

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

State: ME District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	29	/	2014

Transaction ID : 6028274

Amount of Each Disbursement this Period

1500.00

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

8000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED 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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Collins for Senator

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Mailing Address P.O. Box 522

City	State	Zip Code
Portland	ME	04012

Transaction ID : 6028275

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Susan CollinsCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: ME District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

B. Ann Wagner for Congress

Mailing Address P.O. Box 50

City	State	Zip Code
Ballwin	MO	63022

Transaction ID : 6028276

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Ann WagnerCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

C. Every Republican is Crucial (ERIC) PACMailing Address 25 East Main Street
Suite 200

City	State	Zip Code
Richmond	VA	23219

Transaction ID : 6028277Purpose of Disbursement
Canton's LPAC

011

Amount of Each Disbursement this Period

Candidate Name

Every Republican is Crucial (ERIC) PACCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Canton's LPAC

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

7500.00

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

PAGE 239 OF 282

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Ryan Costello for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Mailing Address P.O. Box 3154

City	State	Zip Code
West Chester	PA	19381

Transaction ID : 6028278

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Ryan CostelloCategory/
Type

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

Disbursement For: 2014

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

State: PA District: 06

5000.00				

Full Name (Last, First, Middle Initial)

B. Yoder for Congress, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Mailing Address P.O. Box 26742

City	State	Zip Code
Overland Park	KS	66225

Transaction ID : 6028279

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Kevin YoderCategory/
Type

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

Disbursement For: 2014

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

State: KS District: 03

1000.00				

Full Name (Last, First, Middle Initial)

C. Valadao for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Mailing Address 504 Van Ness

City	State	Zip Code
Fresno	CA	93721

Transaction ID : 6028280

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Rep. David ValadaoCategory/
Type

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

Disbursement For: 2014

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

State: CA District: 21

2000.00				

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

8000.00				

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SCHEDULE B (FEC Form 3X)
ITEMIZED 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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Larson for Congress

Mailing Address P.O.Box 261172

City	State	Zip Code
Hartford	CT	06126

Purpose of Disbursement

Candidate Name

John Larson

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

State: CT District: 01

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 6028281

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Nutmeg PAC

Mailing Address 777 Summer St, Suite 302

City	State	Zip Code
Stamford	CT	06901

Purpose of Disbursement
Blumenthal's LPAC

Candidate Name

Nutmeg PAC

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

State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 6028282

Amount of Each Disbursement this Period

1000.00

Blumenthal's LPAC

Full Name (Last, First, Middle Initial)

C. McKinley for Congress

Mailing Address P.O. Box 642

City	State	Zip Code
Morgantown	WV	26507

Purpose of Disbursement

Candidate Name

David McKinley

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

State: WV District: 01

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 6028291

Amount of Each Disbursement this Period

1000.00

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

3500.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

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

2500.00

2500.00

2500.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends of Dan Maffei

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Mailing Address P.O. Box 230

City	State	Zip Code
Syracuse	NY	13214

Transaction ID : 6055054

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Daniel MaffeiCategory/
Type

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

Disbursement For: 2014

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

State: NY District: 25

1150.00									
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Full Name (Last, First, Middle Initial)

B. Friends of Dan Maffei

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Mailing Address P.O. Box 230

City	State	Zip Code
Syracuse	NY	13214

Transaction ID : 6055055

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Daniel MaffeiCategory/
Type

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

Disbursement For: 2014

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

State: NY District: 25

5000.00									
---------	--	--	--	--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

C. Ryan for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Mailing Address P.O. Box 1488

City	State	Zip Code
Janesville	WI	53547

Transaction ID : 6055056

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Paul RyanCategory/
Type

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

Disbursement For: 2014

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

State: WI District: 01

3650.00									
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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9800.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Ryan for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Mailing Address P.O. Box 1488

City	State	Zip Code
Janesville	WI	53547

Transaction ID : 6055057

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Paul RyanCategory/
Type

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

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

State: WI District: 01

Amount of Each Disbursement this Period
5000.00

Full Name (Last, First, Middle Initial)

B. Joe Wilson for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Mailing Address P.O. Box 2145

City	State	Zip Code
West Columbia	SC	29171

Transaction ID : 6055058

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Joe WilsonCategory/
Type

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

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

State: SC District: 00

Amount of Each Disbursement this Period
2500.00

Full Name (Last, First, Middle Initial)

C. Pat Roberts for U.S. Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Mailing Address Box 433

City	State	Zip Code
Great Bend	KS	67530

Transaction ID : 6055059

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Pat RobertsCategory/
Type

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

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

State: KS District:

Amount of Each Disbursement this Period
3650.00

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

11150.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Ron Barber for Congress

Mailing Address P.O. Box 57715

City	State	Zip Code
Tucson	AZ	85732

Purpose of Disbursement

011

Candidate Name

Ronald BarberCategory/
Type
 Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2014

Transaction ID : 6055060

Amount of Each Disbursement this Period

2650.00

Full Name (Last, First, Middle Initial)

B. Richmond for CongressMailing Address 1631 Elysian Fields
Suite 150

City	State	Zip Code
New Orleans	LA	70117

Purpose of Disbursement

011

Candidate Name

Cedric RichmondCategory/
Type
 Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2014

Transaction ID : 6055061

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Frelinghuysen for Congress

Mailing Address 19 Cattano Avenue

City	State	Zip Code
Morristown	NJ	07960

Purpose of Disbursement

011

Candidate Name

Rodney FrelinghuysenCategory/
Type
 Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2014

Transaction ID : 6055062

Amount of Each Disbursement this Period

4650.00

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

8300.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Collins for Senator

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Mailing Address P.O. Box 522

City	State	Zip Code
Portland	ME	04012

Transaction ID : 6055063

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Susan CollinsCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary
☒ General
☐ Other (specify) ▼

State: ME

District:

1500.00

Full Name (Last, First, Middle Initial)

B. Duncan D. Hunter for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Mailing Address P.O. Box 1545

City	State	Zip Code
El Cajon	CA	91941

Transaction ID : 6055064

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Duncan HunterCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary
☒ General
☐ Other (specify) ▼

State: CA

District: 52

4000.00

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
05		13		2014

Mailing Address 12 Trumbull Street
2nd Floor

City	State	Zip Code
New Haven	CT	06511

Transaction ID : 6055065

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Rosa DelauroCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary
☒ General
☐ Other (specify) ▼

State: CT

District: 03

1000.00

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 247 OF 282

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Renee Ellmers for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Mailing Address P.O. Box 97275

City	State	Zip Code
Raleigh	NC	27624

Transaction ID : 6055066

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Renee EllmersCategory/
Type

2500.00

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

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

State: NC District: 02

Full Name (Last, First, Middle Initial)

B. First State PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Mailing Address P.O. Box 3006

City	State	Zip Code
Wilmington	DE	19804

Transaction ID : 6055067Purpose of Disbursement
Carper's LPAC

011

Amount of Each Disbursement this Period

Candidate Name

First State PACCategory/
Type

5000.00

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

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

State: District:

Full Name (Last, First, Middle Initial)

C. Guthrie for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Mailing Address P.O. Box 9639

City	State	Zip Code
Bowling Green	KY	42102

Transaction ID : 6055069

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

S. Brett GuthrieCategory/
Type

2500.00

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

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

State: KY District: 02

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 248 OF 282

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Diana Degette for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Mailing Address P.O. Box 61337

City	State	Zip Code
Denver	CO	80206

Transaction ID : 6055070

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Diana DeGetteCategory/
Type

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

Disbursement For: 2014

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

State: CO District: 01

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Monica Wehby for U.S. Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Mailing Address P.O. Box 3375

City	State	Zip Code
Portland	OR	97208

Transaction ID : 6055071

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Monica WehbyCategory/
Type

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

Disbursement For: 2014

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

State: OR District:

5000.00

Full Name (Last, First, Middle Initial)

C. Bera for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Mailing Address P.O.Box 582496

City	State	Zip Code
Elk Grove	CA	95758

Transaction ID : 6055072

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Amerish BeraCategory/
Type

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

Disbursement For: 2014

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

State: CA District: 07

2650.00

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

8650.00

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 249 OF 282

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Thornberry for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Mailing Address P.O. Box 9392

City	State	Zip Code
Amarillo	TX	79105

Transaction ID : 6055073

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Mac ThornberryCategory/
Type

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

Disbursement For: 2014

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

State: TX District: 13

5000.00

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr. MD for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Mailing Address P.O. Box 80126

City	State	Zip Code
Lafayette	LA	70598

Transaction ID : 6055074

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Charles BoustanyCategory/
Type

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

Disbursement For: 2014

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

State: LA District: 07

5000.00

Full Name (Last, First, Middle Initial)

C. Friends of Mark Warner

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Mailing Address 201 North Union Street Suite 300

City	State	Zip Code
Alexandria	VA	22314

Transaction ID : 6055075

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Mark WarnerCategory/
Type

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

Disbursement For: 2014

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

State: VA District:

2150.00

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

12150.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Ryan Costello for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Mailing Address P.O. Box 3154

City	State	Zip Code
West Chester	PA	19381

Transaction ID : 6055076

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Ryan CostelloCategory/
Type

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

Disbursement For: 2014

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

State: PA District: 06

Full Name (Last, First, Middle Initial)

B. Castor for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Mailing Address 301 W Platt Street, #385

City	State	Zip Code
Tampa	FL	33606

Transaction ID : 6055077

Purpose of Disbursement

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Kathy CastorCategory/
Type

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

Disbursement For: 2014

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

State: FL District: 11

Full Name (Last, First, Middle Initial)

C. PETE PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Mailing Address 7804 Evening Lane

City	State	Zip Code
Alexandria	VA	22306

Transaction ID : 6055078Purpose of Disbursement
Sessions' LPAC

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

PETE PACCategory/
Type

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

Disbursement For:

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

State: District:

Sessions' LPAC

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

6000.00

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

PAGE 251 OF 282

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Brian Ellis for Congress

Mailing Address P.O. Box 6568

City	State	Zip Code
Grand Rapids	MI	49516

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Brian Ellis

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

Disbursement For: 2014

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

State: MI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2014

Transaction ID : 6102244

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Sherman for Congress

Mailing Address 777 S. Figueroa St., Ste. 4050

City	State	Zip Code
Los Angeles	CA	90017

Purpose of Disbursement

011

Category/
Type

Candidate Name

Brad Sherman

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

Disbursement For: 2014

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

State: CA District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2014

Transaction ID : 6102245

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Southerland for Congress

Mailing Address P.O. Box 1692

City	State	Zip Code
Lynn Haven	FL	32444

Purpose of Disbursement

011

Category/
Type

Candidate Name

William Southerland

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

Disbursement For: 2014

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

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2014

Transaction ID : 6102246

Amount of Each Disbursement this Period

2500.00

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

7500.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Synergy PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2014

Mailing Address 718 7th Street, NW
Suite 300

City Washington State DC Zip Code 20001

Purpose of Disbursement
Larson's LPAC

011

Transaction ID : 6102247

Amount of Each Disbursement this Period

2500.00

Candidate Name

Synergy PACCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Larson's LPAC

State: District:

Full Name (Last, First, Middle Initial)

B. Luke Messer for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2014

Mailing Address P.O. Box 917

City Shelbyville State IN Zip Code 46176

Purpose of Disbursement

011

Transaction ID : 6102248

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Luke MesserCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 06

Full Name (Last, First, Middle Initial)

C. Denny Heck for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2014

Mailing Address P.O. Box 235

City Olympia State WA Zip Code 98507

Purpose of Disbursement

011

Transaction ID : 6102249

Amount of Each Disbursement this Period

1000.00

Candidate Name

Dennis HeckCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 10

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 253 OF 282

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Klobuchar for Minnesota

Mailing Address P.O. Box 4146

City	State	Zip Code
St Paul	MN	55104

Purpose of Disbursement

011

Category/
Type

Candidate Name

Amy Klobuchar

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MN

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2014

Transaction ID : 6102250

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Mike Kelly for Congress

Mailing Address P.O. Box 476

City	State	Zip Code
Lyndora	PA	16045

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mike Kelly

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2014

Transaction ID : 6102251

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Mike Bishop for Congress

Mailing Address P.O. Box 1148

City	State	Zip Code
Brighton	MI	48116

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Michael Bishop

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2014

Transaction ID : 6102256

Amount of Each Disbursement this Period

2500.00

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

6500.00

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

PAGE 254 OF 282

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends of Farr

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Mailing Address P.O. Box 122

City	State	Zip Code
Monterey	CA	93942

Transaction ID : 6109230

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Sam FarrCategory/
Type

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

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

State: CA District: 17

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Farr

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Mailing Address P.O. Box 122

City	State	Zip Code
Monterey	CA	93942

Transaction ID : 6110294

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Sam FarrCategory/
Type

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

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

State: CA District: 17

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Farr

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Mailing Address P.O. Box 122

City	State	Zip Code
Monterey	CA	93942

Transaction ID : 6110297Purpose of Disbursement
Void - Friends of Farr

011

Amount of Each Disbursement this Period

Candidate Name

Sam FarrCategory/
Type

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

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

State: CA District: 17

-2500.00

Void - Friends of Farr

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

2500.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends of Bob Johnson

Mailing Address P.O. Box 16401

City	State	Zip Code
Savannah	GA	31416

Purpose of Disbursement

011

Candidate Name

Robert E Johnson MD

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

Disbursement For: 2013

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

State: GA District: 01

Runoff2013

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2014

Transaction ID : 6111358

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Courtney for Congress

Mailing Address P.O. Box 1372

City	State	Zip Code
Vernon	CT	06066

Purpose of Disbursement

011

Candidate Name

Joseph Courtney

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

Disbursement For: 2014

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

State: CT District: 02

Convention2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2014

Transaction ID : 6111360

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Ruiz Victory Fund

Mailing Address P.O. Box 3433

City	State	Zip Code
Palm Desert	CA	92261

Purpose of Disbursement
JFC

011

Candidate Name

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

Disbursement For:

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2014

Transaction ID : 6111361

Amount of Each Disbursement this Period

5000.00

JFC

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

10000.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Pascrell for Congress

Mailing Address P.O. Box 640

City Totowa	State NJ	Zip Code 07511
----------------	-------------	-------------------

Purpose of Disbursement

011

Category/
Type

Candidate Name

William PascrellOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : 6111362

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Alan Grayson

Mailing Address 8419 Oak Park Road

City Orlando	State FL	Zip Code 32853
-----------------	-------------	-------------------

Purpose of Disbursement

011

Category/
Type

Candidate Name

Alan GraysonOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : 6111363

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Adam Smith for Congress Committee

Mailing Address P.O. Box 23626

City Federal Way	State WA	Zip Code 98093
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Purpose of Disbursement

011

Category/
Type

Candidate Name

D Adam SmithOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : 6111409

Amount of Each Disbursement this Period

4000.00

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

6500.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Tim Bishop for Congress

Mailing Address P.O. Box 437

City	State	Zip Code
Farmingville	NY	11738

Purpose of Disbursement

011

Candidate Name

Tim Bishop

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2014

Transaction ID : 6111411

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Paul Tonko for Congress

Mailing Address 911 Central Avenue #221

City	State	Zip Code
Albany	NY	12206

Purpose of Disbursement

011

Candidate Name

Paul Tonko

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2014

Transaction ID : 6111437

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Jason Chaffetz

Mailing Address 315 Westfield Circle

City	State	Zip Code
Alpine	UT	84004

Purpose of Disbursement

011

Candidate Name

Jason Chaffetz

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2014

Transaction ID : 6111438

Amount of Each Disbursement this Period

1000.00

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

3000.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Billy Long for Congress

Mailing Address 3246 E. Ridgeview Street

City	State	Zip Code
Springfield	MO	65804

Purpose of Disbursement

011

Category/
Type

Candidate Name

Billy Long

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

Disbursement For: 2014

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

State: MO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : 6111439

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Lincoln PACMailing Address c/o Caryn Eggeraat
3701 Connecticut Ave. NW. #404

City	State	Zip Code
Washington	DC	20008

Purpose of Disbursement
Kirk's LPAC

011

Category/
Type

Candidate Name

Lincoln PAC

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

Disbursement For:

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : 6111440

Amount of Each Disbursement this Period

2500.00

Kirk's LPAC

Full Name (Last, First, Middle Initial)

C. Carper for U.S. Senate

Mailing Address P.O. Box 2882

City	State	Zip Code
Wilmington	DE	20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thomas Carper

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

Disbursement For: 2018

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

State: DE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : 6111442

Amount of Each Disbursement this Period

1000.00

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

6000.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Collins for Congress

Mailing Address P.O. Box 386

City Clarence	State NY	Zip Code 14031
------------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

Rep. Christopher CollinsCategory/
Type
 Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : 6111459

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Collins for Congress

Mailing Address P.O. Box 386

City Clarence	State NY	Zip Code 14031
------------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

Rep. Christopher CollinsCategory/
Type
 Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : 6111461

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Georgians for Isakson

Mailing Address P.O. Box 250116

City Atlanta	State GA	Zip Code 30325
-----------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

John IsaksonCategory/
Type
 Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : 6111462

Amount of Each Disbursement this Period

1500.00

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

7500.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Johnson for Congress

Mailing Address P.O. Box 14496

City	State	Zip Code
Poland	OH	22301

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bill Johnson

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

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

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : 6111463

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Dutch Ruppersberger for Congress Committee

Mailing Address 22 W. Padonia Road

City	State	Zip Code
Timonium	MD	21093

Purpose of Disbursement

011

Category/
Type

Candidate Name

C.A. Dutch Ruppersberger

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

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

State: MD District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : 6111490

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Stivers for Congress

Mailing Address 4679 Winterset Drive

City	State	Zip Code
Columbus	OH	43220

Purpose of Disbursement

011

Category/
Type

Candidate Name

Steve Stivers

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

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

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : 6111491

Amount of Each Disbursement this Period

1000.00

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

5000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Donnelly for Indiana

Mailing Address 1050 17th St NW Ste 590

City	State	Zip Code
Washington	DC	46634

Purpose of Disbursement

011

Candidate Name

Joseph Donnelly

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
05		29		2014

Transaction ID : 6111579

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Bill Flores for Congress

Mailing Address P.O. Box 6207

City	State	Zip Code
Bryan	TX	77805

Purpose of Disbursement

011

Candidate Name

Bill Flores

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : 6111581

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Marsha Blackburn for Congress, Inc.Mailing Address P.O. Box 3750
Suite 4916

City	State	Zip Code
Brentwood	TN	37027

Purpose of Disbursement

011

Candidate Name

Marsha Blackburn

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : 6111583

Amount of Each Disbursement this Period

2150.00

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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Benishek for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Mailing Address P.O. Box 108

City	State	Zip Code
Gladstone	MI	49802

Transaction ID : 6111584

Purpose of Disbursement

011

Amount of Each Disbursement this Period

3500.00

Candidate Name

Daniel BenishekCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 01

Full Name (Last, First, Middle Initial)

B. Scott Peters for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Mailing Address P.O. Box 70980

City	State	Zip Code
Washington	DC	20024

Transaction ID : 6119884

Purpose of Disbursement

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

Rep. Scott PetersCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 52

Full Name (Last, First, Middle Initial)

C. Gregg Harper for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Mailing Address P.O. Box 54344

City	State	Zip Code
Pearl	MS	39288

Transaction ID : 6119885

Purpose of Disbursement

011

Amount of Each Disbursement this Period

3500.00

Candidate Name

Gregg HarperCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 03

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

12000.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. The Gula Graham Group

Mailing Address 499 S Capitol St S.W. Suite 420

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
5/8 Paul Ryan Breakfast

011

Candidate Name

Paul RyanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	04	/	2014

Transaction ID : 6132705

Amount of Each Disbursement this Period

350.00

5/8 Paul Ryan Breakfast

Full Name (Last, First, Middle Initial)

B. The Gula Graham Group

Mailing Address 499 S Capitol St S.W. Suite 420

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
5-13-14 Pat Roberts Lunch

011

Candidate Name

Pat RobertsOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	04	/	2014

Transaction ID : 6132714

Amount of Each Disbursement this Period

350.00

5-13-14 Pat Roberts Lunch

Full Name (Last, First, Middle Initial)

C. Synergy PACMailing Address 718 7th Street, NW
Suite 300

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement
Larson's LPAC

011

Candidate Name

Synergy PACOffice 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
06	/	16	/	2014

Transaction ID : 6150741

Amount of Each Disbursement this Period

2500.00

Larson's LPAC

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

3200.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Coffman for Congress Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Mailing Address 9249 South Broadway Blvd.
#200-501

City Highlands Ranch State CO Zip Code 80129

Purpose of Disbursement

011

Transaction ID : 6150742

Amount of Each Disbursement this Period

5000.00

Candidate Name

Mike CoffmanCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: CO District: 06Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Chris Gibson for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Mailing Address P.O. Box 234

City Saratoga Springs State NY Zip Code 12866

Purpose of Disbursement

011

Transaction ID : 6150744

Amount of Each Disbursement this Period

3500.00

Candidate Name

Christopher GibsonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: NY District: 20Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Friends of Jack Kingston

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Mailing Address P.O. Box 2133

City Savannah State GA Zip Code 31402

Purpose of Disbursement

011

Transaction ID : 6150746

Amount of Each Disbursement this Period

5000.00

Candidate Name

Jack KingstonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: GA District: 01Disbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼
Runoff2013**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13500.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME 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 Bob Johnson

Mailing Address P.O. Box 16401

City	State	Zip Code
Savannah	GA	31416

Purpose of Disbursement

011

Candidate Name

Robert E Johnson MDCategory/
Type

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

Disbursement For: 2013

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

State: GA District: 01

Runoff2013

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Transaction ID : 6150747

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Citizens for Rush

Mailing Address P. O. Box 7292

City	State	Zip Code
Chicago	IL	60680

Purpose of Disbursement

011

Candidate Name

Bobby RushCategory/
Type

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

Disbursement For: 2014

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

State: IL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Transaction ID : 6150748

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Charlie Dent for Congress

Mailing Address P.O. Box 442

City	State	Zip Code
Allentown	PA	18105

Purpose of Disbursement

011

Candidate Name

Charles DentCategory/
Type

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

Disbursement For: 2014

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

State: PA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Transaction ID : 6150749

Amount of Each Disbursement this Period

1500.00

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

5500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Kristi for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2014

Mailing Address P.O. Box 852

City	State	Zip Code
Sioux Falls	SD	57101

Transaction ID : 6150750

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Kristi NoemCategory/
Type

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

Disbursement For: 2014

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

State: SD District: 00

Amount	5000.00
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Full Name (Last, First, Middle Initial)

B. Trust PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2014

Mailing Address 228 S. Washington Street
Suite 115

City	State	Zip Code
Alexandria	VA	22314

Transaction ID : 6150751Purpose of Disbursement
Upton's LPAC

011

Amount of Each Disbursement this Period

Candidate Name

Trust PACCategory/
Type

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

Disbursement For:

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

State: District:

Amount	4000.00
--------	---------

Upton's LPAC

Full Name (Last, First, Middle Initial)

C. Moran for Kansas

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2014

Mailing Address P.O. Box 1151

City	State	Zip Code
Hays	KS	67601

Transaction ID : 6150752

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Jerry MoranCategory/
Type

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

Disbursement For: 2016

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

State: KS District: 01

Amount	1000.00
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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

Amount	10000.00
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Amount	
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Fitzpatrick for Congress

Mailing Address P.O. Box 185

City	State	Zip Code
Langhorne	PA	19047

Purpose of Disbursement

Candidate Name

Michael Fitzpatrick

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

State: PA District: 08

Disbursement For: 2014

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2014

Transaction ID : 6150753

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Reed Committee

Mailing Address P.O. Box 8628

City	State	Zip Code
Cranston	RI	02920

Purpose of Disbursement

Candidate Name

Jack Reed

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

State: RI District:

Disbursement For: 2014

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2014

Transaction ID : 6150754

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Clint Didier for Congress

Mailing Address P.O. Box 157

City	State	Zip Code
Eltopia	WA	99301

Purpose of Disbursement

Candidate Name

Mr. Clint Didier

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

State: WA District: 04

Disbursement For: 2014

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2014

Transaction ID : 6150756

Amount of Each Disbursement this Period

2500.00

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

8500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED 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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends of Schumer

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Mailing Address 192 Lexington Avenue Suite 1001

City	State	Zip Code
New York	NY	10016

Purpose of Disbursement

011

Transaction ID : 6150757

Amount of Each Disbursement this Period

2500.00

Candidate Name

Charles SchumerCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NY

District:

Full Name (Last, First, Middle Initial)

B. Welch for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Mailing Address P.O. Box 1682

City	State	Zip Code
Burlington	VT	05402

Purpose of Disbursement

011

Transaction ID : 6150758

Amount of Each Disbursement this Period

1000.00

Candidate Name

Peter WelchCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: VT

District: 00

Full Name (Last, First, Middle Initial)

C. People for Patty Murray

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Mailing Address P.O. Box 3662

City	State	Zip Code
Seattle	WA	98124

Purpose of Disbursement

011

Transaction ID : 6150759

Amount of Each Disbursement this Period

1000.00

Candidate Name

Patty MurrayCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: WA

District:

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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Committee for a Livable Future

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2014

Mailing Address 830 NE Holladay St.
Room 105

City Portland State OR Zip Code 97232

Purpose of Disbursement
Blumenauer's LPAC

011

Transaction ID : 6150760

Amount of Each Disbursement this Period

2500.00

Candidate Name

Committee for a Livable FutureCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Blumenauer's LPAC

State: District:

Full Name (Last, First, Middle Initial)

B. Thom Tillis Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2014

Mailing Address P.O. Box 97396

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Transaction ID : 6150761

Amount of Each Disbursement this Period

1000.00

Candidate Name

Thom TillisCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District:

Full Name (Last, First, Middle Initial)

C. Bennet for Colorado

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2014

Mailing Address P.O. Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement

011

Transaction ID : 6150762

Amount of Each Disbursement this Period

1000.00

Candidate Name

Sen. Michael BennetCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District:

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

4500.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

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

01:



350.00

3-27-14 Rep Ron Kind Event

MM / DD / YYYY

01

350.00

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

5-6-14 Rep Dan Maffei Event

01:

350.00

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

5-7-14 Rep Ami Bera Event

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Angerholzer Broz Consulting

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		17		2014

Mailing Address 499 S Capitol St. SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
4-30-14 Rep Mark Warner Event

011

Transaction ID : 6151508

Amount of Each Disbursement this Period

350.00

Candidate Name

Mark WarnerCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District:

4-30-14 Rep Mark Warner Event

Full Name (Last, First, Middle Initial)

B. Hudson for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		17		2014

Mailing Address P.O. Box 5053

City Concord State NC Zip Code 28027

Purpose of Disbursement
Void - Hudson for Congress

011

Transaction ID : 6152762

Amount of Each Disbursement this Period

-2000.00

Candidate Name

Rep. Richard Hudson Jr.Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 08

Void - Hudson for Congress

Full Name (Last, First, Middle Initial)

C. Friends of Jim Bridenstine Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

Mailing Address PMB 230
8086 South Yale

City Tulsa State OK Zip Code 74136

Purpose of Disbursement

011

Transaction ID : 6165484

Amount of Each Disbursement this Period

5000.00

Candidate Name

Rep. Jim BridenstineCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 01

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

3350.00

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dr. Monica Wehby for U.S. Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

Mailing Address P.O. Box 3375

City	State	Zip Code
Portland	OR	97208

Transaction ID : 6165486

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Monica WehbyCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary
☒ General
☐ Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

B. Hudson for Congress

Mailing Address P.O. Box 5053

City	State	Zip Code
Concord	NC	28027

Transaction ID : 6165489

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Richard Hudson Jr.Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary
☒ General
☐ Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

C. Friends of Chris Murphy

Mailing Address P.O. Box 127

City	State	Zip Code
Cheshire	CT	06410

Transaction ID : 6165493

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Christopher MurphyCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary
☐ General
☐ Other (specify) ▼

State: CT District:

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

6000.00

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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Marc Veasey Congressional Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2014

Mailing Address P.O. Box 50084

City	State	Zip Code
Fort Worth	TX	76105

Transaction ID : 6165494

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Marc VeaseyCategory/
Type

2500.00

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

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

State: TX District: 33

Full Name (Last, First, Middle Initial)

B. Friends of Chris Murphy

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2014

Mailing Address P.O. Box 127

City	State	Zip Code
Cheshire	CT	06410

Transaction ID : 6166674Purpose of Disbursement
Void - Friends of Chris Murphy

011

Amount of Each Disbursement this Period

Candidate Name

Christopher MurphyCategory/
Type

-2500.00

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

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CT District:

Full Name (Last, First, Middle Initial)

C. ORRINPAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	20	/	2014

Mailing Address 175 S West Temple
Suite 650

City	State	Zip Code
Salt Lake City	UT	84101

Transaction ID : 6169204Purpose of Disbursement
Hatch's LPAC

011

Amount of Each Disbursement this Period

Candidate Name

ORRINPACCategory/
Type

2500.00

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

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

State: District:

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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Ryan Costello for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		20		2014

Mailing Address P.O. Box 3154

City	State	Zip Code
West Chester	PA	19381

Transaction ID : 6169205

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

4000.00

Candidate Name

Ryan Costello

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

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

State: PA District: 06

Full Name (Last, First, Middle Initial)

B. Friends of Michelle

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		20		2014

Mailing Address P.O. Box 25422

City	State	Zip Code
Albuquerque	NM	87125

Transaction ID : 6169206

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Michelle Lujan Grisham

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

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

State: NM District: 01

Full Name (Last, First, Middle Initial)

C. Mike Rogers for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

Mailing Address 123 East 13th Street

City	State	Zip Code
Anniston	AL	36201

Transaction ID : 6175212

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

Michael Rogers

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

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

State: AL District: 00

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

9000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED 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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Pascrell for Congress

Mailing Address P.O. Box 640

City	State	Zip Code
Totowa	NJ	07511

Purpose of Disbursement

011

Category/
Type

Candidate Name

William Pascrell

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

Disbursement For: 2014

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

State: NJ District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

Transaction ID : 6175213

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kind for Congress CommitteeMailing Address 205 5th Avenue South
Suite 428

City	State	Zip Code
La Crosse	WI	54601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ronald Kind

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

Disbursement For: 2014

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

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

Transaction ID : 6175218

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

C. Richmond for CongressMailing Address 1631 Elysian Fields
Suite 150

City	State	Zip Code
New Orleans	LA	70117

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cedric Richmond

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

Disbursement For: 2014

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

State: LA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2014

Transaction ID : 6180312

Amount of Each Disbursement this Period

1150.00

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

2300.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Richmond for CongressMailing Address 1631 Elysian Fields
Suite 150

City New Orleans State LA Zip Code 70117

Purpose of Disbursement

Candidate Name

Cedric RichmondOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2014

Transaction ID : 6180314

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Whitfield for Congress Committee

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement

Candidate Name

Edward WhitfieldOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2014

Transaction ID : 6180315

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Pat Roberts for U.S. Senate

Mailing Address Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement

Candidate Name

Pat RobertsOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2014

Transaction ID : 6180465

Amount of Each Disbursement this Period

2500.00

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

8500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED 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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. PITTSPAC

Mailing Address 1942 Park Plaza

City
LancasterState
PAZip Code
17601Purpose of Disbursement
Pitts' LPAC

011

Category/
Type

Candidate Name

PITTSPAC

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
06	/	27	/	2014

Transaction ID : 6180467

Amount of Each Disbursement this Period

2500.00

Pitts' LPAC

Full Name (Last, First, Middle Initial)

B. Berger for Congress

Mailing Address P.O. Box 3117

City
EdenState
NCZip Code
27289

Purpose of Disbursement

011

Category/
Type

Candidate Name

Philip Berger Jr

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2014

Transaction ID : 6180468

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Loudermilk for Congress

Mailing Address P.O. Box 447

City
CassvilleState
GAZip Code
30123

Purpose of Disbursement

011

Category/
Type

Candidate Name

Barry Loudermilk

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: GA

District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2014

Transaction ID : 6180471

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends of Erik Paulsen

Mailing Address P.O. Box 44369

City	State	Zip Code
Eden Prairie	MN	55344

Purpose of Disbursement

Candidate Name

Erik Paulsen

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

State: MN District: 03

Disbursement For: 2014

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2014

Transaction ID : 6180472

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Courtney for Congress

Mailing Address P.O. Box 1372

City	State	Zip Code
Vernon	CT	06066

Purpose of Disbursement

Re-designated funds for trans. dated 5/29/2014

Candidate Name

Joseph Courtney

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

State: CT District: 02

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	
Convention2014	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : 6217927

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Re-designated funds for trans. dated 5/29/2014

Full Name (Last, First, Middle Initial)

C. Courtney for Congress

Mailing Address P.O. Box 1372

City	State	Zip Code
Vernon	CT	06066

Purpose of Disbursement

Re-designated funds for trans. dated 5/29/2014

Candidate Name

Joseph Courtney

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

State: CT District: 02

Disbursement For: 2014

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : 6217928

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Re-designated funds for trans. dated 5/29/2014

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

5000.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Paul Tonko for Congress

Mailing Address 911 Central Avenue #221

City Albany	State NY	Zip Code 12206
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Purpose of Disbursement
Re-designated funds for trans. dated 5/29/2014>

Candidate Name

Paul TonkoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : 6220247

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Re-designated funds for trans. dated 5/29/2014>

Full Name (Last, First, Middle Initial)

B. Paul Tonko for Congress

Mailing Address 911 Central Avenue #221

City Albany	State NY	Zip Code 12206
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Purpose of Disbursement
Re-designated funds for trans. dated 5/29/2014

Candidate Name

Paul TonkoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : 6220248

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Re-designated funds for trans. dated 5/29/2014

Full Name (Last, First, Middle Initial)

C. Friends of Jason Chaffetz

Mailing Address 315 Westfield Circle

City Alpine	State UT	Zip Code 84004
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Purpose of Disbursement
Re-designated funds for trans. dated 5/29/2014

Candidate Name

Jason ChaffetzOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : 6220853

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Re-designated funds for trans. dated 5/29/2014

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

0.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends of Jason Chaffetz

Mailing Address 315 Westfield Circle

City	State	Zip Code
Alpine	UT	84004

Purpose of Disbursement
Re-designated funds for trans. dated 5/29/2014

Candidate Name

Jason ChaffetzOffice Sought: ☒ House
☐ Senate
☐ President
State: UT District: 03Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

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

Transaction ID : 6220854

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Re-designated funds for trans. dated 5/29/2014

Full Name (Last, First, Middle Initial)

B. Tim Scott for Senate

Mailing Address 1405 Ashley River Road

City	State	Zip Code
Charleston	SC	29407

Purpose of Disbursement
Re-designated funds for trans. dated 3/21/2014

Candidate Name

Sen. Tim ScottOffice Sought: ☐ House
☒ Senate
☐ President
State: SC District:Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2014

Transaction ID : 6230299

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Re-designated funds for trans. dated 3/21/2014

Full Name (Last, First, Middle Initial)

C. Tim Scott for Senate

Mailing Address 1405 Ashley River Road

City	State	Zip Code
Charleston	SC	29407

Purpose of Disbursement
Re-designated funds for trans. dated 3/21/2014

Candidate Name

Sen. Tim ScottOffice Sought: ☐ House
☒ Senate
☐ President
State: SC District:Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	29	/	2014

Transaction ID : 6230300

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Re-designated funds for trans. dated 3/21/2014

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

0.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

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

011

Category/
Type

350.00

3-26-14 Rep Pete Visclosky Event

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

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

Amount of Each Disbursement this Period

Category/
Type

Amount of Each Disbursement this Period

Disbursement For:

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

350.00

319150.00

