Image# 201604159012441836			_		PAGE 1 / 350
FEC AN	PORT OF R D DISBURS Other Than An Author	EMENT	s	Office	Use Only
	e or print V	Example: If typi	ng, type	12FE4M5	
COMMITTEE (in full)		over the lines.			
Political Action Committee	e of the American As	sociation of		lic Surgeons	
ADDRESS (number and street)	17 Massachusetts Ave., N.E.				
Check if different	st Floor				
than previously W reported. (ACC)	Vashington			DC 200	002
2. FEC IDENTIFICATION NUMB	ER V CITY		S		ZIP CODE
C C00343137	3. IS TI REP		NEW (N) OR	× AMENDE (A)	D
(Choose One)	b) Monthly Report Due On: Mar 20		May 20 (M5) Jun 20 (M6)	Aug 20 (M8	Year Only)
(a) Quarterly Reports:	Apr 20	(M4)	Jul 20 (M7)	Oct 20 (M1	Year Only)
April 15 Quarterly Report (Q1)	(C) 12-Day	Primary (12F	P)	General (12G)	Runoff (12R)
July 15 Quarterly Report (Q2)	PRE-Election Report for the:	Convention	(12C)	Special (12S)	
October 15 Quarterly Report (Q3)		M M /	D D /	Y Y Y Y Y	in the
January 31 Year-End Report (YE)	Election o	n			State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	General (300	G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election o	n/		Y Y Y Y	in the State of
5. Covering Period 01	01 / Y Y Y Y Y 2016	through	M M 03		2016
I certify that I have examined this Re	eport and to the best of my	knowledge and	belief it is true	e, correct and comp	olete.
Type or Print Name of Treasurer D	ouglas W Lundy MD, MBA				
Signature of Treasurer	' Lundy MD, MBA	[Electronical]	y Filed] Da		15 / Y Y Y Y 2016
NOTE: Submission of false, erroneous,	or incomplete information m	ay subject the per	son signing thi	s Report to the pena	alties of 2 U.S.C. §437g.
Office Use Only				FE	C FORM 3X Rev. 12/2004

04/15/2016 12 : 52

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

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

R	eport Covering the Period: From: 01		o: 03 / D D / Y Y Y Y Y 31 2016
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		788449.05
	(b) Cash on Hand at Beginning of Reporting Period	788449.05	
	(c) Total Receipts (from Line 19)	518377.10	518377.10
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	1306826.15	1306826.15
7.	Total Disbursements (from Line 31)	343337.17	343337.17
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	963488.98	963488.98
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

Page 3

Write or Type Committee Name

FEC Form 3X (Rev. 06/2004)

Report Covering the Period: From: M / D / Y						
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
 Contributions (other than loans) From: (a) Individuals/Persons Other 						
Than Political Committees (i) Itemized (use Schedule A)	450357.83	450357.83				
(ii) Unitemized (iii) TOTAL (add	59464.66	59464.66				
Lines 11(a)(i) and (ii)	509822.49	509822.49				
(b) Political Party Committees(c) Other Political Committees	0.00	0.00				
(d) Total Contributions (add Lines	0.00	0.00				
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	509822.49	509822.49				
Party Committees	0.00	0.00				
. All Loans Received	0.00	0.00				
 Loan Repayments Received Offsets To Operating Expenditures (Defunde Debates etc.) 	0.00	0.00				
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	8358.00	8358.00				
to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00				
(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	196.61	196.61				
(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				
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	518377.10	518377.10				
Total Federal Receipts (subtract Line 18(c) from Line 19)▶	518377.10	518377.10				

I

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. 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	8238.23	8238.23
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) 	8238.23	8238.23
. Transfers to Affiliated/Other Party	0.00	0.00
Committees Contributions to Federal Candidates/Committees		
Federal Candidates/Committees and Other Political Committees	320150.00	320150.00
(use Schedule E)	13348.94	13348.94
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
. Loan Repayments Made	0.00	0.00
. Loans Made	0.00	0.00
 Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees 	1600.00	1600.00
	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	7 7 7
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	1600.00	1000.00
(add Lines 28(a), (b), and (c))►	7 7 7	1600.00
0. Other Disbursements	0.00	0.00
. 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
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	343337.17	343337.17
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	343337.17	343337.17
	7 7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

FE6AN026

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
 Total Contributions (other than loans) (from Line 11(d), page 3) 	509822.49	509822.49	
 Total Contribution Refunds (from Line 28(d)) 	1600.00	1600.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	508222.49	508222.49	
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	8238.23	8238.23	
 Offsets to Operating Expenditures (from Line 15, page 3) 	8358.00	8358.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	-119.77	-119.77	

FE6AN026

schodulo(s)

FOR LINE NUMBER:

PAGE 6 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	d Statements may not be sold or used by any p the name and address of any political committe	
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of Orth	opaedic SurgeonsPAC of AAOS
A. Philip A Deffer Jr, MD Mailing Address 1200 1st Ave E Ste C		Date of Receipt
City Spencer	State Zip Code IA 51301-4342	01 01 2016 Transaction ID : 7624302
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer N.W. Iowa Bone, Joint & Sports Surg., Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Memo Item
Full Name (Last, First, Middle Initial) Adam Mirarchi MD Mailing Address 4300 Upper Dr	Date of Receipt	
City Lake Oswego	StateZip CodeOR97035-4350	01 04 2016 Transaction ID : 7628075 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Oregon Health and Science University	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) C. William J Robb III, MD		Date of Receipt
Mailing Address 23 Indian Hill Rd		01 / V Y Y Y Y 01 04 2016
City Winnetka	State Zip Code IL 60093	Transaction ID : 7630318 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	Memo Item
Illinois Bone & Joint Institute Receipt For:	Orthopaedic Surgeon	
Primary General Other (specify) v	Aggregate Year-to-Date ▼ 1000.00	1
SUBTOTAL of Receipts This Page (optional))	1500.00

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

FEC Schedule A (Form 3X) Rev. 12/2015

9

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 7

OF

350

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check	a	one) 11b 14	11c	12	17	
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for	the pu	urpose o				
$\left[\right]$	NAME OF COMMITTEE (In Full)									
	Political Action Committee of th	e Americ	an Association of Ortho	paedio	c Su	irgeor	ISPA	C of A	AOS	
Α.	Full Name (Last, First, Middle Initial) Robert Louis Pierron MD			Dat	e of F	Receipt				
	Mailing Address 30765 Overlook Run					M M / D D / Y Y Y Y Y 01 06 _ 2016 _				
	City Buena Vista				: 763386 Receipt t	7 his Period	d			
	FEC ID number of contributing federal political committee.	С				7		300		
	Name of Employer College Park Family Care	Occupation Orthopaedi			Memo	o ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00							
В.	Full Name (Last, First, Middle Initial) Casey Lee Lagan MD				e of F	Receipt				
	Mailing Address 224 E 2nd Street				01 07 2016					
	City Dumas	State TX	Zip Code 79029-3808				: 7639569 Receipt t) his Period	b	
	FEC ID number of contributing federal political committee.	С		250.0			_			
	Name of Employer Moore County Hospital District	Occupation Orthopaedi								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) James M Loddengaard MD			Dat	e of F	Receipt				
	Mailing Address 23456 Hawthorne Blvd Ste 3			о О1	/ D 08		ү ү 2016	Y		
	City Torrance	State CA	Zip Code 90505				: 773309 Receipt t	8 his Period	d	
	FEC ID number of contributing federal political committee.					7		1000	.00	
	Name of Employer	Occupation			Memo	o ltem				
	Self Employed Receipt For: Primary General Other (specify) ▼	Orthopaedi Aggregate	c Surgeon Year-to-Date ▼ 1000.00							
s	UBTOTAL of Receipts This Page (optional)						7	1550	.00	

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

.. dulo(a)

FOR LINE NUMBER:

PAGE 8 OF

350

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17			
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements mand a	ay not be sold or used by any pe ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	paedic SurgeonsPAC of AAOS			
Full Name (Last, First, Middle Initial) A. Robert O Anderson MD Mailing Address 9800 55th St N		State	Zip Code	Date of Receipt			
	City Lake Elmo	MN	55042	Transaction ID : 7733099 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		1000.00			
	Name of Employer Summit Orthopedics Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00		Memo Item			
в.	Full Name (Last, First, Middle Initial) J Christopher Noonan MD Mailing Address 5141 Solar Heights Dr	Date of Receipt					
	City Eugene FEC ID number of contributing federal political committee.	State OR	Zip Code 97405	Transaction ID : 7733100 Amount of Each Receipt this Period 250.00			
	Name of Employer Samaritan Health System	Occupation Orthopaedic		Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00				
<u>с</u> .	Full Name (Last, First, Middle Initial) Rick Wilkerson DO			Date of Receipt			
	Mailing Address Walnut Lane Farm 2470 Hwy 18 City Spencer	State IA	Zip Code 51301	M M M M M M M M M M M M M M M 2016 M			
	FEC ID number of contributing federal political committee.	1000.00					
	Name of Employer NW Iowa Bone, Joint & Sports Surgeons Receipt For: Primary General Other (specify)	Occupation Orthopaedia Aggregate		Memo Item			
s	UBTOTAL of Receipts This Page (optional)			2250.00			

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

FOR LINE NUMBER:

PAGE

9 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and State or for commercial purposes, other than using the nar		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Association of Ortho	ppaedic SurgeonsPAC of AAOS
Chattanooga FEC ID number of contributing federal political committee. Name of Employer Self Employed Description	State Zip Code TN 37406 C C ccupation rthopaedic Surgeon ggregate Year-to-Date ▼ 500.00	Date of Receipt
Sioux Falls FEC ID number of contributing federal political committee. Name of Employer Sanford Health Descript Entit	State Zip Code SD 57105 C C ccupation thopaedic Surgeon ggregate Year-to-Date ▼ 500.00	Date of Receipt
Columbus FEC ID number of contributing federal political committee. Name of Employer O Self Employed O	State Zip Code OH 43222-1465 C C ccupation rthopaedic Surgeon ggregate Year-to-Date ▼ 250.00	Date of Receipt 01 08 2016 Transaction ID : 7733404 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		1250.00

soparato schodulo(s)

FOR LINE NUMBER:

PAGE 10 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		
Any information copied from such Reports and s or for commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committee	erson for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) Political Action Committee of th	e American Association of Ortho	paedic SurgeonsPAC of AAOS		
Full Name (Last, First, Middle Initial) A. Nicholas J Honkamp MD Mailing Address 681 50th St		Date of Receipt		
City	01 08 2016 Transaction ID : 7733405			
Des Moines FEC ID number of contributing federal political committee.	IA 50312-1807	Amount of Each Receipt this Period		
Name of Employer Des Moines Ortho Surgeons Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Memo Item		
Full Name (Last, First, Middle Initial) B. Timothy M Risko MD Mailing Address 7902 Valcour Dr	Date of Receipt			
City Amarillo	StateZip CodeTX79119-6267	Transaction ID : 7733406 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer Self Employed Receipt For:	Occupation Orthopaedic Surgeon	Memo Item		
Primary General Other (specify) v	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) C. Jerald L Cooper MD		Date of Receipt		
Mailing Address 7601 W Jefferson Blvd	State Zip Code	01 / D D / Y Y Y Y 01 08 2016		
Fort Wayne	IN 46804	Transaction ID : 7733408 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer Ft. Wayne Orthopaedics	Occupation Orthopaedic Surgeon			
Receipt For: Primary Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (optional)	•••••••••••••••••••••••••••••••••••••••	1750.00		

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

10

.

Use separate schedule(s)

SCHEDULE A (FEC Form 3X)					PAGE 11 OF 350		
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)			
			Detailed Summary Page		5 16 17		
	y information copied from such Reports and St for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full)						
	Political Action Committee of the	e America	an Association of Ortho	paedic SurgeonsI	PAC of AAOS		
Α.	Full Name (Last, First, Middle Initial) Bruce A Bollinger MD	Date of Receipt					
	Mailing Address 4401 Ridgehaven Rd	01 08 /	2016				
	City State Zip Code			Transaction ID : 773			
	Fort Worth	ТХ	76116	Amount of Each Recei	pt this Period		
	FEC ID number of contributing federal political committee.	С			1500.00		
	Name of Employer	Occupation	1	Memo Item			
	Self Employed	Orthopaedi	c Surgeon				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify)		1500.00				
В.	Full Name (Last, First, Middle Initial) Michael R Pagnotto MD			Date of Receipt			
	Mailing Address 215 Rolling Hills Dr	01 08	2016				
	City	State	Zip Code	Transaction ID : 773			
	Wexford	PA	15090	Amount of Each Recei	pt this Period		
	FEC ID number of contributing federal political committee.	С			250.00		
	Name of Employer	Occupation	1	Memo Item			
	Tri-State Orthopaedics	Orthopaedi	c Surgeon				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		250.00				
<u>с</u> .	Full Name (Last, First, Middle Initial) David Arthur Detrisac MD			Date of Receipt			
	Mailing Address 3609 E Arbutus		M M / D D / 01 08	2016			
	City	State MI	Zip Code	Transaction ID : 773			
	Okemos FEC ID number of contributing federal political committee.	uting C			ipt this Period 500.00		
	•	Memo Item					
	Name of Employer	Occupation					
	East Lansing Orthopaedic Assoc Receipt For:	Orthopaedi		_			
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00				
s	UBTOTAL of Receipts This Page (optional)		•••••		2250.00		

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

FEC Schedule A (Form 3X) Rev. 12/2015

9

5

FOR LINE NUMBER:

PAGE 12 OF

350

pt pt pt pt pt pt pt pt pt pt
pt 08 2016 10 : 7733843 ch Receipt this Period 1000.00 n
pt
08 _ 2016 _
ID : 7733848 ch Receipt this Period
1000.00 n
pt
09 _ 2016
1000.00
n
1 1

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 13 OF

350

		Use separate schedule(s)	(check on	ly one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	
Any information copied from such Reports and							
or for commercial purposes, other than using the	ne name and a	ddress of any political committee	to solicit co	ontributions	from such	committ	ee.
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne Americ	an Association of Ortho	paedic S	Surgeor	isPAC	C of AA	AOS
Full Name (Last, First, Middle Initial) A. Keith A Heier MD			Date o	of Receipt			
Mailing Address 6408 Riverhill Dr			0.1	/ 09	D / Y	y y 2016	Y
City	State	Zip Code		saction ID		2010	
Plano	ТХ	75024	Amour	t of Each	Receipt thi	s Period	
FEC ID number of contributing federal political committee.	С				- J	500.0	00
Name of Employer	Occupation	1	— Me	emo Item			
OrthoTexas	Orthopaedi	c Surgeon					
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify)		500.00					
Full Name (Last, First, Middle Initial) B. Thomas Blake Viehe MD			Date c	of Receipt			
Mailing Address W287N6331 Broadwing Ct			01	/ 0	D / Y	2016	Y
City	State	Zip Code	Trans	saction ID	7733864		
Hartland	WI	53029	Amour	t of Each	Receipt thi	s Period	
FEC ID number of contributing federal political committee.	С					500.0	00
Name of Employer	Occupation	l	— Me	emo ltem			
Self Employed	Orthopaedi	c Surgeon					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) C. William L Oppenheim MD			Date c	of Receipt			
Mailing Address 124 Outrigger Mall			01	09		y y 2016	Y
City	State	Zip Code	Tran	saction ID	: 7733868		
Marina Del Rey	CA	90292-6795	Amour	t of Each	Receipt thi	s Period	
FEC ID number of contributing federal political committee.	С				5	250.0	00
Name of Employer	Occupation	1		emo ltem			
Geffen School of Medicine	Orthopaedi	c Surgeon					
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify)		250.00					
SUBTOTAL of Receipts This Page (optional)					7	1250.0	00

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

FEC Schedule A (Form 3X) Rev. 12/2015

7

FOR LINE NUMBER:

PAGE 14 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a11b11b121314151617			
Any information copied from such Reports and Sta or for commercial purposes, other than using the		erson for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Association of Orthe	opaedic SurgeonsPAC of AAOS			
Full Name (Last, First, Middle Initial) Jeffrey C Wint MD Mailing Address Hand Center of Western Mass 3550 Main St Ste 204 City Springfield FEC ID number of contributing federal political committee. Name of Employer	effrey C Wint MD illing Address Hand Center of Western Mass 3550 Main St Ste 204 y State Zip Code pringfield MA 01107-1708 C ID number of contributing eral political committee.				
The Hand Center of Western MA Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00]			
Full Name (Last, First, Middle Initial) Douglas W Pahl MD Mailing Address 6500-1 Green Island Drive City Columbus FEC ID number of contributing federal political committee.	State Zip Code GA 31904	Date of Receipt			
Name of Employer Self Employed Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Memo Item			
Full Name (Last, First, Middle Initial) James K Baker MD Mailing Address 727 Belvin St City	State Zip Code	Date of Receipt 01 / 0 / 2016 Transaction ID : 7733877			
San Marcos FEC ID number of contributing federal political committee.	TX 78666	Amount of Each Receipt this Period 300.00 Memo Item			
Name of Employer Self Employed Receipt For: Primary General Other (specify) V	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 300.00]			
SUBTOTAL of Receipts This Page (optional)		1050.00			

SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 15 OF 350
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
Δ	w information against from such Deports and	Statomanta	Levent he cold or used he are a	13 14 15 16 17
or	for commercial purposes, other than using th	e name and a	address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\left \right\rangle$		ne Americ	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) Philip William Mack MD			Date of Receipt
	Mailing Address 6 Ericka Circle			01 10 2016
	City	State	Zip Code	Transaction ID : 7733893
	East Longmeadow	MA	01028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	1	Memo Item
	Connecticut Children's Medical Center	Orthopaedi	c Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		230.00	1
— B	Full Name (Last, First, Middle Initial) Robert A Kayal MD			Date of Receipt
υ.	Mailing Address 1044 Dogwood Trail			
				01 10 2016
	City	State	Zip Code	Transaction ID : 7733900
	Franklin Lakes	NJ	07417	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1000.00
	federal political committee.	•		
	Name of Employer	Occupation	1	Memo Item
	Self Employed	Orthopaedi	c Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		1000.00	1
			, , , , , , , , , , , , , , , , , , , ,	1
<u>с</u> .	Full Name (Last, First, Middle Initial) Alan T Kawaguchi MD			Date of Receipt
	Mailing Address 5121 Doverton Dr			M M / D D / Y Y Y Y 01 11 2016
	City	State	Zip Code	Transaction ID : 7734023
	Stockton	CA	95219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer	Occupation	1	Memo Item
	Alpine Orthopedic Medical Group	Orthopaedi	c Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify)		300.00	1
s	UBTOTAL of Receipts This Page (optional)			1550.00

							_	
TOTAL This Period (last page this line number only)	_	 	7	 	7	 _		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 16 OF 35 (check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) Political Action Committee of t	the America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. James W Maxey MD			Date of Receipt
Mailing Address 13004 N Georgetown Rd	State	Zip Code	01 11 2016
Dunlap	IL	61525	Transaction ID : 7735820 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		375.00
Name of Employer	Occupation		— Memo Item
Great Plains Orthopaedics	Orthopaedic	Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		375.00	
Full Name (Last, First, Middle Initial) B. Michael Shay Womack MD			Date of Receipt
Mailing Address 440 Oakmont Circle			01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID : 7736050
Marietta	GA	30067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Resurgens Orthopaedics	Occupation		Memo Item
Receipt For:	Orthopaedic	-	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. John T Gill MD			Date of Receipt
Mailing Address 4153 Hyer #7			01 / Y Y Y Y Y 01 11 2016
City Dallas	State TX	Zip Code 75205-1163	Transaction ID : 7736073
FEC ID number of contributing federal political committee.	C	75205-1165	Amount of Each Receipt this Period
Name of Employer	Occupation		— Memo Item
Dallas Sports Medicine	Orthopaedic	Surgeon	
Receipt For:		Year-to-Date ▼	_
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional).		••••••	1125.00
TOTAL This Period (last page this line number	er only)		

FOR LINE NUMBER:

PAGE 17 OF

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check onl	y one)	11c	12	
Ar	y information copied from such Reports and SI	atements ma	y not be sold or used by any po	erson for the	14 purpose o	15 f soliciting	16 g contribu	17 tions
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to solicit co	ntributions	from suc	h commit	ee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	opaedic S	Surgeor	sPA	C of A	AOS
Α.	Full Name (Last, First, Middle Initial) James T Howell MD			Date of	Receipt			
	Mailing Address 4800 Quarry Dr			01	/ D 11	D / Y	ү ү 2016	Y
	City	State	Zip Code	Trans	action ID	7779684		
	Conway	AR	72034	Amoun	t of Each I	Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	С					500.	00
	Name of Employer	Occupation		— Me	mo ltem			
	Conway Ortho & Sports Med Clinic	Orthopaedic	Surgeon					
	Receipt For:	Aggregate	Year-to-Date 🔻					
	Primary General Other (specify) ▼		500.00					
в.	Full Name (Last, First, Middle Initial) Norman Douglas Boardman MD			Date of	Receipt			
	Mailing Address Dept of Ortho Surgery Box 980153 MCV Station			01	, , , , , , , , , , , , , , , , , , ,	D / Y	у у 2016	Y
	City	State	Zip Code	Trans	action ID :	7779714		
	Richmond	VA	23298-0153	Amoun	t of Each I	Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	С					500.	00
	Name of Employer	Occupation		- Me	mo ltem			
	VCU	Orthopaedic	Surgeon					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		500.00					
C.	Full Name (Last, First, Middle Initial) Alexandra Elizabeth Page MD			Date of	Receipt			
	Mailing Address 939 Coast Blvd Unit 12B			01	/ D		2016	Y
	City	State	Zip Code	Trans	action ID	: 7783679)	
	La Jolla	CA	92037	Amoun	t of Each I	Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	С					1000.	00
	Name of Employer	Occupation		Me	mo ltem			
	Southern California Permanente Medical	Orthopaedic	c Surgeon					
	Receipt For:	Aggregate	Year-to-Date 🔻					
	Primary General Other (specify) ▼		1000.00					
s	UBTOTAL of Receipts This Page (optional)						2000.	00
	OTAL This Period (last page this line number of							

Use separate schedule(s)

SCHEDULE A (FEC Form 3	3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 OF 35 (check only one)
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may	not be sold or used by any p dress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	-		opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Joseph E Alhadeff MD			Date of Receipt
Mailing Address 710 Oakwood Dr			01 12 2016
City	State	Zip Code	Transaction ID : 7783680
Red Lion	PA	17356-8285	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer	Occupation		Memo Item
Orthopaedic & Spine Specialists	Orthopaedic S	Surgeon	
Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼	
Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) B. Eeric Truumees MD	·		Date of Receipt
Mailing Address 1508 Windsor Rd			01 12 2016
City	State	Zip Code	Transaction ID : 7784358
Austin	ТХ	78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer	Occupation		Memo Item
Seton Medical Center	Orthopaedic S	Surgeon	
Receipt For:	Aggregate Ye	ear-to-Date ▼	_
Other (specify)		1000.00	
Full Name (Last, First, Middle Initial) C. James Bicos MD			Date of Receipt
Mailing Address 2910 Meadowood Lane	1		01 12 2016
City	State	Zip Code	Transaction ID : 7784366
Bloomfield Hills	MI	48302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation		Memo Item
Performance Orthopaedics	Orthopaedic S	Surgeon	
Receipt For:	Aggregate Ye	ear-to-Date ▼	_
Other (specify)		250.00]
SUBTOTAL of Receipts This Page (option	nal)		2250.00

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

FEC Schedule A (Form 3X) Rev. 12/2015

1.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 19 OF

350

			Use separate schedule(s)	(check only one)
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
	y information copied from such Reports and St			
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	paedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) Benjamin David Sutker MD			Date of Receipt
	Mailing Address 2 Hibernia Rd			
	City	State	Zip Code	01122016 Transaction ID : 7785076
	Savannah	GA	31400	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer	Occupation		Memo Item
	Southeastern Ortho Specialists	Orthopaedic	Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		1000.00	
в.	Full Name (Last, First, Middle Initial) Barry J Snyder MD			Date of Receipt
	Mailing Address 497 Long Ln			01 13 2016
	City	State	Zip Code	Transaction ID : 7787369
	Huntingdon Valley	PA	19006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Self Employed	Occupation		Memo Item
	Receipt For:	Orthopaedic	0	_
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) v	L	1000.00	
c.	Full Name (Last, First, Middle Initial) Douglas Bentley Freedberg MD			Date of Receipt
	Mailing Address 5315 E Calle Del Norte			01 13 2016
	City Phoenix	State AZ	Zip Code 85018-4449	Transaction ID : 7791103
		_	65016-4449	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00 Memo Item
	Name of Employer	Occupation	_	
	OrthoArizona Receipt For:	Orthopaedi		_
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	L	500.00	
s	UBTOTAL of Receipts This Page (optional)		••••••	2500.00
т	OTAL This Period (last page this line number of	only)	••••••	

FOR LINE NUMBER:

PAGE 20 OF

350

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e Americ	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) Daniel B Chan MD Mailing Address 400 NE 11th Ave			Date of Receipt
				01 13 2016
	City	State FL	Zip Code	Transaction ID : 7791105
	Fort Lauderdale	FL	33301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer	Occupation	1	— Memo Item
	Self Employed	Orthopaedi	c Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
в.	Full Name (Last, First, Middle Initial) Matthew David Olin MD			Date of Receipt
	Mailing Address 605 Sunset Dr			01 14 2016
	City	State	Zip Code	Transaction ID : 7791112
	Greensboro	NC	27408-6412	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation		Memo Item
	Greensboro Orthopaedic Center	Orthopaedi	c Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Jeffrey Mark Smith MD			Date of Receipt
	Mailing Address 610 San Elijo St			01 / Y Y Y Y 01 14 2016
	City	State CA	Zip Code	Transaction ID : 7794820
	San Diego	CA	92106-3414	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	l	— Memo Item
	Self Employed	Orthopaedi	c Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00

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

FEC Schedule A (Form 3X) Rev. 12/2015

7

.

FOR LINE NUMBER:

PAGE 21 OF

350

		Use separate schedule(s)	(check only on	e)		
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b 11c	12	
Any information copied from such Reports						
or for commercial purposes, other than usi	ng the name and a	ddress of any political committee	e to solicit contribu	utions from such	1 committe) e.
NAME OF COMMITTEE (In Full) Political Action Committee (of the Americ	an Association of Ortho	opaedic Sur	jeonsPA(C of AA	νOS
Full Name (Last, First, Middle Initial) A. Benjamin Jay Justice MD			Date of Red	ceipt		
Mailing Address 1006 Old Eagle Way			M M /	D D / Y 14	ү ү 2016	Y
City Greenwood	State IN	Zip Code 46143		on ID : 7794841 Each Receipt th		
FEC ID number of contributing federal political committee.	C			у. — т. — у.	250.0	0
Name of Employer OrthoIndy	Occupation Orthopaedi		Memo It	.em		
Receipt For:	·	Year-to-Date ▼	_			
Other (specify) ▼		250.00	1			
Full Name (Last, First, Middle Initial) B. Arthur L Valadie III, MD			Date of Red	ceipt		
Mailing Address 526 56th St			01 V	D D / Y 14	2016	Y
City	State	Zip Code		on ID : 7795582		
Holmes Beach	FL	34217	Amount of I	Each Receipt th	is Period	
FEC ID number of contributing federal political committee.	C			9 9	250.0	0
Name of Employer	Occupation		Memo It	:em		
Coastal Orthopaedics	Orthopaedie	c Surgeon	_			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]			
Full Name (Last, First, Middle Initial) C. Jaafar M Bazih MD			Date of Red	ceipt		
Mailing Address 2715 S Birmingham PI			01 /	D D / Y 14	2016	Y
City	State	Zip Code	Transacti	on ID : 7795583		
Tulsa	OK	74104	Amount of I	Each Receipt th	is Period	
FEC ID number of contributing federal political committee.	С			9 9	250.0	0
Name of Employer	Occupation		Memo It	:em		
Tulsa Bone & Joint Associates	Orthopaedi	c Surgeon				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (option	nal)			y y y	750.0	0

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

- J

Use separate schedule(s)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 OF 350
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full)			ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. George F Muschler MD				Date of Receipt
	Mailing Address 2270 Chatfield Dr			01 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Cleveland Heights	State OH	Zip Code 44106	Transaction ID : 7795585 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	Memo Item
	Cleveland Clinic	Orthopaedi	c Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
в.	Full Name (Last, First, Middle Initial) Robert Thomas Fisher MD			Date of Receipt
	Mailing Address 52 Thomas Johnson Dr			01 14 2016
	City	State	Zip Code	Transaction ID : 7795587
	Frederick	MD	21702-4501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Orthopaedic Specialists of Frederick	Occupation Orthopaedic		— Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
<u></u>	Full Name (Last, First, Middle Initial) Eric B Arvidson MD			Date of Receipt
	Mailing Address 16 Pelham Rd			01 14 _ 2016 _
	City Salem	State NH	Zip Code 03079	Transaction ID : 7795588 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer	Occupation	1	Memo Item
	Essex Orthopaedics	Orthopaedi	c Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)			1300.00

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

FEC Schedule A (Form 3X) Rev. 12/2015

9

.

Use separate schedule(s)

SCHEDULE A (FEC Form 3X	Use	separate schedule(s)	FOR LINE NUMBER: PAGE (check only one)	E 23 OF 350
ITEMIZED RECEIPTS		each category of the ailed Summary Page	X 11a 11b 11c 13 14 15	12 16 17
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not the name and address	be sold or used by any p of any political committed	erson for the purpose of soliciting e to solicit contributions from such	contributions
NAME OF COMMITTEE (In Full) Political Action Committee of	the American As	sociation of Orthe	opaedic SurgeonsPAC	C of AAOS
A. Gerald J Ortiz MD Mailing Address 188 Steadmill Rd			Date of Receipt	YYYY
			0,1 14	2016
City Amsterdam		code 2010	Transaction ID : 7795590 Amount of Each Receipt th	is Period
FEC ID number of contributing federal political committee.	С			500.00
Name of Employer	Occupation		Memo Item	
Mohawk Valley Orthopaedics	Orthopaedic Surge	on		
Receipt For: Primary General Other (acceift)	Aggregate Year-to	-Date ▼ 500.00	1	
Other (specify)		300.00	1	
Full Name (Last, First, Middle Initial) B. Bruce Wolock MD			Date of Receipt	
Mailing Address 8564 Leisure Hill Dr			01 14	2016
City		o Code	Transaction ID : 7795591	
Baltimore	MD 21	208	Amount of Each Receipt th	is Period
FEC ID number of contributing federal political committee.	C			250.00
Name of Employer Towson Orthopaedics	Occupation		Memo Item	
Receipt For:	Orthopaedic Surge			
Primary General	Aggregate Year-to	-Date ▼		
Other (specify)		250.00	1	
Full Name (Last, First, Middle Initial) C. Jeffrey A Rodgers MD			Date of Receipt	
Mailing Address 3750 Plumwood Drive			01 14	2016
City West Des Moines		o Code 0265	Transaction ID : 7795592 Amount of Each Receipt th	
FEC ID number of contributing federal political committee.	С			500.00
Name of Employer	Occupation		Memo Item	
Des Moines Ortho Surgeons	Orthopaedic Surge	ON		
Receipt For: Primary General	Aggregate Year-to	-Date 🔻		
Other (specify)		500.00	1	
SUBTOTAL of Receipts This Page (optional)				1250.00

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

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 24 OF

350

ıт.			Use separate schedule(s)	(cl	heck only	y one)				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a	11b	11c	\square	12 16	17
Ar	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma	ay not be sold or used by any p ddress of any political committe	erson	for the	purpose c	of solicitin	g con	ntributi	ons
<u>, , , , , , , , , , , , , , , , , , , </u>	NAME OF COMMITTEE (In Full)									0.
	Political Action Committee of th	ne America	an Association of Orth	opa	edic S	Surgeor	ารPA	Co	f AA	OS
Α.	Full Name (Last, First, Middle Initial) Russell S VanderWilde MD				Date of	Receipt				
	Mailing Address 601 W 5th Ave Ste 400				м м 01	/ D	D / Y) 16	Y
	City Spokane	State WA	Zip Code 99204			action ID			a wi a al	
	FEC ID number of contributing				Amount	of Each	Receipt ti			
	federal political committee.	С			<u></u>				563.0	0
	Name of Employer	Occupation			Mei	mo ltem				
	Northwest Orthopaedics	Orthopaedi	c Surgeon							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		563.00	1						
в.	Full Name (Last, First, Middle Initial) Michael G Kogan MD	1			Date of	Receipt				
	Mailing Address 21908 Tall Oaks Dr				0.1	/ D	D / Y	20	Y 16	Y
	City	State	Zip Code			action ID			10	
	Kildeer	IL	60047		Amount	of Each	Receipt t	his Pe	eriod	
	FEC ID number of contributing federal political committee.	С							250.0	0
	Name of Employer	Occupation			Me	mo ltem				
	Midwest Bone & Joint Institute	Orthopaedic	: Surgeon							
		Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		250.00							
— c.	Full Name (Last, First, Middle Initial) Jeffrey K Moore MD				Date of	Receipt				
-	Mailing Address 4218-M Arendell Street				M M 01	/ D 14		_ 20	Y 16	Y
	City	State	Zip Code		Trans	action ID	: 779560			
	Morehead City	NC	28557		Amount	of Each	Receipt t	his Pe	eriod	
	FEC ID number of contributing federal political committee.	С							500.0	0
	Name of Employer	Occupation			Me	mo Item				
	Moore Orthopaedics and Sports Medicine	Orthopaedi	c Surgeon							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		500.00							
s	SUBTOTAL of Receipts This Page (optional)	<u> </u>		 ▶				1	313.00)

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

dulo(e)

FOR LINE NUMBER:

PAGE 25 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	s and Statements may not be sold or used by any sing the name and address of any political committ	
NAME OF COMMITTEE (In Full) Political Action Committee	of the American Association of Orth	nopaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Eric J Lindberg MD		Date of Receipt
Mailing Address 4700 E Hale Pkwy Ste		01 14 2016
City Denver	StateZip CodeCO80220-3900	Transaction ID : 7795604 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Orthopaedic Associates Receipt For: Primary General	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Memo Item
Other (specify) ▼ Full Name (Last, First, Middle Initial) Joe T Minchew MD Mailing Address 104 Ellsworth PI		Date of Receipt
City	State Zip Code	01 14 2016 Transaction ID : 7795605
Chapel Hill FEC ID number of contributing federal political committee.	NC 27516	Amount of Each Receipt this Period
Name of Employer Duke Private Diagnostic Clinic	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Dennis M Brown MD		Date of Receipt
Mailing Address 1774 Kylemore Ct		M M / D D / Y Y Y Y Y 01 14 2016
City Dayton	StateZip CodeOH45459	Transaction ID : 7795606 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Premier Health Specialists	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary Other (specify)	Aggregate Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (option	nal)	▶ 1000.00

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

FEC Schedule A (Form 3X) Rev. 12/2015

. . .

FOR LINE NUMBER:

PAGE 26 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and s or for commercial purposes, other than using th	Statements may not be sold or used by any pe e name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of th	e American Association of Ortho	paedic SurgeonsPAC of AAOS
A. Full Name (Last, First, Middle Initial) Mailing Address 12610 Panasoffkee Dr		Date of Receipt
City North Fort Myers	State Zip Code FL 33903	01 14 2016 Transaction ID : 7796136 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer Self Employed Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Memo Item
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) B. James McMaster Bryan MD Mailing Address 104 Pelican Circle		Date of Receipt
City Daytona Beach	State Zip Code FL 32118	01 14 2016 Transaction ID : 7796138 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	475.00
Name of Employer Orthopaedic Clinic of Daytona	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	
Full Name (Last, First, Middle Initial) C. Harlan E Hiramoto MD		Date of Receipt
Mailing Address 9 Potterstown Rd		01 / Y Y Y Y Y 01 14 2016
City Lebanon	StateZip CodeNJ08833	Transaction ID : 7796139 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	▶	975.00

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

FEC Schedule A (Form 3X) Rev. 12/2015

18

FOR LINE NUMBER:

PAGE 27 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Mark W Hollmann MD Mailing Address 3865 Bird Dog Lane City Deland FEC ID number of contributing federal political committee. Name of Employer Florida Orthopaedic Associates Receipt For: Primary General Other (specify) ▼	State Zip Code FL 32724 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt this Period Amount of Each Receipt this Period Date of Receipt this Period Memo Item
B. Full Name (Last, First, Middle Initial) Mailing Address 2667 Weldon Rd		Date of Receipt
City Billings FEC ID number of contributing federal political committee. Name of Employer Billings Clinic Receipt For: □ Primary □ General Other (specify) ▼	State Zip Code MT 59101 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	01 14 2016 Transaction ID : 7796143 Amount of Each Receipt this Period 250.00 Memo Item
Full Name (Last, First, Middle Initial) James W Gallentine MD Mailing Address 3121 Sheridan Blvd City Lincoln FEC ID number of contributing federal political committee. Name of Employer Nebraska Ortho & Sports Med Receipt For: Primary General Other (specify) ▼	State NE Zip Code 68502 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		> 750.00

Use separate schedule(s)

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 OF 350 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		nopaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Kent Steven Marangi MD		Date of Receipt
Mailing Address 3813 Vista Blanca		01 14 2016
City San Clemente	State Zip Code CA 92672	Transaction ID : 7796146
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer	Occupation	Memo Item
Self Employed	Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) B. Scott A Langford MD		Date of Receipt
Mailing Address 4401 W 87th Terrace		01 14 2016
City	State Zip Code	Transaction ID : 7796147
Prairie Village	KS 66207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Rockhill Orthopaedics	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Stephen Schneider MD		Date of Receipt
Mailing Address 515 Church St		01 14 _2016 _
City Bound Brook	StateZip CodeNJ08805-1743	Transaction ID : 7796148 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Memo Item
Self Employed	Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	▶ 1250.00

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

7

.

dulo(e)

FOR LINE NUMBER:

PAGE 29 OF

350

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 13 14 15 16 17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee	e of the American	Association of Ortho	opaedic SurgeonsPAC of AAOS
A. Full Name (Last, First, Middle Initial) Alan Joseph Sarokhan MD Mailing Address 73 Old Coach Rd City Basking Ridge FEC ID number of contributing	State NJ	Zip Code 07920	Date of Receipt 01 / 14 2016 Transaction ID : 7796149 Amount of Each Receipt this Period 500.00
federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	C Occupation Orthopaedic So Aggregate Yes	-	Memo Item
B. Full Name (Last, First, Middle Initial) Mailing Address 3488 Lake Drive	State	Zip Code	Date of Receipt 01 14 2016 Transaction ID : 7796166
Hartford FEC ID number of contributing federal political committee.	C	53027	Amount of Each Receipt this Period
Name of Employer AHC Receipt For:	Occupation Orthopaedic St	6	Memo Item
Primary General Other (specify) ▼	Aggregate Yea	250.00]
C. Full Name (Last, First, Middle Initial) Mailing Address 5480 Forest Bend Dr	State	Zip Code	Date of Receipt 01 / 14 / 2016 Transaction ID : 7796169
Ada FEC ID number of contributing federal political committee.	М	49301	Amount of Each Receipt this Period
Name of Employer Orthopaedic Associates of Michigan Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic S Aggregate Yea	5	Memo Item
SUBTOTAL of Receipts This Page (opt	ional)		1250.00

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

schodulo(s)

FOR LINE NUMBER:

PAGE 30 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	and Statements may not be sold or used by any point of the name and address of any political committee	
NAME OF COMMITTEE (In Full) Political Action Committee of	f the American Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Barrett Shytles Brown MD		Date of Receipt
Mailing Address 5626 Cedar Creek Dr		01 / D D / Y Y Y Y Y 01 14 2016
City Houston	StateZip CodeTX77056-2310	Transaction ID : 7796171 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Memo Item
Fondren Orthopaedic Group Receipt For:	Orthopaedic Surgeon	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. Allen A Deutsch MD		Date of Receipt
Mailing Address 4516 Oleander St		01 14 _2016 _
City	State Zip Code	Transaction ID : 7796172
Bellaire	TX 77401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Kelsey Seybold Clinic	Occupation	Memo Item
Receipt For:	Orthopaedic Surgeon	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Jeffrey Raleigh Cummings MI)	Date of Receipt
Mailing Address P.O. Box 33		01 14 _2016 _
City Genoa	State Zip Code NV 89411-0033	Transaction ID : 7796175
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer	Occupation	Memo Item
Tahoe Fracture Clinic	Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	750.00

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

7

.

dulo(e)

FOR LINE NUMBER:

PAGE 31 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11a 11b 13 14 15 16 17
Any information copied from such Reports and s or for commercial purposes, other than using th		
NAME OF COMMITTEE (In Full) Political Action Committee of th	e American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Champ L Baker Jr, MD Mailing Address 5 Mountainbrook Ct City Columbus FEC ID number of contributing federal political committee. Name of Employer	State Zip Code GA 31904 C	Date of Receipt 01 / 14 2016 Transaction ID : 7796177 Amount of Each Receipt this Period 1000.00 Memo Item
Hughston Orthopaedic Clinic Receipt For: Primary General Other (specify)	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B. Terry Jackman Beal MD Mailing Address 1309 Eagle Trail City	State Zip Code	Date of Receipt 01 14 2016 Transaction ID : 7796178
Copperas Cove FEC ID number of contributing federal political committee.	TX 76522-1967	Amount of Each Receipt this Period
Name of Employer Central Texas Orthopaedic Clinic Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 750.00	Memo Item
C. Full Name (Last, First, Middle Initial) Mailing Address 2209 Heatherwood Dr	State Zip Code	Date of Receipt 01 14 2016 Transaction ID : 7796179
Findlay FEC ID number of contributing federal political committee. Name of Employer Ohio Orthopaedics & Sports Med	OH 45840 C Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 250.00	2000.00

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

SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 32 OF 35 (check only one)
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	he name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Political Action Committee of th	The American Association of Oni	hopaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. John Drkulec MD Mailing Address 1500 Long and Winding Roa	d	Date of Receipt
City Mansfield	State Zip Code TX 76063	01 14 2016 Transaction ID : 7796186
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Arlington Orthopedic Associates	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Steven Braxton Morgan MD Mailing Address 1222 San Saba Ct		Date of Receipt
		01 / D D / Y Y Y Y 2016
City Allen	State Zip Code TX 75013	Transaction ID : 7796187 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer OrthoTexas	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Thomas H Kay MD		Date of Receipt
Mailing Address 3131 Peppercreek Bridge Pl	κwy	01 14 2016
City Valparaiso	StateZip CodeIN46385	Transaction ID : 7796188 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Lakeshore Bone & Joint Institute Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Memo Item
SUBTOTAL of Receipts This Page (optional)	l	1750.00
TOTAL This Period (last page this line numbe	r only)	

SCHEDULE A (FEC Form	Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 OF 350 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ts and Statements may not be sold or used by any using the name and address of any political commit	
NAME OF COMMITTEE (In Full) Political Action Committee	e of the American Association of Or	thopaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Surender P Dhiman MD		Date of Receipt
Mailing Address 1000 Village Center E		01 / D D / Y Y Y Y 01 14 2016
City Burr Ridge	State Zip Code IL 60527	Transaction ID : 7796189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	Memo Item
Self Employed	Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) B. Melburn K Huebner MD		Date of Receipt
Mailing Address 1501 North Dowell Ro	pad	01 14 2016
City	State Zip Code	Transaction ID : 7796192
Amarillo	TX 79124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation	Memo Item
Receipt For:	Orthopaedic Surgeon	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. J Patrick Kessler MD		Date of Receipt
Mailing Address 613 Hemlock Hills Dr		01 14 2016
City	State Zip Code	Transaction ID : 7796196
Franklin	NC 28734	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	Memo Item
Mission Hospital	Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (opt	onal)	

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

7

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 34 OF

350

IT.			Use separate schedule(s)	(c	heck onl	y one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a	11b	11c		12			
		1-1			13	14	15		16	17		
	y information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full)											
\rangle	Political Action Committee of the	e America	an Association of Ortho	рра	edic S	Surgeor	ารPA	Co	f AA	OS		
Α.	Full Name (Last, First, Middle Initial) Howard J Gelb MD				Date o	f Receipt						
	Mailing Address 6214 NW 120th Dr				M = M / D = D / Y = Y = Y = Y							
	City	State	Zip Code		01 Trans	action ID			110			
	Coral Springs	FL	33076			t of Each			eriod			
	FEC ID number of contributing federal political committee.	С							250.00	0		
	Name of Employer	Occupation			Me	mo ltem						
	Self Employed	Orthopaedic										
	Receipt For:		Year-to-Date ▼									
	Primary General	33 - 3		11								
	Other (specify)		250.00									
в.	Full Name (Last, First, Middle Initial) Thomas J Grogan MD				Date o	f Receipt						
	Mailing Address 521 S. Westgate Ave				01 14 2016							
	City	State	Zip Code			action ID			10			
	Los Angeles	CA	90049		Amoun	t of Each	Receipt th	nis P	eriod			
	FEC ID number of contributing federal political committee.	С						_	250.00	0		
	Name of Employer	Occupation		_	Me	mo ltem						
	Self Employed	Orthopaedic	Surgeon									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)	· · · ·	250.00									
C.	Full Name (Last, First, Middle Initial) Mark C Meier MD				Date o	f Receipt						
	Mailing Address 4601 N Ginzel St				M M				Y	Y		
	City	State	Zip Code	_	01	1 [,]			016	_		
	Boise	ID	83703-4263			saction ID t of Each			eriod			
	FEC ID number of contributing federal political committee.	С					,		500.00	0		
	Name of Employer	Occupation			Me	mo ltem						
	St. Alphonsus Hip and Knee	Orthopaedi										
	Receipt For:		Year-to-Date ▼	\neg								
	Primary General	, 1991 Ogulo										
	Other (specify)		500.00									
Г					_			_		_		
s	UBTOTAL of Receipts This Page (optional)		••••••	•				1	1000.00	D		

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

FOR LINE NUMBER:

PAGE 35 OF

	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
		13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any p name and address of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Political Action Committee of the	e American Association of Orth	opaedic SurgeonsPAC of AAOS
/ Full Name (Last, First, Middle Initial)		
A. Andrew T Brooks MD		Date of Receipt
Mailing Address 1412 Exeter Ct		M = M / D = D / Y = Y = Y = Y
		01 14 2016
City	State Zip Code CA 95618	Transaction ID : 7796236
Davis	CA 95618	Amount of Each Receipt this Period
FEC ID number of contributing	С	225.00
federal political committee.		
Name of Employer	Occupation	Memo Item
Self Employed	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	225.00	
Full Name (Last, First, Middle Initial)		
B. Richard J. Stewart		Date of Receipt
Mailing Address 1202 Barclay Cir		M = M / D = D / Y = Y = Y
		01 14 2016
City	State Zip Code	Transaction ID : 7796242
Inverness	IL 60010-5263	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Memo Item
American Academy of Orthopaedic Surg	Chief Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
	, , , , , , , , , , , , , , , , , , , ,	1
Full Name (Last, First, Middle Initial) C. Cornelis M Elmes MD		Date of Receipt
Mailing Address 5311 Laurel Ridge Ct		
		01 14 2016
City	State Zip Code	Transaction ID : 7796243
Fairfield	CA 94534-6786	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Memo Item
Self Employed	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	—
Primary General		
Other (specify)	250.00	
SUBTOTAL of Descripto This Dags (aptication)		725.00
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number of		

FOR LINE NUMBER:

PAGE 36 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)		
		for each category of the Detailed Summary Page			
Any information copied from such Reports and or for commercial purposes, other than using t	Statements ma	ay not be sold or used by any purchase of any political committee	13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee		
· · · ·					
NAME OF COMMITTEE (In Full) Political Action Committee of t	he Americ	an Association of Orthe	ppaedic SurgeonsPAC of AAOS		
Full Name (Last, First, Middle Initial) A. James John Verner MD			Date of Receipt		
Mailing Address 23075 Nottingham			M M / D D / Y Y Y Y Y 01 14 2016		
City	State	Zip Code	Transaction ID : 7796244		
Beverly Hills	MI	48025	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		250.00		
Name of Employer	Occupation	1	Memo Item		
Self Employed	Orthopaedi	c Surgeon			
Receipt For:	Aggregate	Year-to-Date ▼			
Primary General		250.00	1		
Other (specify)		250.00	1		
Full Name (Last, First, Middle Initial) B. Glenn B Rankin MD					
Mailing Address 651 N Granados Ave			Date of Receipt		
Maning Address 651 N Granados Ave			01 14 2016		
City	State	Zip Code	Transaction ID : 7796248		
Solana Beach	CA	92075	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer	Occupation	l	Memo Item		
Southern California Permanente Medical	Orthopaedi	c Surgeon			
Receipt For:	Aggregate	Year-to-Date ▼			
Other (specify) ▼		, 250.00			
Full Name (Last, First, Middle Initial) C. Robert Johnson Morgan MD			Date of Receipt		
Mailing Address 3637 Richwood Circle			01 14 2016		
City	State	Zip Code	Transaction ID : 7796249		
Kannapolis	NC	28081	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		250.00		
Name of Employer	Occupation	1	Memo Item		
Ortho Carolina	Orthopaedi	c Surgeon			
Receipt For:	Aggregate	Year-to-Date V			
Primary General		250.00	1		
Other (specify)		1	1		
SUBTOTAL of Receipts This Page (optional)			750.00		
TOTAL This Period (last page this line number	er only)				
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 OF 38 (check only one)		
---	---------------------------	---	---	--	--
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11		
Any information copied from such Reports and or for commercial purposes, other than using the time of the second s	Statements may	y not be sold or used by any political committee	erson for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)			opaedic SurgeonsPAC of AAOS		
Full Name (Last, First, Middle Initial) S Lamont Wooten MD			Date of Receipt		
Mailing Address 225 Country Club Dr			01 14 2016		
City	State	Zip Code	Transaction ID : 7796252		
Greenville	NC	27834	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		1000.00		
Name of Employer	Occupation		Memo Item		
Self Employed	Orthopaedic	Surgeon			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) 3. R Shane Barton MD			Date of Receipt		
Mailing Address 11 Cliffewood Place			01 14 2016		
City	State	Zip Code	Transaction ID : 7796255		
Shreveport	LA	71106-7703	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		250.00		
Name of Employer Willis-Knighton Health System	Occupation Orthopaedic	Surgeon	Memo Item		
Receipt For:	Aggregate	Year-to-Date ▼			
Other (specify) ▼		250.00			
Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address 820 Los Molinos Way			01 / Y Y Y Y 01 14 2016		
City Sacramento	State CA	Zip Code 95864-5252	Transaction ID : 7796256		
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period		
Name of Employer	Occupation				
Mercy Medical Hospital	Orthopaedic	Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional)			1500.00		

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

7

.

FOR LINE NUMBER:

PAGE 38 OF

ITEMIZE	ED RECEIPTS		Use separate schedule(s) for each category of the	(check onl	y one)	 11c	12	
			Detailed Summary Page	13	14	15	16	17
	ation copied from such Reports and mercial purposes, other than using th							
\	DF COMMITTEE (In Full) cal Action Committee of th	ne America	an Association of Orthe	opaedic S	Surgeon	isPA	C of AA	٩OS
	ne (Last, First, Middle Initial) homas Katz MD			Date o	f Receipt			
Mailing	Address P.O. Box 62076			0.1	/ 15		2016	Y
City Irvine		State CA	Zip Code 92602	Trans	saction ID	: 7798100)	_
	number of contributing political committee.	С				7	1000.0	00
Self Em Receipt	-	Occupation Orthopaedia Aggregate		Me	mo ltem			
B. Richa	ne (Last, First, Middle Initial) rd N Weinstein MD Address 21 Long Pond Rd			M			Y Y	Y
City Armonk		State NY	Zip Code 10504		16 saction ID : t of Each F	7799153		
	number of contributing political committee.	С					250.0	00
Bone &	f Employer Joint Specialists	Occupation Orthopaedic		Me	mo ltem			
	For: imary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1				
	ne (Last, First, Middle Initial) IId A deGrange MD			Date o	f Receipt			
Mailing	Address 12433 Conway Rd.			01	/ D 16		2016	Y
City Creve 0	Coeur	State MO	Zip Code 63141		saction ID t of Each I			
	number of contributing political committee.	С				1000ipt u	1000.0	00
Name o	f Employer	Occupation		— Me	mo ltem			
Self Em		Orthopaedi	c Surgeon					
	imary General ther (specify) v	Aggregate	Year-to-Date ▼ 1000.00	1				
SUBTOTA	L of Receipts This Page (optional)					7	2250.0	0
TOTAL Th	nis Period (last page this line number	r only)						

.. dulo(a)

FOR LINE NUMBER:

PAGE 39 OF

350

	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any p using the name and address of any political committe e of the American Association of Orth	ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Jonathan P Garino MBA, MD Mailing Address 835 Stoke Road City Villanova FEC ID number of contributing federal political committee. Name of Employer University of Pennsylvania Receipt For: Primary General Other (specify) ▼	State Zip Code PA 19085-2031 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Richard D Battista MD Mailing Address 6520 Overlook Rd City Orefield FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code PA 18069 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. Christopher W Maender M Mailing Address 4509 Turtle Bay City Springfield FEC ID number of contributing federal political committee. Name of Employer OCI Receipt For: Primary General Other (specify) ▼		Date of Receipt
SUBTOTAL of Receipts This Page (or	otional)	1750.00

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

1.

FOR LINE NUMBER:

PAGE 40 OF

ITF			Use separate schedule(s) for each category of the	(check o	·	ne)	_		
			Detailed Summary Page	X 11a		11b	11c	12	17
	information copied from such Reports and S or commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Orth	opaedic	Sur	geon	sPA(C of A	AOS
	Full Name (Last, First, Middle Initial) Douglas D Nowak MD			Date	of Re	eceipt			
Ν	Mailing Address 8602 54th PI W			0.1		17) / Y	2016	Y
	Dity Mukilteo	State WA	Zip Code 98275	Trai	nsact		7799859 Receipt th		
	EC ID number of contributing ederal political committee.	С				7		250	.00
F	Name of Employer Proliance Surgeons	Occupation Orthopaedic	Surgeon	N	1emo l	ltem			
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]					
	Full Name (Last, First, Middle Initial) Peter F Townsend MD			Date	of Re	eceipt			
_	Mailing Address 3401 Brandywine prkw suite 201	<u>.</u>		01		D I) / Y	2016	Y
	City Wilmington	State DE	Zip Code 19803			-	7799861 Receipt th		1
F	EC ID number of contributing ederal political committee.	С				,	,	1000	_
0	Name of Employer Delaware Ortho Center	Occupation Orthopaedic	Surgeon		/lemo	ltem			
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1					
	Full Name (Last, First, Middle Initial) Eric L Hume MD			Date	of Re	eceipt			
_	Mailing Address 369 Penn Road			01		17		2016	Y
	City Wynnewood	State PA	Zip Code 19096-1401				7799865 Receipt th		
	FEC ID number of contributing ederal political committee.	С				,		500	_
1	Name of Employer	Occupation		∧	/lemo	ltem			
_	J Penn Receipt For:	Orthopaedi	-						
I	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1					
SU	BTOTAL of Receipts This Page (optional)					5		1750.	00
то	TAL This Period (last page this line number	only))			,			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate sche for each category	of the
-	Detailed Summary	
Any information copied from such Reports a or for commercial purposes, other than usir	and Statements may not be sold or used g the name and address of any political	d by any person for the purpose of soliciting contributions I committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee c	f the American Association	of Orthopaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) John P Nash MD Mailing Address 14 Turnberry Lane		Date of Receipt
City	State Zip Code	01 17 2016 Transaction ID : 7799871
Lookout Mountain	GA 30750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Memo Item
Chattanooga Bone & Joint Center	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	5	500.00
Full Name (Last, First, Middle Initial) B. Laith A Farjo MD	-	Date of Receipt
Mailing Address 1808 Hermitage		01 17 2016
City	State Zip Code	Transaction ID : 7799875
Ann Arbor	MI 48104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Memo Item
Advanced Orthopaedic Specialists	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	5	500.00
Full Name (Last, First, Middle Initial) C. Ray Payne MD		Date of Receipt
Mailing Address 230 Clearfield Ave Ste 1		01 17 2016
City Virginia Beach	StateZip CodeVA23462-1832	Transaction ID : 7799878 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	Memo Item
Atlantic Orthopaedic Specialists	Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	000.00
SUBTOTAL of Receipts This Page (option TOTAL This Period (last page this line num		

Use separate schedule(s)

SCHEDULE A (FEC Form	3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 42 OF 350
ITEMIZED RECEIPTS		for each category of the	(check only one)
		Detailed Summary Page	
			erson for the purpose of soliciting contributions
	sing the name and a	ddress of any political committee	e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	of the America	on Association of Orth	opaedic SurgeonsPAC of AAOS
			spaeule SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial)			
A. Michael Champine MD			Date of Receipt
Mailing Address 2928 Stanford Ave.			01 17 _ 2016 _
City	State	Zip Code	01 17 2016 Transaction ID : 7799880
Dallas	ТХ	75225	Amount of Each Receipt this Period
FEC ID number of contributing			1000.00
federal political committee.	C		1000.00
Name of Employer	Occupation	I	Memo Item
Texas Orthopaedic Associates	Orthopaedi	c Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	-
Primary General			1
Other (specify)		1000.00	1
Full Name (Last, First, Middle Initial)			
B. Kimberly Lee Furry MD			Date of Receipt
Mailing Address 41 Rio Vista Cir			M = M / D = D / Y = Y = Y
	Chata	Zin Oada	01 17 2016
City Durango	State CO	Zip Code 81301	Transaction ID : 7799882
FEC ID number of contributing		01001	Amount of Each Receipt this Period
federal political committee.	С		1000.00
Name of Employer	Occupation		
Durango Orthopaedic Associates	Orthopaedic		
Receipt For:		Year-to-Date ▼	-
Primary General	Aggregate		1
Other (specify)		, 1000.00	1
Full Name (Last, First, Middle Initial)			
C. John Ignatius Kung MD Mailing Address 21325 Windy Hill Dr			Date of Receipt
Maning Address 21325 Windy Hill Di			01 17 _2016
City	State	Zip Code	Transaction ID : 7799884
Frankfort	IL	60423	Amount of Each Receipt this Period
FEC ID number of contributing	С		1000.00
federal political committee.			
Name of Employer	Occupation		Memo Item
Premier Ortho & Hand Ctr	Orthopaedi		
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		1000.00	11
		A)	*
SUBTOTAL of Receipts This Page (option	onal)		3000.00

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

7

.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 43 OF

350

ITEMIZED RECEIPTS	-	Use separate schedule(s)		(check only one)				
IILIVIIZED RECEIPIS		for each category of the Detailed Summary Page	X 11a	11b 11c	12	17		
Any information copied from such Reports or for commercial purposes, other than usin			erson for the pur	pose of solicitin	ng contribut	tions		
NAME OF COMMITTEE (In Full)	<u> </u>	······································						
Political Action Committee of	of the Americ	an Association of Ortho	opaedic Sur	geonsPA	C of AA	NOS		
Full Name (Last, First, Middle Initial) A. George Christopher Galjour MD			Date of Re	eceipt				
Mailing Address 586 Crosby Ln			01	17	y y y 2016	Y		
City Columbus	State MS	Zip Code 39701-8787		tion ID : 779988 Each Receipt t				
FEC ID number of contributing federal political committee.	C			л. — т. — т.	1000.0	00		
Name of Employer Self Employed	Occupation Orthopaedi		Memo	ltem				
Receipt For:		Year-to-Date ▼						
Other (specify) ▼		1000.00						
Full Name (Last, First, Middle Initial) B. Mark T Wichman MD			Date of Re	eceipt				
Mailing Address 4414 W River Willows C	t		01	17	2016	Y		
City	State	Zip Code		ion ID : 780051				
Mequon	WI	53092	Amount of	Each Receipt t	his Period			
FEC ID number of contributing federal political committee.	С			3 3	250.0	00		
Name of Employer Aurora Advanced Healthcare	Occupatior Orthopaedi		Memo	ltem				
Receipt For:		Year-to-Date ▼						
Primary General Other (specify) ▼		250.00						
Full Name (Last, First, Middle Initial) C. David K Solacoff MD			Date of Re	eceipt				
Mailing Address 100 W. 10th Street, Suit	e 1109		01 /	17 [/]	2016	Y		
City	State DE	Zip Code		tion ID : 780052				
Wilmington	DE	19801	Amount of	Each Receipt t	his Period			
FEC ID number of contributing federal political committee.	С			<u>a</u>	500.0	00		
Name of Employer	Occupation	I	Memo	item				
Casscells Orthopaedics	Orthopaedi	c Surgeon						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00						
			·		1750.0	10		
SUBTOTAL of Receipts This Page (option	al)			<u> </u>	1750.0			

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

FEC Schedule A (Form 3X) Rev. 12/2015

- J

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 44 OF 35 (check only one)
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Political Action Committee of the	ne America	an Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) Ramesh Gidumal MD			Date of Receipt
Mailing Address 300 East 74th Apt 2G			01 18 2016
City New York	State NY	Zip Code 10021	Transaction ID : 7800533 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer	Occupation	0	Memo Item
NYU Receipt For: Primary General	Orthopaedic Aggregate	: Surgeon Year-to-Date ▼	
Other (specify)	L	300.00	
Full Name (Last, First, Middle Initial) Joel Roger Politi MD			Date of Receipt
Mailing Address 116 South Columbia Ave			01 18 2016
City Columbus	State OH	Zip Code 43209-1623	Transaction ID : 7800616
FEC ID number of contributing federal political committee.	C	43209-1023	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Orthopaedic	Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address 2200 Forest Ridge Pkwy Ste 240			01 19 2016
City New Castle	State IN	Zip Code 47362	Transaction ID : 7801523 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Henry County Hospital	Occupation Orthopaedic	Surgeon	— Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		•	1050.00

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

FEC Schedule A (Form 3X) Rev. 12/2015

10

separate schedule(s) 1100

FOR LINE NUMBER:

PAGE 45 OF

350

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check onl X 11a 13	y one) 11b 14	11c	12 16 17
Any infor or for co	mation copied from such Reports and S mmercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any penderess of any political committee	erson for the to solicit co	purpose ontributions	f soliciting from suc	g contributions h committee.
	E OF COMMITTEE (In Full) tical Action Committee of th	e America	an Association of Ortho	paedic S	Surgeor	isPA	C of AAOS
A. Rob	lame (Last, First, Middle Initial) ert P Good MD			Date o	f Receipt		
	g Address 8 Steeplechase Ln	Otata	Zin Oada	01	/ D 19)	2016
City Malve	ern	State PA	Zip Code 19355		t of Each		
	ID number of contributing al political committee.	С					1000.00
Rothm	of Employer nan Institute pt For:	Occupation Orthopaedi	c Surgeon	Me	mo ltem		
	Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 1000.00				
	lame (Last, First, Middle Initial) Ideep S Kahlon MD			Date o	f Receipt		
Mailing Address 206 Hockessin Cir			7. 0.1	01 19 / Y Y Y Y Y 01 19			
City Hocke	essin	State DE	Zip Code 19707		action ID : t of Each I		
	ID number of contributing al political committee.	С					1000.00
	of Employer State Orthopaedics	Occupation Orthopaedic			mo ltem		
	pt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00				
	lame (Last, First, Middle Initial) Il Calvin Collins MD			Date o	f Receipt		
	g Address 613 W Sandstone Ct			01	/ D 19		2016
City Boise)	State ID	Zip Code 83702-6509		saction ID		
	ID number of contributing al political committee.	С					1000.00
	of Employer	Occupation		Me	mo ltem		
Recei	mployed pt For: Primary General Other (specify) ▼	Orthopaedi Aggregate	Year-to-Date ▼ 1000.00				
SUBTO	TAL of Receipts This Page (optional)						3000.00

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

FOR LINE NUMBER:

PAGE 46 OF

350

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
	d Statements may not be sold or used by any put the name and address of any political committee	
	the American Association of Ortho	ppaedic SurgeonsPAC of AAOS
A. Full Name (Last, First, Middle Initial) Daniel Lister MD Mailing Address 2407 Evergreen Ln		Date of Receipt
		01 20 2016
City Aberdeen	StateZip CodeSD57401-1663	Transaction ID : 7801905 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer ACMC	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B. Steven E Casey MD		Date of Receipt
Mailing Address 711 Lawn Ave Ste 3		01 20 2016
City	State Zip Code	Transaction ID : 7802030
Sellersville	PA 18960-1575	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Upper Buck Orthopaedics	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. James A Shapiro MD		Date of Receipt
Mailing Address 7221 3rd Ave		01 20 2016
City Kenosha	StateZip CodeWI53143	Transaction ID : 7802193 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	— Memo Item
UHSI Descipt For:	Orthopaedic Surgeon	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1750.00

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

7

.

separate schedule(s) 1100

FOR LINE NUMBER:

PAGE 47 OF

350

ITEMIZED RECEIPTS	for each cat	tegory of the mmary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee	of the American Associa	ation of Orthc	paedic SurgeonsPAC of AAOS
A. Full Name (Last, First, Middle Initial) Mailing Address 2006 E 24th Ave			Date of Receipt
City Spokane	State Zip Code WA 99203		01 21 2016 Transaction ID : 7802195 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00 Memo Item
Name of Employer Providence Medical Group Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	500.00	
B. John J McCrosson MD Mailing Address 2749 Fountainhead Wa	y State Zip Code		Date of Receipt 01 21 2016 Transaction ID : 7802201
Mt Pleasant FEC ID number of contributing federal political committee.	SC 29466-859	20	Amount of Each Receipt this Period
Name of Employer Roper St Francis Healthcare	Occupation Orthopaedic Surgeon		Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00	
C. Full Name (Last, First, Middle Initial) Mailing Address 4081 CR 233			Date of Receipt
City Florence	StateZip CodeTX76527		Transaction ID : 7802210 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Scott & White Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	500.00	
SUBTOTAL of Receipts This Page (option	nal)	····· •	1250.00

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

1.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		eparate schedule(s) ch category of the	FOR LINE NUMBER: PAGE 48 OF (check only one)		
		ed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and or for commercial purposes, other than using the second seco			erson for the purpose of soliciting contributions e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Ass	ociation of Ortho	opaedic SurgeonsPAC of AAOS		
Full Name (Last, First, Middle Initial) Stephen M McCollam MD			Date of Receipt		
Mailing Address 2001 Peachtree Rd NE Ste		Code	01 21 2016		
City Atlanta	State Zip (GA 3030	09-1476	Transaction ID : 7802787 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		1000.00		
Name of Employer Peachtree Orthopaedics	Occupation Orthopaedic Surgeon	1	Memo Item		
Receipt For:	Aggregate Year-to-D	ate ▼			
Other (specify) ▼		1000.00			
Full Name (Last, First, Middle Initial) 3. Michael Gayle Klassen MD			Date of Receipt		
Mailing Address P.O. Box 1302			01 20 _2016 _		
City	State Zip (Transaction ID : 7804018		
Monterey	CA 9394	12-1302	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		250.00		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		Memo Item		
Receipt For:	Aggregate Year-to-D				
Primary General Other (specify) ▼		250.00]		
Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address 12410 E. Sinto Ave Suite 201			01 20 / Y Y Y Y		
City Spokane Valley	State Zip (WA 9921		Transaction ID : 7804020 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		250.00		
Name of Employer	Occupation		Memo Item		
NWOS	Orthopaedic Surgeor	ì			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	Pate ▼ 250.00]		
SUBTOTAL of Receipts This Page (optional)			1500.00		
TOTAL This Period (last page this line number	r only)				

Use separate schedule(s)

SCHEDULE A (FEC Form 3	X) Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 OF 350
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
	Detailed Summary Page	13 14 15 16 17
	and Statements may not be sold or used by any ng the name and address of any political committe	
NAME OF COMMITTEE (In Full)	ig the name and address of any political commute	
	of the American Association of Orth	nopaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Gordon M Mead MD		Date of Receipt
Mailing Address P.O. Box 51455		01 / Y Y Y Y Y 201 20 2016
City	State Zip Code LA 71135-1455	Transaction ID : 7804023
Shreveport	LA 71135-1455	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Memo Item
Highland Clinic	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	500.00	7
		-
Full Name (Last, First, Middle Initial) B. Bruce T Henderson MD		Date of Receipt
Mailing Address 44555 Woodward Ste 40	07	
		01 20 2016
City Pontiac	State Zip Code MI 48341-2965	Transaction ID : 7804024
	46541-2905	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Memo Item
Self Employed	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) C. Brian J McGinley MD		Date of Receipt
Mailing Address 16 Caterham Ln		01 20 _2016 _
City	State Zip Code	Transaction ID : 7804025
East Setauket	NY 11733	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Memo Item
Long Island Bone & Joint	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (option	al)	▶ 1250.00

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

9

.

FOR LINE NUMBER:

PAGE 50 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Statements may not be sold or used by any pe he name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	he American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Inez M Kelleher MD Mailing Address 914 N Country Club Ln City Biloxi FEC ID number of contributing federal political committee. Name of Employer Memorial Hospital Gulfport Receipt For: Primary General Other (specify) ▼	State Zip Code MS 39532 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt 01 20 2016 Transaction ID : 7804026 Amount of Each Receipt this Period 250.00 Memo Item
Full Name (Last, First, Middle Initial) Pietro M Tonino MD Mailing Address 1351 Keystone Ave City River Forest FEC ID number of contributing federal political committee. Name of Employer Loyola University Medical Center Receipt For: Primary General Other (specify)	State Zip Code IL 60305 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 01 20 2016 Transaction ID : 7804029 Amount of Each Receipt this Period 1000.00 Memo Item
Full Name (Last, First, Middle Initial) Julius Stephen Brecht MD Mailing Address 25 Chatham Rd City Longmeadow FEC ID number of contributing federal political committee. Name of Employer New England Ortho Surgeons Receipt For: Primary General Other (specify)	State Zip Code MA 01106 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe	· · · · · · · · · · · · · · · · · · ·	1500.00

SCHEDULE A (FEC Form 3X) ľ

schodulo(s)

FOR LINE NUMBER:

PAGE 51 OF

350

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11a 11b 13 14 15 16 17
	y information copied from such Reports and Si for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	paedic SurgeonsPAC of AAOS
A .	Full Name (Last, First, Middle Initial) John Thomas Lynn II, MD Mailing Address 24 Hillside Dr City Hollis FEC ID number of contributing federal political committee. Name of Employer New Hampshire Orthopaedic Center Receipt For: Primary General Other (specify) ▼	State NH C Occupation Orthopaedic Aggregate	Zip Code 03049 Surgeon Year-to-Date ▼ 1000.00	Date of Receipt
В.	Full Name (Last, First, Middle Initial) David Thull MD Mailing Address 10250 N 92nd St #114 City Scottsdale FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State AZ Occupation Orthopaedic Aggregate	Zip Code 85258 Surgeon Year-to-Date ▼ 750.00	Date of Receipt 01 20 2016 Transaction ID : 7804055 Amount of Each Receipt this Period 750.00 Memo Item
C.	Full Name (Last, First, Middle Initial) Jeffery A McMath MD Mailing Address 1501 Bright Rd City Findlay FEC ID number of contributing federal political committee. Name of Employer Ohio Orthopaedics & Sports Med Receipt For: Primary General Other (specify) ▼	State OH Occupation Orthopaedia Aggregate	Zip Code 45840 c Surgeon Year-to-Date ▼ 250.00	Date of Receipt 01 20 2016 Transaction ID : 7804057 Amount of Each Receipt this Period 250.00 Memo Item
s	UBTOTAL of Receipts This Page (optional)			2000.00

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

.. dulo(a)

FOR LINE NUMBER:

PAGE 52 OF

350

ITEMIZED RECEIPTS	Ose separate schedule(s) for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Statements may not be sold or used by any pe ne name and address of any political committee	
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	ne American Association of Ortho	paedic SurgeonsPAC of AAOS
A. Full Name (Last, First, Middle Initial) Alfred Ainsley Durham MD Mailing Address 2954 Lockridge Rd City	State Zip Code	Date of Receipt
Roanoke	VA 24014	Transaction ID : 7804059 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Lewis Gale Physicians Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	— Memo Item
Full Name (Last, First, Middle Initial) Douglas S Musgrave MD Mailing Address 15800 NW Fair Acres Dr		Date of Receipt
City Vancouver FEC ID number of contributing federal political committee.	State Zip Code WA 98685	Transaction ID : 7804333 Amount of Each Receipt this Period 500.00
Name of Employer Rebound Orthopaedics	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Edward S Homan Jr, MD		Date of Receipt
Mailing Address 329 St Augustine Ave		01 20 2016
City Tampa	State Zip Code FL 33617	Transaction ID : 7804334 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Retired Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	— Memo Item
SUBTOTAL of Receipts This Page (optional)		1250.00

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

SCHEDULE A (FEC Form 3X)	Use se	eparate schedule(s)	FOR LINE NUMBER: PAGE 53 OF 35 (check only one)
TEMIZED RECEIPTS	for eac	ch category of the d Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Political Action Committee of t	ne American Ass	ociation of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Steven Tradonsky MD			Date of Receipt
Mailing Address 7485 Mission Valley RdSte 104		. .	01 / Y Y Y Y Y Y 20 2016
City San Diego	State Zip C CA 9210		Transaction ID : 7804336 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation		Memo Item
California Orthopaedic Institute	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-D	ate 🔻	
Primary General Other (specify)		250.00	1
Full Name (Last, First, Middle Initial) 3. Stephen C Weber MD			Date of Receipt
Mailing Address 4440 Willard Way			M = M / D = D / Y = Y = Y
#319 City) odo	01 20 2016
Chevy Chase	State Zip C MD 2081		Transaction ID : 7804337 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		Memo Item
Receipt For:	Aggregate Year-to-D	ate 🔻	
Primary General Other (specify) ▼		250.00]
Full Name (Last, First, Middle Initial) Cooper L Terry MD			Date of Receipt
Mailing Address 1106 S Lamar Blvd			M M / D D / Y Y Y Y 01 20 2016
City	State Zip C MS 3865		Transaction ID : 7804338
Oxford FEC ID number of contributing federal political committee.	C	5-4732	Amount of Each Receipt this Period
			Memo Item
Name of Employer	Occupation		
Oxford Orthopaedics & Sports Medicine Receipt For:	Orthopaedic Surgeon		_
Primary General Other (specify) ▼	Aggregate Year-to-D	750.00	
SUBTOTAL of Receipts This Page (optional)			1250.00

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

· · · · · · · · ·

dulo(e)

FOR LINE NUMBER:

PAGE 54 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	and Statements may not be sold or used by any g the name and address of any political committ	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee o	f the American Association of Orth	hopaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Thomas E Trumble MD Mailing Address 7683 SE 27th St. #254 City Mercer Island FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code WA 98040 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. David B Thordarson MD Mailing Address 832 Hanley Ave. City Los Angeles FEC ID number of contributing federal political committee. Name of Employer Cedars Sinai Hospital Receipt For: Primary General Other (specify) ▼	State Zip Code C 90049 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt 01 20 2016 Transaction ID : 7804340 Amount of Each Receipt this Period 250.00 Memo Item
Full Name (Last, First, Middle Initial) Ajoy K Jana MD Mailing Address 17259 Valley Drive City Omaha FEC ID number of contributing federal political committee. Name of Employer Methodist Physicians Clinic Receipt For: Primary General Other (specify)	State Zip Code NE 68130 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 300.00	Date of Receipt 01 20 2016 Transaction ID : 7804342 Amount of Each Receipt this Period 300.00 Memo Item
SUBTOTAL of Receipts This Page (optional	al)	1050.00

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

dulo(e)

FOR LINE NUMBER:

PAGE 55 OF

350

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11a 11b 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Ortho	paedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) Samuel R Rosenfeld MD Mailing Address 1212 Bennington Dr City Santa Ana FEC ID number of contributing federal political committee.	State CA	Zip Code 92705	Date of Receipt 01 20 2016 Transaction ID : 7804344 Amount of Each Receipt this Period 500.00
	Name of Employer APOS Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedia Aggregate		— Memo Item
B.	Full Name (Last, First, Middle Initial) Michael Francis Harrer MD Mailing Address 4th floor 999 Route 73 North City	State	Zip Code	Date of Receipt 01 20 2016 Transaction ID : 7804345
	Mariton FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	NJ C Occupation Orthopaedic Aggregate		Amount of Each Receipt this Period 500.00 Memo Item
C.	Full Name (Last, First, Middle Initial) Jon A Simpson MD Mailing Address 4124 Taylors Chapel Rd	State	Zip Code	Date of Receipt
	Crossville FEC ID number of contributing federal political committee. Name of Employer Cumberland Medical Center Receipt For: Primary General Other (specify) ▼	TN C Occupation Orthopaedie	38572	Amount of Each Receipt this Period
s	 UBTOTAL of Receipts This Page (optional)		····· •	1250.00

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

TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	eports and Statements may not be sold or used by ar nan using the name and address of any political comm	
NAME OF COMMITTEE (In Full)	ttee of the American Association of Or	
Full Name (Last, First, Middle Ini A. Daniel I Singer MD	tial)	Date of Receipt
Mailing Address 1401 South Bere Suite 750		01 20 Y Y Y Y Y Y
City Honolulu	State Zip Code HI 96814	Transaction ID : 7804381
	111 90014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	Memo Item
Ortho Assoc of Hawaii	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	400.00	
Full Name (Last, First, Middle Ini 3. Brian Robinson MD	tial)	Date of Receipt
Mailing Address 4413 Highway 1	5	
		01 20 2016
City	State Zip Code	Transaction ID : 7804382
Silver City	NM 88061	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	Memo Item
Southwest Bone & Joint	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Ini	tial)	Date of Receipt
Mailing Address 8299 Glen Cove	Ct	01 20 2016
City	State Zip Code	Transaction ID : 7804383
Alexandria	VA 22308	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	Memo Item
Anderson Orthopaedic Clinic	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1000.00	
Other (specify)	1000.00	

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

FEC Schedule A (Form 3X) Rev. 12/2015

10

9

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(for each category of the	
	Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
or for commercial purposes, other than usin		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	of the American Association of C	Orthopaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) Matthew J Kirsch MD Mailing Address 1527 20th St NE		Date of Receipt
City	State Zip Code	01 20 2016 Transaction ID : 7804384
Byron	MN 55920-6019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Memo Item
Olmsted Medical Center	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	250.00)
Full Name (Last, First, Middle Initial) B. Kenneth A Martin MD		Date of Receipt
Mailing Address # 5 Platt Ct		01 20 2016
City	State Zip Code	Transaction ID : 7804385
Maumelle	AR 72113	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	Memo Item
Martin Bowen Hefley Orthopaedi	Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) C. Larry D Herron MD		Date of Receipt
Mailing Address 219 Indio		M M / D D / Y Y Y Y Y 01 20 2016
City Shell Beach	StateZip CodeCA93449	Transaction ID : 7804387 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Memo Item
Central Coast Orthopaedic Medicine	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	250.00	נ
SUBTOTAL of Receipts This Page (option	al)	1000.00
TOTAL This Period (last page this line nu	mber only)	

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 58 OF

350

	, ,	Use separate schedule(s)	(check only one)	L		
ITEMIZED RECEIPT	3	for each category of the Detailed Summary Page	X 11a 11		12	
Any information copied from s	such Reports and Statements ma	ay not be sold or used by any p	erson for the purpos		16 ontributio	17 Dns
	other than using the name and a					
	,			540		~~
Political Action Co	mmittee of the America	an Association of Ortho	paedic Surge	onsPAC	of AA	os
Full Name (Last, First, Mid A. Edward L Morgan MD	ldle Initial))		Date of Recei	nt		
Mailing Address 420 Rege					Y Y Y	(
			01		2016	
City	State LA	Zip Code		ID: 7804388		
Shreveport		71106	Amount of Ea	ch Receipt this	Period	
FEC ID number of contribution federal political committee.	ů.				250.00)
Name of Employer	Occupation		Memo Item	ו		
Willis Knighton	Orthopaedi	c Surgeon				
Receipt For:		Year-to-Date 🔻				
Primary Ge Other (specify)	neral	250.00	1			
		7 7				
Full Name (Last, First, Mid B. Edward J Bieber MD			Date of Recei	pt		
Mailing Address 7407 Beve	erly Road					
City	State	Zip Code	01		2016	
Bethesda	MD	20814	Amount of Fa	th Receipt this	Period	
FEC ID number of contribu	uting					-
federal political committee.	ů.				500.00)
Name of Employer	Occupation		Memo Iten	ı		
BCCOA Orthopaedics	Orthopaedic					
Receipt For:		Year-to-Date ▼				
	neral					
Other (specify)		500.00				
Full Name (Last, First, Mid C. Raymond L Horwoo			Date of Recei	pt		
Mailing Address 1575 Balr	noral Way		01 / I		2016	
City	State	Zip Code		ID : 7804392		-
Westlake	OH	44145	Amount of Ea	ch Receipt this	Period	
FEC ID number of contribu	ŝ.				250.00)
federal political committee.	U				200.00	
Name of Employer	Occupation		Memo Item			
Self Employed	Orthopaedi	c Surgeon	_			
Receipt For:	Aggregate	Year-to-Date ▼				
Other (specify)		250.00				
		/7				
	I					_
SUBTOTAL of Receipts This	Page (optional)	••••••	·		1000.00)

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

FOR LINE NUMBER:

PAGE 59 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Donald Knapke MD		Date of Receipt
Mailing Address 3744 Thatcher Dr #1		01 20 2016
City Rochester Hills	StateZip CodeMI48309-4533	Transaction ID : 7804394 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
B. Full Name (Last, First, Middle Initial) Mailing Address 24761 Timber Hills Ln		Date of Receipt
City	State Zip Code	01 20 2016 Transaction ID : 7804395
Adel	IA 50003-8421	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation	Memo Item
Receipt For:	Orthopaedic Surgeon	_
Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. J Lockwood Ochsner Jr, MD		Date of Receipt
Mailing Address 2018 Jefferson Ave.		01 20 2016
City New Orleans	State Zip Code LA 70115	Transaction ID : 7804396 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	— Memo Item
Ochsner Clinic Foundation	Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00

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

7

.

chodulo(s)

FOR LINE NUMBER:

PAGE 60 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11a 11b 13 14 15 16 17
	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. George F Chimento MD Mailing Address 2405 Chester St City Metairie FEC ID number of contributing federal political committee. Name of Employer Ochsner Medical Center	State Zip Code LA 70001	Date of Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. David M Henneghan MD Mailing Address 2111 Shadow View Circle City	State Zip Code	Date of Receipt
Plover FEC ID number of contributing federal political committee. Name of Employer	WI 54467	Transaction ID : 7804399 Amount of Each Receipt this Period 500.00 Memo Item
Klasinski Clinic Receipt For: Primary General Other (specify)	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) Michael M Lynch MD Mailing Address 207 Sturbridge Ln		Date of Receipt
City Southport	StateZip CodeCT06890	Transaction ID : 7804400 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer OrthoConnecticut Receipt For:	C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	250.00 Memo Item
SUBTOTAL of Receipts This Page (optional).	····· •	1250.00

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

Use separate schedule(s)

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 61 OF 350
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a	Ind Statements ma	y not be sold or used by any p	erson for the purpose of soliciting contributions
or for commercial purposes, other than usin	g the name and ac	ddress of any political committee	e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee o	f the America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. David B Robie MD			Date of Receipt
Mailing Address 6585 Plesenton Dr S	<u></u>	7.0.1	M = M / D = D / Y = Y = Y = Y Y O1 20 2016
City Worthington	State OH	Zip Code 43085-2944	Transaction ID : 7804429
		43003-2344	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation		Memo Item
Orthopaedic One	Orthopaedic	Surgeon	_
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		500.00	
Full Name (Last, First, Middle Initial) B. Robert Gordon Veith MD			Date of Receipt
Mailing Address 8444 Midland Rd	Aailing Address 8444 Midland Rd		
			01 20 2016
City Medina	State WA	Zip Code 98039-5336	Transaction ID : 7804430
		90009-0000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation		Memo Item
Proliance Surgeons	Orthopaedic	Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	_
Other (specify)		, 250,00	
Full Name (Last, First, Middle Initial) C. Craig Anthony Cummins MD			Date of Receipt
Mailing Address 741 Spruce Rd			01 20 _2016 _
City	State	Zip Code	Transaction ID : 7804431
Barrington	IL	60010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation		Memo Item
Lake County Orthopaedic Associates	Orthopaedic	Surgeon	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional		7	1000.00
	~,		

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

FEC Schedule A (Form 3X) Rev. 12/2015

.

dulo(e)

FOR LINE NUMBER:

PAGE 62 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11a 11b 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pe the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) Douglas W Kiburz MD Mailing Address 5075 Hwy Y City Sedalia FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code MO 65301 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
Full Name (Last, First, Middle Initial) Aram M Donigian MD Mailing Address 3846 Woodhurst Ct City Beavercreek FEC ID number of contributing federal political committee. Name of Employer Kettering Medical Center Receipt For: Primary General Other (specify) ▼	State Zip Code OH 45430 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt
Full Name (Last, First, Middle Initial) Craig G Smucker MD Mailing Address 1101 Oakland Ct City Newark FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code DE 19711 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt 01 20 2016 Transaction ID : 7804441 Amount of Each Receipt this Period 500.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	····· •	1750.00

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

Use separate schedule(s)

Any	MIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)			
Any							
Any			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	information copied from such Reports and	Statements ma	ay not be sold or used by any pe	erson for the purpose of soliciting contributions			
or f	or commercial purposes, other than using th	e name and a	ddress of any political committee	e to solicit contributions from such committee.			
	VAME OF COMMITTEE (In Full) Political Action Committee of th	ne America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS			
	Full Name (Last, First, Middle Initial) Richard J D'Ascoli MD			Date of Receipt			
_	Aailing Address 1028 Valerie Drive			M = M / D = D / Y = Y = Y = Y Y O1 20 2016			
	Dity Sekenestedy	State NY	Zip Code 12309-1630	Transaction ID : 7804444			
-	Schenectady		12309-1630	Amount of Each Receipt this Period			
	EC ID number of contributing ederal political committee.	С		250.00			
1	Name of Employer	Occupation	I	— Memo Item			
_	SROA	Orthopaedi	c Surgeon				
F	Receipt For:	Aggregate	Year-to-Date ▼				
	Other (specify)		250.00				
			y y x	1			
	Full Name (Last, First, Middle Initial) Thomas G Craven MD			Date of Receipt			
N	Mailing Address 7395 S 26th West Ave						
Ō	Dity	State	Zip Code	01 20 2016 Transaction ID : 7804445			
	Tulsa	ОК	74132-2219	Amount of Each Receipt this Period			
	EC ID number of contributing ederal political committee.	С		203.00			
1	Name of Employer	Occupation	l	Memo Item			
C	Central States Orthopaedic Specialists	Orthopaedic	c Surgeon				
F	Receipt For:	Aggregate	Year-to-Date ▼				
	Other (specify)		, 203.00				
	Full Name (Last, First, Middle Initial) Michael P Nancollas MD			Date of Receipt			
-	Aailing Address 3 Melville Ct						
_				01 20 2016			
	City Lenox	State MA	Zip Code 01240-2589	Transaction ID : 7804449			
- F	FEC ID number of contributing ederal political committee.	C		Amount of Each Receipt this Period			
Ā	Vame of Employer	Occupation		Memo Item			
		Occupation Orthopaedi					
	Berkshire Orthopaedic Associates		Year-to-Date ▼	—			
	Primary General	Aggregate					
	Other (specify)		250.00	1			
su	BTOTAL of Receipts This Page (optional)			703.00			

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

FEC Schedule A (Form 3X) Rev. 12/2015

. .

dulo(e)

FOR LINE NUMBER:

PAGE 64 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	Check only one) X 11a 11b 11c 12 13 14 15 16 17
	Statements may not be sold or used by any pe ne name and address of any political committee	
NAME OF COMMITTEE (In Full) Political Action Committee of the	ne American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) William L Hennrikus Jr, MD Mailing Address 75 Laurel Ridge Rd City Hershey FEC ID number of contributing federal political committee.	State Zip Code PA 17033	Date of Receipt 01 20 2016 Transaction ID : 7804450 Amount of Each Receipt this Period 1000.00
Name of Employer Penn State Hershey Medical Ctr Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Memo Item
Full Name (Last, First, Middle Initial) John Kirk Drake MD Mailing Address 12018 Oak Hollow City Vancleave FEC ID number of contributing federal political committee. Name of Employer Bienville Orthopaedic Specialists Receipt For: Primary General Other (specify) ▼	State Zip Code MS 39565 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt 01 20 2016 Transaction ID : 7804451 Amount of Each Receipt this Period 500.00 Memo Item
Full Name (Last, First, Middle Initial) John G Mowbray MD Mailing Address 590 Kensington Farms Dr City Milton FEC ID number of contributing federal political committee. Name of Employer Resurgens Orthopaedics Receipt For: Primary General Other (specify) ▼	State GA Zip Code 30004 C C Occupation Orthopaedic Surgeon Occupation Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 250.00	Date of Receipt 01 20 2016 Transaction ID : 7804453 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	•	1750.00

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

FEC Schedule A (Form 3X) Rev. 12/2015

FOR LINE NUMBER:

PAGE 65 OF

350

	-	Use separate schedule(s)	(check only	one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	<u> </u>
Any information copied from such Reports an							
or for commercial purposes, other than using	the name and a	ddress of any political committee	to solicit con	tributions fr	rom such	committe	эе.
NAME OF COMMITTEE (In Full) Political Action Committee of	the Americ	an Association of Ortho	paedic S	urgeons	sPAC	of AA	NOS
Full Name (Last, First, Middle Initial) A. Russell G Tigges MD			Date of	Receipt			
Mailing Address 25 Townsend Farm Road			0.1	/ D D	/ Y	y y 2016	Y
City Lagrangeville	State NY	Zip Code 12540		action ID : T of Each Re			
FEC ID number of contributing federal political committee.	С			7	,	500.0)0
Name of Employer Orthopedic Associates, LLC	Occupation Orthopaedi		Men	no ltem			
Receipt For:	·	Year-to-Date ▼					
Primary General Other (specify)		500.00					
Full Name (Last, First, Middle Initial) B. William A Leone MD			Date of	Receipt			
Mailing Address 3111 NE 27th Ave			M M 01	/ D D 20		y y 2016	Y
City	State FL	Zip Code		action ID : 7			
Lighthouse Point	rL	33064-8107	Amount	of Each Re	eceipt this	3 Period	
FEC ID number of contributing federal political committee.	C				,	500.0	00
Name of Employer Holy Cross Hospital	Occupation		- Mer	no ltem			
Receipt For:	Orthopaedi						
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) C. Matthew J Bueche MD			Date of	Receipt			
Mailing Address 1259 Rickert Dr Ste 101			01	/ D D 20	/ Y	y y 2016	Y
City Naperville	State IL	Zip Code 60540		action ID: of Each Re		s Period	_
FEC ID number of contributing federal political committee.	С			7		250.0	0
Name of Employer	Occupation	1	- Mer	no ltem			
DuPage Medical Group	Orthopaedi	c Surgeon	_				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00					
SUBTOTAL of Receipts This Page (optional)		······		7	7	1250.0)0

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

FEC Schedule A (Form 3X) Rev. 12/2015

.. dulo(a)

FOR LINE NUMBER:

PAGE 66 OF

350

ITEMIZED RECEIPTS			Ose separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	for commercial purposes, other than using th			rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of th	ne America	an Association of Ortho	paedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) James Michael Grimes MD Mailing Address 1 Orthopaedic PI City Saint Augustine FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Associates of St Augustine	State FL Occupation Orthopaedi		Date of Receipt 01 20 2016 Transaction ID : 7804458 Amount of Each Receipt this Period 500.00 Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
в.	Full Name (Last, First, Middle Initial) James C Karegeannes MD Mailing Address 123 Skyview Dr City	State	Zip Code	Date of Receipt
	Asheville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	NC C Occupation Orthopaedid	28804-2720	Transaction ID : 7804459 Amount of Each Receipt this Period 1000.00 Memo Item
 C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Michael Alan MacKay MD		, 1000.00	Date of Receipt
	Mailing Address Orthopaedic Surgeons of Oa 90 Vermont Ave Ste 300 City Oak Ridge FEC ID number of contributing	State TN	Zip Code 37830-6478	M M M / D D / Y Y Y Y 01 20 2016 Transaction ID : 7804460 Amount of Each Receipt this Period
	federal political committee. Name of Employer Ortho Tennessee Receipt For: Primary General Other (specify) ▼	C Occupation Orthopaedi Aggregate		Memo Item
s	UBTOTAL of Receipts This Page (optional)			1800.00

TOTAL This Period (last page this line number only)...... ____ _____ 1.

FOR LINE NUMBER:

PAGE 67 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	he American Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. David A Halsey MD Mailing Address 151 Proctor Kelly Lane City Shelburne FEC ID number of contributing federal political committee. Name of Employer Fletcher Allen Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code VT 05482 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Patrick G Kirk MD Mailing Address 8405 Eustisfarm Ln City Cincinnati FEC ID number of contributing federal political committee. Name of Employer The Christ Hospital Receipt For: Primary General Other (specify) ▼	State Zip Code OH 45243 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
C. Full Name (Last, First, Middle Initial) Ward Sayre Oakley Jr, MD Mailing Address P.O. Box 63 City Pinehurst FEC ID number of contributing federal political committee. Name of Employer Pinehurst Surgical Clinic Receipt For: Primary General Other (specify) ▼	State NC Zip Code 28370-0063 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt 01 22 2016 Transaction ID : 7804748 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe		1500.00

FOR LINE NUMBER:

PAGE 68 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	Image: Check only one) X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any pe ne name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	he American Association of Ortho	paedic SurgeonsPAC of AAOS		
A. Joseph W Clark MD Mailing Address 5710 Macon Drive	State Zip Code	Date of Receipt 01 22 2016 Transaction ID : 7804751		
Huntsville FEC ID number of contributing federal political committee.	AL 35802	Amount of Each Receipt this Period		
Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Memo Item		
B. Full Name (Last, First, Middle Initial) Mailing Address 1210 W 18th Street Ste G01		Date of Receipt		
City Sioux Falls FEC ID number of contributing federal political committee.	State Zip Code SD 57104	Transaction ID : 7804752 Amount of Each Receipt this Period 250.00		
Name of Employer Sanford Health Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Memo Item		
Full Name (Last, First, Middle Initial) C. Andrew A Brooks MD		Date of Receipt		
Mailing Address 14159 Beresford Rd City Beverly Hills FEC ID number of contributing federal political committee. Name of Employer Southern California Orthopedics Receipt For: Primary General Other (specify) ▼	State CA Zip Code 90210 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Model 22 2016 Transaction ID : 7804754 Amount of Each Receipt this Period 1000.00 Memo Item		
SUBTOTAL of Receipts This Page (optional)	•	2250.00		

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

FEC Schedule A (Form 3X) Rev. 12/2015

7

senarate schedule(s)

FOR LINE NUMBER:

PAGE 69 OF

350

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	Check only one) 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the Americ	an Association of Ortho	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) Gregory J Austin MD Mailing Address 26 Narragansett Bay Ave			Date of Receipt
City Warwick	State RI	Zip Code 02889-6608	Transaction ID : 7804782 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Orthopaedic Associates, Inc	Occupation Orthopaedi		Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]
B. Thomas S Gorsche MD Mailing Address 1633 Dakota Drive			Date of Receipt
City	State	Zip Code	01 22 2016
Waterloo	IA	50701	Transaction ID : 7804783 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer CVMS	Occupation Orthopaedi		Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) C. Kevin Charles Booth MD			Date of Receipt
Mailing Address 1078 S. Wedgewood Rd			01 / Y Y Y Y 22 2016
City San Ramon	State CA	Zip Code 94582	Transaction ID : 7804785 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation	1	Memo Item
NCSI	Orthopaedi	ic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (optional)		1750.00

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

FEC Schedule A (Form 3X) Rev. 12/2015

7

.

FOR LINE NUMBER:

PAGE 70 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) $\begin{array}{c c} \hline X \\ 11a \\ 13 \\ 14 \\ 15 \\ 16 \\ 17 \\ 17 \\ 16 \\ 17 \\ 17 \\ 17 \\ 17 \\ 17 \\ 17 \\ 17 \\ 17$
Any information copied from such Reports and s or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of th	e American Association of Orthe	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) John Marshall Knight MD Mailing Address 2405 Shadelands Dr Ste 210 City Walnut Creek FEC ID number of contributing federal political committee. Name of Employer Muir Orthopaedic Specialists Receipt For: Primary General Other (specify) ▼	State Zip Code C 94598 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt 01 22 2016 Transaction ID : 7804786 Amount of Each Receipt this Period 250.00 Memo Item
Full Name (Last, First, Middle Initial) B. Charles Cannon Edwards II, MD Mailing Address 308 N Wind Rd City Towson FEC ID number of contributing federal political committee. Name of Employer The Maryland Spine Center Receipt For: Primary General Other (specify) ▼	State Zip Code MD 21204 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt 01 22 2016 Transaction ID : 7804790 Amount of Each Receipt this Period 250.00 Memo Item
Full Name (Last, First, Middle Initial) Matthew R Brand MD Mailing Address Finger Lake Ortho Surgery 300 Hoffman St City Elmira FEC ID number of contributing federal political committee. Name of Employer Arnot Ogden Medical Center Receipt For: Primary General Other (specify) ▼	State NY Zip Code 14905 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt 01 22 2016 Transaction ID : 7804791 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		750.00

.... dulo(a) .

FOR LINE NUMBER:

PAGE 71 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	ne American Association of Ortho	ppaedic SurgeonsPAC of AAOS	
Full Name (Last, First, Middle Initial) A. Joseph E Slappey Jr, MD		Date of Receipt	
Mailing Address 350 North Rivoli Farms Drive	9	01 22 2016	
City Macon	State Zip Code GA 31210	Transaction ID : 7804793 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer OrthoGeorgia	Occupation Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
B. Steven I Grindel MD Mailing Address 7615 N Beach Dr		Date of Receipt	
City Fox Point	State Zip Code WI 53217	Transaction ID : 7804794 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	250.00	
Name of Employer Medical College of Wisconsin	Occupation Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) C. Mark A Noffsinger MD		Date of Receipt	
Mailing Address 9111 Pq Ave		M M / D D / Y Y Y Y 01 23 2016	
City Mattawan	StateZip CodeMI49071-9427	Transaction ID : 7804828 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer	Occupation	Memo Item	
Borgess Health Alliance Receipt For:	Orthopaedic Surgeon		
Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional)	▶	750.00	

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

FEC Schedule A (Form 3X) Rev. 12/2015

10

FOR LINE NUMBER:

PAGE 72 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	Image: Conceck only one) Image: The second secon
Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any pe ne name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	he American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) D Kay Kirkpatrick MD Mailing Address 2926 Ashebrooke Dr		Date of Receipt
City Marietta	State Zip Code GA 30068	01 23 2016 Transaction ID : 7804830 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Resurgens Orthopaedics Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	— Memo Item
B. Full Name (Last, First, Middle Initial) Mailing Address 2266 Morgan Ave N		Date of Receipt
City	State Zip Code	01 23 2016 Transaction ID : 7804834
West Lakeland FEC ID number of contributing federal political committee.	MN 55082	Amount of Each Receipt this Period
Name of Employer Twin Cities Orthopaedics	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) C. Robert J Benz MD		Date of Receipt
Mailing Address 2107 Linden Lake Road		01 / Y Y Y Y 24 2016
City Fort Collins	StateZip CodeCO80524	Transaction ID : 7819203 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Memo Item
Ortho & Spine Ctr of Rockies Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	▶	1875.00

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

FEC Schedule A (Form 3X) Rev. 12/2015

.
Use separate schedule(s)

FOR LINE NUMBER:

PAGE 73 OF

350

ITEMIZED RECEIPTS			Use separate schedule(s)		(check only one)						
11			for each category of the Detailed Summary Page		X 11a		11b 14	11c		12	17
Ar	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma	A not be sold or used by any pe ddress of any political committee	erso	13 n for the	purp purp	oose o	f solicitir		16 ntributi mmitte	ons
	NAME OF COMMITTEE (In Full)		duress of any pointear committee	. 10				noni su			
$\left \right\rangle$	Political Action Committee of the	he America	an Association of Ortho	ppa	iedic S	Sur	geon	ISPA	C o	of AA	OS
Α.	Full Name (Last, First, Middle Initial) Mark A Dodson MD				Date of	f Re	ceipt				
	Mailing Address 3444 Masonic Dr					01 25 2016					
	City Alexandria	State LA	Zip Code 71301	_				: 782080 Receipt 1		eriod	
	FEC ID number of contributing federal political committee.	С					7			1000.0	0
	Name of Employer	Occupation	I	_	Me	mo l	tem				
	Mid-State Orthopaedics & Sports	Orthopaedi	c Surgeon								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		1000.00								
В.	Full Name (Last, First, Middle Initial) Gregory Alexander Brown MD, Ph	D			Date of	f Re	ceipt				
	Mailing Address 7690 Thornapple Club Dr SE				01 25 2016						
	City	State	Zip Code					782137			
	Ada	MI	49301-9435	_	Amount	t of	Each I	Receipt	this P	eriod	
	FEC ID number of contributing federal political committee.	С					7			1000.0	0
	Name of Employer Olympia Orthopaedic Associates	Occupation Orthopaedic			Me	mo l	tem				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		, 1000.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Mark E Baratz MD	1			Date of	f Re	ceipt				
	Mailing Address 2000 Oxford Dr Suite 510				01	/	D 25)16	Y
	City	State PA	Zip Code		Trans	act	ion ID	: 782319	92		
	Eethel Park FEC ID number of contributing		15102		Amount	t of	Each I	Receipt	this P		_
	federal political committee.	С			Ma	mo l	, L	7		500.0	0
	Name of Employer	Occupation					cent.				
	University of Pittsburgh Medical Cente Receipt For:	Orthopaedi	<u> </u>								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
s	SUBTOTAL of Receipts This Page (optional)		•	 -			7	7	2	2500.0	0

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

.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 74 OF

350

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only 11a 13	y one) 11b 14	11c 15	12 16 17
	y information copied from such Reports and S for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	paedic S	Surgeons	sPA(C of AAOS
A .	Full Name (Last, First, Middle Initial) Junichi Tamai MD Mailing Address 356 Warren Ave City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Cincinnati Childrens Medical Receipt For: Primary General Other (specify)	State OH C Occupation Orthopaedia Aggregate		Amount	Receipt 22 action ID : of Each R	7824137	2016 is Period 500.00
в.	Full Name (Last, First, Middle Initial) Chris John Dangles MD Mailing Address 1107 W University Ave City Champaign	State	Zip Code 61821	01 Trans	Receipt	7824141	2016
	FEC ID number of contributing federal political committee. Name of Employer Gibson Area Hospital Receipt For:	C Occupation Orthopaedic Aggregate			moltem		250.00
с.	Full Name (Last, First, Middle Initial) Jeffrey R Kuhlman MD Mailing Address 179 Arnold Palmer Dr City Advance FEC ID number of contributing federal political committee. Name of Employer Piedmont Healthcare, PA Receipt For: Primary General Other (specify)	State NC C Occupation Orthopaedia Aggregate		Amount	Receipt 22 action ID : of Each R	7824143	
5	UBTOTAL of Receipts This Page (optional)		•••••••				1000.00

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

FOR LINE NUMBER:

PAGE 75 OF

350

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)				
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	and Statements may not be sold or used by any pe ng the name and address of any political committee	prson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)						
Political Action Committee	of the American Association of Ortho	paedic SurgeonsPAC of AAOS				
Full Name (Last, First, Middle Initial) A. Humberto A Galleno MD		Date of Receipt				
Mailing Address Inter-Community Prof P	laza					
315 N 3rd Ave Ste 302 City	State Zip Code	01 22 2016 Transaction ID : 7824144				
Covina	CA 91723-1916	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation	Memo Item				
Self Employed	Orthopaedic Surgeon					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	250.00					
Full Name (Last, First, Middle Initial) B. John A Papa MD		Date of Receipt				
Mailing Address 1440 Hibiscus Ave		01 22 2016				
City	State Zip Code	Transaction ID : 7824146				
Winter Park	FL 32789	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	500.00				
Name of Employer	Occupation	Memo Item				
Jewett Orthopaedic Clinic	Orthopaedic Surgeon	_				
Receipt For:	Aggregate Year-to-Date ▼					
Other (specify) V	500.00					
Full Name (Last, First, Middle Initial) C. James Vincent Bruno MD		Date of Receipt				
Mailing Address 37832 Atkins Knoll		01 22 2016				
City	State Zip Code	Transaction ID : 7824149				
Oconomowoc	WI 53066-3921	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation	Memo Item				
Fort Medical Group	Orthopaedic Surgeon	_				
Receipt For:	Aggregate Year-to-Date ▼					
Other (specify)	250.00					
	nal) 🕨	1000.00				
I THE THIS FERIOD (last page this line hu	mber only)					

FOR LINE NUMBER:

PAGE 76 OF

350

ITEMIZED RECEIPTS			Use separate schedule(s)		(check only one)					
11			for each category of the Detailed Summary Page	X 11a	1 🗌	11b	11c	12		
A	w information pariod from such Departs and (totomonte an	w not be cold or used by service	13		14	15	16	17 utiono	
	y information copied from such Reports and S for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full)									
	Political Action Committee of th	e America	an Association of Ortho	paedic	Su	rgeon	sPA	C of A	AOS	
Α.	Full Name (Last, First, Middle Initial) Kent Jason Lowry MD			Date	of R	eceipt				
	Mailing Address 3746 N Faust Lake Rd	M	Date of Receipt							
	City	State	Zip Code	0 [*]		22 tion ID -	7824150	2016	_	
	Rhinelander	WI	54501				Receipt th		ł	
	FEC ID number of contributing federal political committee.	С				л. Г		500	.00	
	Name of Employer	Occupation		I	Лето	ltem				
	Ascension Health	Orthopaedi	c Surgeon							
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Primary General Other (specify) ▼		500.00							
			7							
в.	Full Name (Last, First, Middle Initial) Robert A Gurtler MD			Date	of R	eceipt				
	Mailing Address 700 Ute Ave Unit 304			0		22		2016	Y	
	City	State	Zip Code				7824152			
	Aspen	CO	81611				Receipt th		k	
	FEC ID number of contributing federal political committee.	С				л. Т	7	250	.00	
	Name of Employer	Occupation		- 11	Memo	ltem				
	Carle Clinic Assoc	Orthopaedic	c Surgeon							
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Other (specify)		, 250.00							
— c.	Full Name (Last, First, Middle Initial) Brett Raymond Grebing MD			Date	of R	eceipt				
	Mailing Address 719 Schwarz Rd			0		25		2016	Y	
	City	State	Zip Code	Tra	insac	tion ID :	7824179			
	Edwardsville	IL	62025	Amo	unt of	Each F	Receipt th	is Period	ł	
	FEC ID number of contributing federal political committee.	С			1000.00				.00	
	Name of Employer	Occupation		- LI'	Memo	Item				
	Self Employed	Orthopaedi	c Surgeon							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		1000.00							
			7 7 7							
s	UBTOTAL of Receipts This Page (optional)				_	7		1750	.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 77 OF 35 (check only one)
		Detailed Summary Page	11 110 110 110 112 13 14 15 16 1
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and a	ddress of any political committee	
	the America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) John Anthony DiPreta MD			Date of Receipt
Mailing Address 1367 Washington Ave Ste	State	Zip Code	01 22 2016 Transaction ID : 7824182
Albany	NY	12206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation	1	— Memo Item
Capital Region Orthopaedics	Orthopaedi	c Surgeon	_
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		500.00	
Full Name (Last, First, Middle Initial) Paul T Rud MD			Date of Receipt
Mailing Address 15684 Birchwood Ln	Mailing Address 15684 Birchwood Ln		01 22 _2016 _
City	State	Zip Code	Transaction ID : 7824184
Brainerd	MN	56401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation	1	Memo Item
Self Employed	Orthopaedie		_
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		, 250.00	
Full Name (Last, First, Middle Initial) C. Xavier A Duralde MD			Date of Receipt
Mailing Address 2045 Peachtree Road NE			
Suite 700 City	State	Zip Code	01 22 2016 Transaction ID : 7824185
Atlanta	GA	30309-1476	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation	1	Memo Item
Peachtree Orthopaedics	Orthopaedi	c Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optional))		1000.00
TOTAL This Period (last page this line numb	per only)		

FOR LINE NUMBER:

PAGE 78 OF

			Use separate schedule(s)	(check o	nly or	ne)			
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a]11b	11c	12	
				13		14	15	16	17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements mana and a	y not be sold or used by any poddress of any political committee	erson for th e to solicit c	e pur ontrib	pose of outions	soliciting	g contribu h commit	itions tee.
\setminus	NAME OF COMMITTEE (In Full)				_				
	Political Action Committee of the	e America	an Association of Ortho	opaedic	Sur	geon	sPA	C of A	AOS
/	Full Name (Last, First, Middle Initial)								
Α.	Thomas J Nordstrom MD			Date	of Re	eceipt			
	Mailing Address 28 Gateshead Drive			01		22		2016	Y
	City	State	Zip Code				7824186		
	Bridgewater	NJ	08807					nis Perioc	ł
	FEC ID number of contributing	С						500	00
	federal political committee.	C			-	7		500	.00
	Name of Employer	Occupation		N	lemo	ltem			
	Summit Medical Group	Orthopaedic	c Surgeon						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General		500.00	1					
	Other (specify)		, , , , , , , , , , , , , , , , , , , ,						
	Full Name (Last, First, Middle Initial)								
В.	Christopher T Donaldson MD			Date	of Re	eceipt			
	Mailing Address 1500 Donato Ct			M				Y Y	Y
	City	State	Zip Code	01		22 ion ID :	7824188	2016	
	Johnstown	PA	15905					nis Perioc	ł
	FEC ID number of contributing								
	federal political committee.	С				7		250	.00
	Name of Employer	Occupation			lemo	ltem			
	Western PA Orthopaedics	Orthopaedic	Surgeon						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Other (specify) ▼		250.00	1					
			, , , , , , , , , , , , , , , , , , , ,						
~	Full Name (Last, First, Middle Initial) Shelden L Martin MD			Date	of Pr				
.	Mailing Address 10720 E Cholla Ln					ceipt) / V	Y Y	V
				01		22		2016	
	City	State	Zip Code	Tra	nsact	ion ID :	7824189)	
	Scottsdale	AZ	85259-3861	Amou	int of	Each F	Receipt th	nis Perioo	1
	FEC ID number of contributing federal political committee.	С				7	9	250	.00
	Name of Employer	Occupation			lemo	ltem			
	OrthoArizona	Orthopaedic	c Surgeon						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General	20 0 1		1					
	Other (specify)		250.00						
Г				_	-				_
s	UBTOTAL of Receipts This Page (optional)		••••••	. L.		7		1000	.00
Ļ	OTAL This Devied (last page this line much an								
L 1	OTAL This Period (last page this line number of	лну)	••••••			7			

FOR LINE NUMBER:

PAGE 79 OF

350

ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)					
11			for each category of the Detailed Summary Page	X 11a	a 🗌	11b	11c	12	<u> </u>
A	ny information copied from such Reports and	Statements ma	Ay not be sold or used by any pe	erson for th	ne pur	14 pose of	15 soliciting	contribu	Itions
Por	for commercial purposes, other than using th	e name and a	ouress of any political committee	IU SOIICIT	contrib	outions 1	TOTT SUC	i commit	iee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the	ne America	an Association of Ortho	opaedic	Sur	geon	sPA(C of A	AOS
Α.	Full Name (Last, First, Middle Initial) Lana Kang MD			Date	of Re	eceipt			
	Mailing Address 520 E 76th St Apt 12B			M	M /	D) / Y	2016	Y
	City	State	Zip Code	0 [.] Tra		22 ion ID :	7824190	2016	
	New York	NY	10021-3169				Receipt th		
	FEC ID number of contributing federal political committee.	С				,		300.	.00
	Name of Employer	Occupation	1		Memo I	ltem			
	Hospital for Special Surgery	Orthopaedi	c Surgeon						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Other (specify)		300.00						
В.	Full Name (Last, First, Middle Initial) Rick W Wright MD	I		Date	of Re	eceipt			
	Mailing Address Department of Orthopaedic S 660 South Euclid Avenue, Ca			0.	M /	22	/ Y	2016	Y
	City	State	Zip Code				7824196		
	Saint Louis	MO	63110				leceipt th		
	FEC ID number of contributing federal political committee.	C				7		250.	.00
	Name of Employer	Occupation		- 🗌 '	Nemo	ltem			
	Washington University	Orthopaedie	c Surgeon						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Other (specify)		, 250.00						
С.	Full Name (Last, First, Middle Initial) Jerry L Followwill MD	I		Date	of Re	eceipt			
	Mailing Address 1065 Westpark Ave			м 0		22		ү ү 2016	Y
	City	State TX	Zip Code				7824198		
	Victoria		77905	Amo	unt of	Each F	leceipt th	is Period	
	FEC ID number of contributing federal political committee.	С			Aorea			500.	.00
	Name of Employer	Occupation			Memol	nem			
	Victoria Orthopaedic Center	Orthopaedi	c Surgeon	_					
	Receipt For:	Aggregate	Year-to-Date ▼	_					
	Other (specify)		500.00						
s	SUBTOTAL of Receipts This Page (optional)					,		1050.	00

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

1.

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 80 OF 350 (check only one)
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) David A Carrier MD Mailing Address 20 Hagen Dr Ste 110			Date of Receipt
	City Rochester	State NY	Zip Code 14626	Transaction ID : 7824201 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed Receipt For:	Occupation Orthopaedie Aggregate		— Memo Item
	Full Name (Last, First, Middle Initial) Robert H Harrington MD			Date of Receipt
	Mailing Address 7 Marsh Brook Dr Ste 205			01 22 2016
	City Somersworth	State NH	Zip Code 03878	Transaction ID : 7824203 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Seacoast Ortho & Sports Medicine Receipt For:	Occupation Orthopaedic		— Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
c.	Full Name (Last, First, Middle Initial) Richard A Rubinstein Jr, MD			Date of Receipt
	Mailing Address 2259 NE 31st City	State	Zip Code	01 22 2016
	Portland	OR	97212-5102	Transaction ID : 7824204 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Orthopaedi		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
	OTAL This Period (last page this line number o		r	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 81 OF 350 (check only one) Image: Check only one in the image: Check only one in the image: Check on the	
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
$\Big\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	opaedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) Erik J Bruce MD Mailing Address 365 Heritage loop			Date of Receipt
	City	State	Zip Code	01 22 2016 Transaction ID : 7824207
	Hutto	ТХ	78634-3121	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation	1	Memo Item
	Self Employed	Orthopaedi	c Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00]
В.	Full Name (Last, First, Middle Initial) Karl Andrew Bergmann MD			Date of Receipt
	Mailing Address 19255 Walnut St.	01 22 2016		
	City	State	Zip Code	Transaction ID : 7824208
	Omaha	NE	68130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer CHI Health Clinic	Occupation		Memo Item
	Receipt For:	Orthopaedic	-	_
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	L	500.00]
c.	Full Name (Last, First, Middle Initial) Kourosh Korsh Jafarnia MD			Date of Receipt
	Mailing Address 6400 Fannin St Suite 1700			M M / D D / Y Y Y Y 01 22 _ 2016 _
	City	State	Zip Code	Transaction ID : 7824243
	Houston	ТХ	77030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation	1	Memo Item
	UT Physicians	Orthopaedi	c Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		500.00]
s	UBTOTAL of Receipts This Page (optional)			1500.00
т	OTAL This Period (last page this line number of	only)		

FOR LINE NUMBER:

PAGE 82 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th		
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	ne American Association of Orth	opaedic SurgeonsPAC of AAOS
A. Paul R Gregory MD Mailing Address 4627 King Ranch Place		Date of Receipt
City Granite Bay	State Zip Code CA 95746	01 22 2016 Transaction ID : 7824244 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Memo Item
B. Mark W Diehl MD Mailing Address 1110 Hazeltine Ln		Date of Receipt
City	State Zip Code	01 22 2016 Transaction ID : 7824245
Kennesaw FEC ID number of contributing federal political committee.	GA 30152	Amount of Each Receipt this Period
Name of Employer Pinnacle Orthopaedics	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	1
Full Name (Last, First, Middle Initial) C. David Mark Christensen MD		Date of Receipt
Mailing Address Ste 1301 <u>1411 Falls Ave East</u> City	State Zip Code	01 22 2016
Twin Falls	ID 83301	Transaction ID : 7824246 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Memo Item
Intermountain Spine & Ortho Receipt For:	Orthopaedic Surgeon	
Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	1
SUBTOTAL of Receipts This Page (optional)	 	1000.00

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

18

.

FOR LINE NUMBER:

PAGE 83 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a	ts may not be sold or used by any period address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Association of Ortho	ppaedic SurgeonsPAC of AAOS
Receipt For: Aggre Primary General Other (specify) ▼	92868-3856	Date of Receipt 01 22 2016 Transaction ID : 7824248 Amount of Each Receipt this Period 250.00 Memo Item
Dessint For:	29223-5911	Date of Receipt
Boogint For:	40509	Date of Receipt 01 22 2016 Transaction ID : 7824252 Amount of Each Receipt this Period 500.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		1750.00

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

9

.

FOR LINE NUMBER:

PAGE 84 OF

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committ	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
✓ Full Name (Last, First, Middle Initial) A. Sean Lager MD Mailing Address 101 Leonard Street	State NY Zip Code 10013-4095 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) Jeffrey Kleiner MD Mailing Address P.O. Box 6287 City Denver FEC ID number of contributing federal political committee. Name of Employer Spine Consultants Receipt For: Primary General Other (specify)	State Zip Code C 80206-0287 Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt 01 22 2016 Transaction ID : 7824254 Amount of Each Receipt this Period 500.00 Memo Item
Full Name (Last, First, Middle Initial) Todd V Swanson MD Mailing Address 42 Meadowhawk Ln City Las Vegas FEC ID number of contributing federal political committee. Name of Employer Desert Orthopaedic Center Receipt For: Primary General Other (specify)	State Zip Code NV 89135-5201 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt 01 22 2016 Transaction ID : 7824257 Amount of Each Receipt this Period 500.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		► 1500.00

soparato schodulo(s)

FOR LINE NUMBER:

PAGE 85 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
or for commercial purposes, other than using	d Statements may not be sold or used by any p the name and address of any political committee	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of Orthe	opaedic SurgeonsPAC of AAOS
A. Robert Elliot Schwartz MD Mailing Address 6016 Lazo Del Norte		Date of Receipt
City Las Cruces	StateZip CodeNM88011-2622	01 22 2016 Transaction ID : 7824258 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00 Memo Item
Name of Employer Memorial Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) B. Peter F Sharkey MD Mailing Address Rothman Institute 1118 W Baltimore Pike Ster City	State Zip Code	Date of Receipt
Media FEC ID number of contributing federal political committee.	PA 19063-6107	Amount of Each Receipt this Period
Name of Employer Reconstruction Ortho. Assoc. Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Daniel K Wilcox MD Mailing Address 1109 Tall Pines Ct		Date of Receipt
City Petoskey	StateZip CodeMI49770	Transaction ID : 7824435 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Self Employed Receipt For: Primary General	Orthopaedic Surgeon Aggregate Year-to-Date ▼	
federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon	250. Memo Item

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

10

.

FOR LINE NUMBER:

PAGE 86 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any pe ne name and address of any political committee	trson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS									
A. Full Name (Last, First, Middle Initial) Alan W Christensen MD Mailing Address 1011 Lincoln Circle		Date of Receipt							
City Winter Park	StateZip CodeFL32789	Transaction ID : 7824954 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	500.00							
Name of Employer Orlando Orthopaedic Center Receipt For: Primary General Other (specify) v	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Memo Item							
Full Name (Last, First, Middle Initial) B. William Rozzi MD Mailing Address 51116 Shamrock Hills Ct		Date of Receipt							
City	State Zip Code	01 26 2016 Transaction ID : 7824965							
Granger FEC ID number of contributing federal political committee.	IN 46530-7824	Amount of Each Receipt this Period							
Name of Employer South Bend Orthopedics	Occupation Orthopaedic Surgeon	— Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00								
Full Name (Last, First, Middle Initial) C. Julie M Keller MD		Date of Receipt							
Mailing Address 75 Forest Hills Way		01 26 2016							
City Cedar Grove	StateZip CodeNJ07009	Transaction ID : 7825183 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	250.00							
Name of Employer	Occupation	Memo Item							
Self Employed Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00								
SUBTOTAL of Receipts This Page (optional)	•	1250.00							

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

FEC Schedule A (Form 3X) Rev. 12/2015

7

Use separate schedule(s)

SCHEDULE A (FEC Form 3X)		Lloo poperato pobladula(a)	FOR LINE NUMBER: PAGE 87 OF 350					
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)					
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1					
			erson for the purpose of soliciting contributions					
	ng the name and a	ddress of any political committee	e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Political Action Committee of	of the America	an Association of Ortho	opaedic SurgeonsPAC of AAOS					
Full Name (Last, First, Middle Initial) A. Stefano Alec Bini MD			Date of Receipt					
Mailing Address 148 Wildwood Gdns			01 / Y Y Y Y Y 26 2016					
City Piedmont	State CA	Zip Code 94611-3834	Transaction ID : 7825185					
	UA .	94011-3834	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		250.00					
Name of Employer	Occupation		Memo Item					
Kaiser Redwood City	Orthopaedi	c Surgeon	_					
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		250.00						
Full Name (Last, First, Middle Initial) B. William H Seitz Jr, MD			Date of Receipt					
Mailing Address 1730 W 25th St			01 26 2016					
City	State	Zip Code	Transaction ID : 7825187					
Cleveland	ОН	44113	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		250.00					
Name of Employer	Occupation		Memo Item					
Cleveland Clinic	Orthopaedic	c Surgeon						
Receipt For: Primary General	Aggregate	Year-to-Date ▼	_					
Other (specify)		250.00						
Full Name (Last, First, Middle Initial) C. John J McGraw MD			Date of Receipt					
Mailing Address 1541 Mill Springs Rd			01 25 2016					
City New Market	State TN	Zip Code 37820	Transaction ID : 7825189					
FEC ID number of contributing federal political committee.	C	57620	Amount of Each Receipt this Period					
Name of Employer Occupation			Memo Item					
OrthoTennessee	Orthopaedi		_					
Receipt For: Aggregation Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	1					
		AF	1					
SUBTOTAL of Receipts This Page (option	al)		1500.00					

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

FEC Schedule A (Form 3X) Rev. 12/2015

. ____

.... odulo(e)

FOR LINE NUMBER:

PAGE 88 OF

350

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	Check only one) X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and S for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	paedic SurgeonsPAC of AAOS					
Α.	Full Name (Last, First, Middle Initial) Thomas J Dowling Jr, MD			Date of Receipt					
	Mailing Address 763 Larkfield Rd 2nd Fl			01 25 2016					
	City Commack	State NY	Zip Code 11725-3131	Transaction ID : 7825190 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		1000.00					
	Name of Employer Long Island Spine Specialists	Occupation Orthopaedic		— Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00						
В.	Full Name (Last, First, Middle Initial) Alan S Hilibrand MD			Date of Receipt					
	Mailing Address 225 North Latches Lane		01 25 _2016 _						
	City	State	Zip Code	Transaction ID : 7825191					
	Merion Station	PA	19066	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		1000.00					
	Name of Employer Reconstruction Ortho. Assoc.	Occupation Orthopaedic		Memo Item					
	Receipt For:		Year-to-Date ▼	-					
	Primary General Other (specify) ▼		1000.00						
	Full Name (Last, First, Middle Initial) Kristoffer Meyers Breien MD			Date of Receipt					
	Mailing Address 10977 57th St N			M M / D D / Y Y Y Y Y 01 25 _ 2016 _					
	City Lake Elmo	State MN	Zip Code 55042-9697	Transaction ID : 7825192 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		1000.00					
	Name of Employer	Occupation		Memo Item					
	Summit Orthopedics	Orthopaedi	c Surgeon	_					
	Receipt For: Primary General Other (specify) ▼								
s	JBTOTAL of Receipts This Page (optional)			3000.00					

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

FEC Schedule A (Form 3X) Rev. 12/2015

7

.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 89 OF

350

ITEMIZED RECEIPTS			Use separate schedule(s)		(check only one)						
			for each category of the Detailed Summary Page	X 11a	11		11c	12 16	17		
Any information or for commerc	copied from such Reports and a ial purposes, other than using th	Statements ma e name and a	ay not be sold or used by any pe ddress of any political committee	erson for th	e purpos	se of sol	iciting c	ontribut	ions		
	OMMITTEE (In Full)										
		ne America	an Association of Ortho	paedic	Surge	eons	PAC	of AA	OS		
	₋ast, First, Middle Initial) Iiggins MD			Date	of Rece	ipt					
	ess 102 Estates Dr			M	M /	D D	/ Y	Y Y	Y		
City		State	Zip Code	01		25		2016			
Thibodaux		LA	70301			ID : 782 ach Rece		Period			
	ber of contributing cal committee.	С					7	250.0	00		
Name of Em	ployer	Occupation		— N	lemo Iter	n					
OrthoLouisia	nna	Orthopaedi	c Surgeon								
Receipt For:		Aggregate	Year-to-Date ▼								
Primar			250.00								
Other	(specify) 🔻		250.00								
Full Name (I B. Robert V	ast, First, Middle Initial) Dawe MD			Date	of Rece	ipt					
Mailing Addr	ess 75 Kings Hwy Cutoff Ste 100			01							
City		Zip Code			ID : 782						
Fairfield		СТ	06430-6537	Amou	unt of Ea	ach Rece	eipt this	Period			
	ber of contributing cal committee.	C			7		7	500.0	00		
Name of Em	ployer	Occupation		Memo Item							
Orthopaedic	Specialty Group	Orthopaedic	c Surgeon								
Receipt For:		Aggregate	Year-to-Date 🔻								
Primar			500.00								
Other	(specify) 🔻		, , , , , , , , , , , , , , , , , , , ,								
Full Name (I C. Franklin	∟ast, First, Middle Initial) Mirrer MD			Date	of Rece	ipt					
Mailing Addr	ess 351 Elm Grove Ave			M 01		25		y y 2016	Y		
City		State	Zip Code	Tra	nsactior	n ID : 782	25198				
Providence		RI	02906	Amou	unt of Ea	ach Rece	eipt this	Period			
	ber of contributing cal committee.	С			7		7	250.0	00		
Name of Em	ployer	Occupation			lemo Iter	n					
Self Employe	ed	Orthopaedi	c Surgeon								
Receipt For:		Aggregate	Year-to-Date ▼								
Other	y General (specify) V		250.00								
SUBTOTAL of	Receipts This Page (optional)						5	1000.0	0		

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

10

7 7 7

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 90 OF

350

		Use separate schedule(s)		(check only one)								
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a	11b		1c	12 16	17		
	y information copied from such Reports and s for commercial purposes, other than using the				for the	purpose	of solid	citing c	contributi	ions		
<u>, , , , , , , , , , , , , , , , , , , </u>	NAME OF COMMITTEE (In Full)											
$\left \right\rangle$	Political Action Committee of th	e America	an Association of Ortho	ора	edic S	Surgeo	onsF	PAC	of AA	OS		
Α.	Full Name (Last, First, Middle Initial) Patrick McNulty MD				Date of	Receipt	t					
	Mailing Address 10981 Keymar Dr				м м 01	/ D	25 /		y y 2016	Y		
	City Las Vegas	State NV	Zip Code 89135-1718			action I			Period			
	FEC ID number of contributing federal political committee.	С				7		7	500.0	0		
	Name of Employer Self Employed	Occupation Orthopaedi			Me	mo ltem						
	Receipt For:		Year-to-Date ▼	_								
	Primary General Other (specify) ▼		500.00									
в.	Full Name (Last, First, Middle Initial) Daniel A Sheldon MD				Date of	Receipt	t					
	Mailing Address Suite 213 601 North Flamingo Rd				01 / Y Y Y Y Y 25 2016							
	City	State FL	Zip Code	_		action II						
	Pembroke Pines	FL.	33028	_	Amoun	t of Each	n Recei	pt this	Period			
	FEC ID number of contributing federal political committee.	С		250.00 Memo Item								
	Name of Employer Self Employed	Occupation Orthopaedic										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		250.00									
<u> </u>	Full Name (Last, First, Middle Initial) Brian R Wolf MD				Date of	Receipt	t					
	Mailing Address 66 Crabapple Ct			м м 01		25 /		y y 2016	Y			
	City	State	Zip Code		Trans	action I	D : 782	5204				
	Iowa City	IA	52246	_	Amoun	t of Each	n Recei	pt this	Period			
	FEC ID number of contributing federal political committee.	С				7		7	250.0	0		
	Name of Employer	Occupation			Me	mo ltem						
	University of Iowa	Orthopaedi	c Surgeon									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	ı								
s	UBTOTAL of Receipts This Page (optional)		······					7	1000.0	0		

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

FEC Schedule A (Form 3X) Rev. 12/2015

FOR LINE NUMBER:

PAGE 91 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(cneck only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may not be sold or used by any pe ame and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Association of Ortho	paedic SurgeonsPAC of AAOS
A. Full Name (Last, First, Middle Initial) Mailing Address 212 W Ravinswood Rd City	State Zip Code	Date of Receipt 01 25 2016 Transaction ID : 7825206
Peoria FEC ID number of contributing federal political committee. Name of Employer	IL 61615 C	Amount of Each Receipt this Period 1000.00 Memo Item
Prairie Spine & Pain Institute Receipt For: Primary General Other (specify)	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B. Donald H Rosenbaum DO Mailing Address 118 Shadowood Dr		Date of Receipt
City Warner Robins FEC ID number of contributing federal political committee.	State Zip Code GA 31088	Transaction ID : 7825208 Amount of Each Receipt this Period 250.00
Dadaa County Llaanital	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Memo Item
C. Full Name (Last, First, Middle Initial) Mailing Address 504 Observer Highway Unit 2		Date of Receipt 01 26 2016
City Hoboken FEC ID number of contributing federal political committee.	State Zip Code NJ 07030	Transaction ID : 7825281 Amount of Each Receipt this Period 350.00
	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 350.00	— Memo Item
SUBTOTAL of Receipts This Page (optional)		1600.00

Use separate schedule(s)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 92 OF 350 (check only one)					
IТ 	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$					
	y information copied from such Reports and S for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS					
Α.				Date of Receipt					
	Mailing Address 535 E 70th St			01 26 2016					
	City New York	State NY	Zip Code 10021	Transaction ID : 7825283 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		250.00					
	Name of Employer	Occupation	1	Memo Item					
	Self Employed	Orthopaedi	c Surgeon						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼						
	Other (specify)	L	250.00						
в.	Full Name (Last, First, Middle Initial) John Covey Edwards MD			Date of Receipt					
	Mailing Address 1551 S Renaissance Town Dr	01 26 _2016 _							
	City	State	Zip Code	Transaction ID : 7825284					
	Bountiful	UT	84010	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		300.00					
	Name of Employer	Occupation		Memo Item					
	Self Employed	Orthopaedie	c Surgeon						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Other (specify)		, 300.00						
— c.	Full Name (Last, First, Middle Initial) Michael A Thorpe MD								
	Mailing Address 2979 Squalicum Pkwy Ste 203	•							
	City Bellingham	State WA	Zip Code 98225-1813	01 25 2016 Transaction ID : 7825297 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		500.00					
	Name of Employer	Occupation	1	Memo Item					
	Self Employed	Orthopaedi	c Surgeon						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		500.00						
s	UBTOTAL of Receipts This Page (optional)			1050.00					

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

FEC Schedule A (Form 3X) Rev. 12/2015

SCHEDULE A (FEC Form 3X)		Jse separate schedule(s)	FOR LINE NUMBER: PAGE 93 OF 350 (check only one)						
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12						
Any information copied from such Reports and S		ot be sold or used by any pe	13 14 15 16 17						
or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) Political Action Committee of the	e American	Association of Ortho	paedic SurgeonsPAC of AAOS						
Full Name (Last, First, Middle Initial) A. William D Allen MD			Date of Receipt						
Mailing Address 1430 My Drive	-		01 25 2016						
City Zanesville	State OH	Zip Code 43701	Transaction ID : 7825298 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer	Occupation		— Memo Item						
Orthopedic Associates of Zanesville Receipt For:	Orthopaedic Su Aggregate Yea		-						
Primary General Other (specify)		250.00							
Full Name (Last, First, Middle Initial) B. William H Warden III, MD			Date of Receipt						
Mailing Address 2760 Atlantic Ave			M M / D D / Y Y Y Y 01 25 _ 2016						
City	State	Zip Code	Transaction ID : 7825300						
Long Beach	CA	90806	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		500.00						
Name of Employer Memorial Ortho Surgical Group	Occupation Orthopaedic Su	Iraeon	— Memo Item						
Receipt For:	Aggregate Yea	•	-						
Primary General Other (specify) ▼		500.00							
Full Name (Last, First, Middle Initial) C. Kenneth E Teter MD			Date of Receipt						
Mailing Address 3609 SW Kings Forest Rd			01 25 2016						
City Topeka	State KS	Zip Code 66610	Transaction ID : 7825305 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer	Occupation		— Memo Item						
Tallgrass Orthopaedics and Sports Medi Receipt For:	Orthopaedic Su		_						
Primary General Other (specify) ▼	Aggregate Yea	rr-to-Date ▼ 250.00							
SUBTOTAL of Receipts This Page (optional)			1000.00						
TOTAL This Period (last page this line number		F							

FOR LINE NUMBER:

PAGE 94 OF

		Use separate schedule(s)	(check only one)						
ILEWIZED RECEIPIS		for each category of the Detailed Summary Page							
Any information copied from such Reports and	Statemente me	av not be sold or used by any n	13 14 15 16 17						
or for commercial purposes, other than using th	ne name and a	ddress of any political committee	to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
Political Action Committee of the	he America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS						
Full Name (Last, First, Middle Initial)									
A. Soheil Motamed MD			Date of Receipt						
Mailing Address 332 42nd Ave			01 25 2016						
City	State	Zip Code	Transaction ID : 7825307						
San Mateo	CA	94403	Amount of Each Receipt this Period						
FEC ID number of contributing	С		500.00						
federal political committee.			Memo Item						
Name of Employer	Occupation								
Mission Peak Orthopaedic Receipt For:	Orthopaedic	5							
Primary General	Aggregate	Year-to-Date ▼							
Other (specify)		500.00							
Full Name (Last, First, Middle Initial) B. David Blum MD			Data of Dessist						
Mailing Address 107 Dockside Circle			Date of Receipt						
Maning Address 107 Dockside Circle			01 25 2016						
City	State	Zip Code	Transaction ID : 7825308						
Weston	FL	33327	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer	Occupation		Memo Item						
OCSF	Orthopaedic	Surgeon							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		, 250.00							
Full Name (Last, First, Middle Initial) C. Nicholas G Weiss MD			Date of Receipt						
Mailing Address 14916 122nd St N			M = M / D = D / Y = Y = Y = Y						
	Ctata	Zin Codo	01 25 2016						
City Stillwater	State MN	Zip Code 55082	Transaction ID : 7825309 Amount of Each Receipt this Period						
FEC ID number of contributing									
federal political committee.	С		500.00						
Name of Employer	Occupation								
Twin Cities Orthopaedics	Orthopaedie	c Surgeon							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General		500.00	1						
Other (specify)		g	1						
	1		1250.00						
SUBTOTAL of Receipts This Page (optional)		•••••••	1250.00						
TOTAL This Period (last page this line numbe	r only)	•••••••							

FOR LINE NUMBER:

PAGE 95 OF

350

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	Statements may he name and add	not be sold or used by any p dress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.					
	he Americar	n Association of Ortho	ppaedic SurgeonsPAC of AAOS					
A. Full Name (Last, First, Middle Initial) William Bugbee MD Mailing Address 13219 Winstanley Way			Date of Receipt					
City San Diego	State CA	Zip Code 92130-1335	01 25 2016 Transaction ID : 7825311 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		500.00					
Name of Employer Scripps Clinic Receipt For: Primary General Other (specify)	Occupation Orthopaedic S Aggregate Ye	Surgeon ear-to-Date ▼ 500.00	Memo Item					
B. Full Name (Last, First, Middle Initial) Mailing Address 1305 Westview Terrace			Date of Receipt					
City Columbia	State MO	Zip Code 65203	01 25 2016 Transaction ID : 7825315 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		225.00					
Name of Employer Columbia Orthopaedic Group	Occupation Orthopaedic S	Surgeon	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 225.00]					
Full Name (Last, First, Middle Initial) C. Harish Sadanand Hosalkar MD			Date of Receipt					
Mailing Address 15151 Almond Orchard Lar			01 / Y Y Y Y Y 25 2016					
City San Diego	State CA	Zip Code 92131	Transaction ID : 7825316 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		250.00					
Name of Employer	Occupation	0						
Self Employed Receipt For: Primary General Other (specify) ▼	Orthopaedic S	ear-to-Date ▼ 250.00]					
SUBTOTAL of Receipts This Page (optional).			975.00					

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

7

.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 96 OF

350

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check or	nly one)							
II EIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	X 11a	11b) 11c		12 16	17			
Any information copied from such Reports and	d Statements ma	Ay not be sold or used by any pe	erson for the	e purpose	e of soliciti	ng con	tributi	ons			
or for commercial purposes, other than using	the name and a	ddress of any political committee	to solicit co	ontributio	ns from sl	icn cor	nmitte	e.			
NAME OF COMMITTEE (In Full) Political Action Committee of	the Americ	an Association of Ortho	paedic S	Surge	onsPA		f AA	OS			
Full Name (Last, First, Middle Initial) A. James C Vailas MD			Date of	of Receip	ot						
Mailing Address 42 Cortland Dr			0.1	M / D	25		16	Y			
City	State	Zip Code		saction	LC ID : 78253		10				
Bedford	NH	03110	Amour	nt of Eac	h Receipt	this Pe	eriod				
FEC ID number of contributing federal political committee.	С			7		1	000.0	0			
Name of Employer	Occupation	1	M	emo ltem							
New Hampshire Orthopaedic Center	Orthopaedi	c Surgeon									
Receipt For:	Aggregate	Year-to-Date V									
Primary General Other (specify)		1000.00									
Full Name (Last, First, Middle Initial) B. Joshua J Jacobs MD			Date of	of Receip	ot						
Mailing Address 2407 Pomona Ln					01 25 2016						
City	Transaction ID : 7825318										
Wilmette	IL	60091	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		1000.00								
Name of Employer	Occupation	1	— L M	Memo Item							
Midwest Orthopaedics at Rush	Orthopaedi	c Surgeon									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		, 1000.00									
Full Name (Last, First, Middle Initial) C. Peter J Stern MD			Date of	of Receip	ot						
Mailing Address 5780 Drewry Farm Lane			01	M / D	25 /	Y Y 20		Y			
City	State OH	Zip Code			ID : 78253	-					
Cincinnati	OIT	45267	Amour	nt of Eac	h Receipt	this Pe	eriod				
FEC ID number of contributing federal political committee.	С					1	000.0	0			
Name of Employer	Occupation			emo ltem							
University of Cincinnati	Orthopaedi	3	_								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		1000.00									
SUBTOTAL of Receipts This Page (optional)						3	000.00	0			

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

7

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 97 OF 350 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	he Americ	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Charles M Blitzer MD			Date of Receipt
Mailing Address 61 Canney Rd	State	Zip Code	01 25 2016 Transaction ID : 7825320
Durham	NH	03824	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer	Occupation	1	Memo Item
Seacoast Ortho & Sports Medicine	Orthopaedi	c Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	_
Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) Jesse Ellis Templeton MD			Date of Receipt
Mailing Address 2906 Nottingham Drive	01 25 2016		
City	State OH	Zip Code 44134	Transaction ID : 7825321
		44134	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Orthopaedic Associates	Occupation		
Receipt For:	Orthopaedi	•	
Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		1000.00	
Full Name (Last, First, Middle Initial) C. Perry William Greene III, MD			Date of Receipt
Mailing Address 30575 N Woodward Ave			M M / D D / Y Y Y Y Y 01 25 2016
City Ste 100	State	Zip Code	Transaction ID : 7825322
Royal Oak	MI	48073	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer	Occupation	1	Memo Item
Oakland Orthopedic Surgeons	Orthopaedi	ic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
SUBTOTAL of Receipts This Page (optional)			3000.00
TOTAL This Period (last page this line numbe	r only)		

FOR LINE NUMBER:

PAGE 98 OF

350

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check onl X 11a 13	11b 1	1c 12 5 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the					
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e Americ	an Association of Ortho	opaedic S	SurgeonsI	PAC of AAOS
A.				Date o	f Receipt	
	Mailing Address 109 Lamplighter Ln			01	/ D D / 25	2016
	City Racine		Zip Code 53402		saction ID : 782	5323
	FEC ID number of contributing federal political committee.	С				500.00
	Name of Employer Aurora Health Care	Occupation Orthopaedi		Me	mo ltem	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00			
в.	Full Name (Last, First, Middle Initial) Byron H Izuka MD Mailing Address 98-1967 Wilou St			Date o	f Receipt	
					/ D D / 27	2016
	City Aiea	State Zip Code HI 96701			saction ID : 782 t of Each Recei	
	FEC ID number of contributing federal political committee.	С				125.00
	Name of Employer Self Employed	Occupation Orthopaedic		- Me	emo ltem	
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 125.00				
<u>с</u> .	Full Name (Last, First, Middle Initial) Byron H Izuka MD			Date o	f Receipt	
	Mailing Address 98-1967 Wilou St			01	/ D D / 27	2016
	City Aiea	State HI	Zip Code 96701		saction ID : 782 t of Each Recei	
	FEC ID number of contributing federal political committee.	С				125.00
	Name of Employer	Occupation		- Me	emo Item	
	Self Employed Receipt For:	Orthopaedi	•	_		
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
s	UBTOTAL of Receipts This Page (optional)				- 7	750.00

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

7

.

FOR LINE NUMBER:

PAGE 99 OF

350

		EIPTS Use separate schedule(s) for each category of the			(check only one)						
ITEMIZED RECEIPTS	Detailed Summary Page			11b 11c	12	_ _					
		ay not be sold or used by any p	erson for the purpo								
or for commercial purposes, oth	her than using the name and a	ddress of any political committee	e to solicit contribu	tions from such	committe	e.					
NAME OF COMMITTEE (In Political Action Com		an Association of Orthe	opaedic Surg	eonsPAC	c of AA	NOS					
Full Name (Last, First, Middl A. Richard D Guyer MD	le Initial)		Date of Rec	eipt							
Mailing Address 6020 W Par	rker Rd #200		M = M / D = D / Y = Y = Y								
City	State	Zip Code		26 on ID : 7825435	2016						
Plano	ТХ	75093	Amount of E	ach Receipt thi	is Period						
FEC ID number of contributing federal political committee.	ng C				500.0	0					
Name of Employer	Occupation	1		em							
Self Employed	Orthopaedi	c Surgeon									
Receipt For:		Year-to-Date V									
Primary Gene Other (specify) ▼		500.00									
Full Name (Last, First, Middl B. David A Mattingly MD											
Mailing Address Longwood C 830 Boylsto	Drthopedic Associates n St Ste 106		01 V	26 / Y	у у 2016	Y					
City											
Chestnut Hill	MA	02467	Amount of Each Receipt this Period								
FEC ID number of contribution federal political committee.	ng C				1000.0	0					
Name of Employer Longwood Orthopedic Associa	ates Occupation		Memo Ite	em							
Receipt For:		Year-to-Date ▼									
Primary Gene Other (specify) ▼		1000.00	1								
Full Name (Last, First, Middl C. Brian A Shaw MD	le Initial)		Date of Rec	eipt							
Mailing Address 8340 Westw	vood Rd		M M /	D D / Y 26	у у 2016	Y					
City	State	Zip Code		on ID : 7825437							
Colorado Springs	CO	80919-3243	Amount of E	ach Receipt thi	is Period						
FEC ID number of contributing federal political committee.	ng C				462.0	0					
Name of Employer	Occupation			em							
UPI	Orthopaedi	c Surgeon									
Receipt For:		Year-to-Date ▼									
Other (specify)		462.00]								
SUBTOTAL of Receipts This F	Page (optional)				1962.0	0					
· · ·	÷	•		,							

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

7

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separat	te schedule(s) tegory of the	FOR LINE NUMBER: PAGE 100 OF 350 (check only one)	
		mmary Page	X 11a 11b 11c 12 13 14 15 16 17	
or for commercial purposes, other than us			rson for the purpose of soliciting contributions to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Political Action Committee	of the American Associa	ation of Ortho	paedic SurgeonsPAC of AAOS	
Full Name (Last, First, Middle Initial) Treg D Brown MD Mailing Address 110 Sunrise Trail			Date of Receipt	
City	State Zip Code		01 26 2016	
Carbondale	IL 62902		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00 Memo Item	
Name of Employer	Occupation			
OISI Receipt For:	Orthopaedic Surgeon		-	
Primary General Other (specify)	Aggregate Year-to-Date ▼	250.00		
Full Name (Last, First, Middle Initial) Laura Lowe Tosi MD			Date of Receipt	
Mailing Address 3729 Harrison St, NW	Mailing Address 3729 Harrison St, NW			
City	State Zip Code		01 26 2016 Transaction ID : 7825452	
Washington	DC 20015-181	15	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		1000.00	
Name of Employer CNMC	Occupation		Memo Item	
Receipt For:	Orthopaedic Surgeon		_	
Primary General	Aggregate Year-to-Date ▼			
Other (specify)		1000.00		
Full Name (Last, First, Middle Initial) C. Gregory A Vrabec MD			Date of Receipt	
Mailing Address 579 White Tail Ridge I)r		01 25 _2016 _	
City	State Zip Code		Transaction ID : 7825463	
Fairlawn	OH 44333		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		1000.00	
Name of Employer	Occupation		Memo Item	
Akron General Medical Center	Orthopaedic Surgeon			
Receipt For:	Aggregate Year-to-Date v	,		
Other (specify) ▼		1000.00		
SUBTOTAL of Receipts This Page (optic	nal)	•••••	2250.00	
TOTAL This Period (last page this line n	umber only)	••••••		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 101 OF

350

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	1 `	eck only 11a 13	one) 11b 14	11c	12	17			
	ny information copied from such Reports and s for commercial purposes, other than using the NAME OF COMMITTEE (In Full) P Political Action Committee of th	e name and a	ddress of any political committee	e to so	licit con	tributions	of solicitin from suc	g contribu h commi	utions ttee.			
	Folitical Action Committee of th			pae	uic S	urgeor	15PA		AU3			
Α.	·				Date of Receipt 01 25 2016 Transaction ID : 7825464							
	Mailing Address 4050 Briarwood Dr	State	Zip Code									
	Jeannette	PA	15644				Receipt t		ł			
	FEC ID number of contributing federal political committee.							1000	.00			
	Name of Employer Ohio Valley Medical Center	Occupation Orthopaedi			Men	no ltem						
	Receipt For: Primary General Other (specify) ▼	Aggregate										
	Full Name (Last, First, Middle Initial) Samuel D Gerber MD				Date of	Receipt						
	Mailing Address 6 Ruggiero Way				M M 01	/ D		у у 2016	Y			
	City Andover	State MA	Zip Code 01810				: 782546		4			
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 1000.00 Memo Item							
	Name of Employer Orthopaedic Surgical Associate	Occupation Orthopaedic										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) Richard W Smith MD				Date of	Receipt						
	Mailing Address 14 Field Stone Lane				м м 01	/ D		2016	Y			
	City Tiverton	State RI	Zip Code 02878				: 782546 Receipt t		ł			
	FEC ID number of contributing federal political committee.				,	- 7	1000	.00				
	Name of Employer	Occupation			Men	no ltem						
	Primecare Orthopaedics Receipt For: Primary General Other (specify)	Orthopaedi Aggregate	c Surgeon Year-to-Date ▼ 1000.00]								
s	SUBTOTAL of Receipts This Page (optional)			•		3		3000	.00			

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

FEC Schedule A (Form 3X) Rev. 12/2015

.

FOR LINE NUMBER:

PAGE 102 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may not be sold or used by any p name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) Brian L Davison MD Mailing Address 8090 Crossgate Ct S City Dublin FEC ID number of contributing federal political committee. Name of Employer Orthopaedic One Receipt For: Primary General Other (specify) ▼	State OH Zip Code 43017 C C Occupation Orthopaedic Surgeon C Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
Full Name (Last, First, Middle Initial) John C Richmond MD Mailing Address 20 Malcolm Street City Hingham FEC ID number of contributing federal political committee. Name of Employer Boston Sports & Shoulder Center Receipt For: Primary General Other (specify) ▼	State Zip Code MA 02043 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
Full Name (Last, First, Middle Initial) William R Boulden MD Mailing Address 12499 University Ave # 210 City Clive FEC ID number of contributing federal political committee. Name of Employer Capital Ortho Group Receipt For: Primary General Other (specify) ▼	State IA Zip Code 50325-8281 C C Occupation Orthopaedic Surgeon C Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		3000.00
TOTAL This Period (last page this line number o	nly)	

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 103 OF

350

IТ.		Use separate schedule(s)			(check only one)							
11			for each category of the Detailed Summary Page		X 11a		11b	11c		12		47
Ar	y information copied from such Reports and S for commercial purposes, other than using the	statements ma	ay not be sold or used by any pe	ersor	13 n for the solicit c	e pur	14 pose of	15 solicitin	ig co	16 Intributi	ons	17
	NAME OF COMMITTEE (In Full)											
	Political Action Committee of th	e America	an Association of Ortho	opa	edic	Sur	geon	sPA	C c	of AA	05	3
Α.	Full Name (Last, First, Middle Initial) Patricia McHale MD			Date of Receipt								
	Mailing Address 15819 Glenmiro Dr				01 25 2016							
	CityStateZip CodeHuntersvilleNC28078							782547 Receipt t		Period		
	FEC ID number of contributing federal political committee.	s l								1000.0	0	
	Name of Employer Ortho Carolina		c Surgeon		M	emo	ltem					
	Receipt For:		Year-to-Date ▼									
	Other (specify)		1000.00									
в.	Full Name (Last, First, Middle Initial) Raymond M P Sherman MD				Date	of Re	eceipt					
	Mailing Address 865 East Sawgrass Trail				01	M /	25			016	Y	
	City	State	Zip Code		Tran	sacti	ion ID :	782547	1			
	Dakota Dunes	SD	57049	_	Amou	nt of	Each F	Receipt t	his F	Period		
	FEC ID number of contributing federal political committee.	С			Ľ		7	7		1000.0	0	
	Name of Employer CNOS	Occupation Orthopaedic			M	emo	ltem					
	Receipt For:		Year-to-Date ▼									
	Other (specify) ▼		1000.00									
	Full Name (Last, First, Middle Initial) Kent E Woo MD				Date	of Be	eceipt					
•	Mailing Address 309 Mcalpin Dr				01	M /	25			016	Y	
	City Savannah	State GA	Zip Code 31406-8923		Trar	nsact	ion ID :	782547 Receipt t	2			
	FEC ID number of contributing federal political committee.						7			1000.0	0	
	Name of Employer	Occupation		\neg	M	emo	ltem					
	Optim Orthopedics	Orthopaedi	c Surgeon									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		1000.00									
s	UBTOTAL of Receipts This Page (optional)			•			,	- 7		3000.0	0	Ī

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

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 104 OF

350

Any information copied from such or for commercial purposes, other	Reports and Statements ma	for each category of the Detailed Summary Page	X 11a 13		11c	12					
or for commercial purposes, other	Reports and Statements ma		13	14	16		<u> </u>				
					liciting cor						
		ddress of any political committee	e to solicit contr	ributions fron	n such cor	nmitte	е.				
NAME OF COMMITTEE (In Fu Political Action Comn	,	an Association of Ortho	opaedic Su	irgeons	PAC o	f AA	OS				
Full Name (Last, First, Middle A. C Lowry Barnes MD	nitial)		Date of Receipt								
Mailing Address 10 E. Palisade	S		01 25 2016								
City Little Rock	State AR	Zip Code 72207	Transa	ction ID : 782	25473		-				
FEC ID number of contributing federal political committee.	C					000.00)				
Name of Employer UAMS	Occupation Orthopaedic		Memo	o ltem							
Receipt For: Primary Genera Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]								
Full Name (Last, First, Middle B. Stefan Ivan Strapko MD	nitial)		Date of F	Receipt							
Mailing Address 18 Cherry Holl	01	/ D D 25	/ Y Y _20	ү 16							
City	State	Zip Code		tion ID: 782							
Nashua	NH	03062	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C				3	250.00)				
Name of Employer Self Employed	Occupation Orthopaedic		Mem	o ltem							
Receipt For: Primary Genera Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]								
Full Name (Last, First, Middle C. James F Barwick Jr, N			Date of F	Receipt							
Mailing Address 111 Honey Po	d Farm Rd		01	/ D D 25	/ Y Y 20	16					
City Washington	State NC	Zip Code 27889-5262		ction ID : 78 of Each Rece		eriod					
FEC ID number of contributing federal political committee.	C			7	7	250.00)				
Name of Employer	Occupation		Mem	o ltem							
Vidant Health System	Orthopaedie	c Surgeon									
Receipt For:		Year-to-Date ▼ 250.00	1								
Other (specify)		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7									
1			_		_						

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

"

Use separate schedule(s)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 105 OF 350
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e Americ	an Association of Ortho	paedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) Kevin J Reagan MD			Date of Receipt
	Mailing Address 35 Kennedy Dr			01 25 Y Y Y Y Y
	City Putnam	State CT	Zip Code 06260	Transaction ID : 7825502 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer	Occupation	1	Memo Item
	Center of Bone & Joint Care	Orthopaedi	c Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
B.	Full Name (Last, First, Middle Initial) James Lee Knavel MD			Date of Receipt
	Mailing Address 352 Peller Rd	01 25 2016		
	City	State	Zip Code	Transaction ID : 7825519
	Lake Geneva	WI	53147-4543	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	1	Memo Item
	Mercy Health Systems	Orthopaedi	c Surgeon	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Peter D Pizzutillo MD			Date of Receipt
0.	Mailing Address 926 Bowman Ave			01 25 2016
	City	State PA	Zip Code 19096	Transaction ID : 7825521
	Wynnewood		19090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	1	Memo Item	
	Tenet Healthcare	ic Surgeon	_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00

TOTAL This Period (last page this line number only)...... _____ 1.

Use separate schedule(s)

SCHEDULE A (FEC Form 3		FOR LINE NUMBER: PAGE 106 OF 350					
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)					
	Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline & & & & & & & & & & & & & & & & & & $					
Any information copied from such Reports	and Statements may not be sold or used by any po	erson for the purpose of soliciting contributions					
\	ng the name and address of any political committee	e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)	of the American Association of Ortho	prandic SurgeonsPAC of AAOS					
Folitical Action Committee		paedic SurgeonsFAC of AAOS					
Full Name (Last, First, Middle Initial)							
A. David E Ede MD		Date of Receipt					
Mailing Address 415 Morris St Ste 104		01 25 2016					
City	State Zip Code	Transaction ID : 7825522					
Charleston	WV 25301-1840	Amount of Each Receipt this Period					
FEC ID number of contributing	С	250.00					
federal political committee.	0						
Name of Employer	Occupation	Memo Item					
Orthopedic Healthcare Associates	Orthopaedic Surgeon						
	Aggregate Year-to-Date ▼						
Primary General Other (specify)	250.00						
		1					
Full Name (Last, First, Middle Initial)							
B. Stephen Edward Faust MD		Date of Receipt					
Mailing Address 1 Presidents Point Drive	Mailing Address 1 Presidents Point Drive Unit A3						
City	State Zip Code	01 25 2016 Transaction ID : 7825524					
Annapolis	MD 21403	Amount of Each Receipt this Period					
FEC ID number of contributing							
federal political committee.	C	500.00					
Name of Employer	Occupation	Memo Item					
Anne Arundel Medical Center	Orthopaedic Surgeon						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	500.00	1					
Other (specify)	500.00						
Full Name (Last, First, Middle Initial)							
c. Andrew Gurman MD		Date of Receipt					
Mailing Address 1701 Twelfth Ave Ste C	2-2	M M / D D / Y Y Y Y					
City	State Zip Code	01 25 2016 Transaction ID : 7825525					
Altoona	PA 16601	Amount of Each Receipt this Period					
FEC ID number of contributing							
federal political committee.	C	250.00					
Name of Employer	Occupation	— Memo Item					
Self Employed	Orthopaedic Surgeon						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	250.00	1					
Other (specify)	250.00	1					
[
SUBTOTAL of Receipts This Page (option	nal)	1000.00					
	,						

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

9

5

FOR LINE NUMBER:

PAGE 107 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	Check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stat or for commercial purposes, other than using the n	tements may not be sold or used by any p ame and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Association of Orth	opaedic SurgeonsPAC of AAOS
	State Zip Code CA 95240-5116 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt
Llaminaton Dhusisian Camilaas	State Zip Code MA 01095 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, First, Middle Initial) C. Randall Duane Roush MD Mailing Address 1805 Summer Blossom Place		Date of Receipt
. ,	State MO Zip Code 63017 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 375.00	01 25 2016 Transaction ID : 7825531 Amount of Each Receipt this Period 375.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		875.00
TOTAL This Period (last page this line number on		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 108 OF

350

ידו		Use separate schedule(s)		(check only one)											
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a	11b	11c	12							
	y information copied from such Reports and S									17					
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to sol	licit con	tributions	from suc	h comm	ittee.						
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	opae	dic S	urgeor	ısPA	C of A	AOS	3					
Α.	Full Name (Last, First, Middle Initial) Dori N Cage MD	Dori N Cage MD					Date of Receipt								
	Mailing Address 4105 Alameda Dr				01 25 2016										
	City		Zip Code				: 7825533								
	San Diego	CA	92103	A	Amount	of Each	Receipt th	nis Perio	d						
	FEC ID number of contributing federal political committee.	С					7	1000	0.00						
	Name of Employer	Occupation		- 1	Men	no ltem									
	Self Employed	Orthopaedie	c Surgeon												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify)		1000.00												
в.	Full Name (Last, First, Middle Initial) Todd Michael Oliver MD				Date of	Receipt									
	Mailing Address 8295 W Hwy UU					/ D		2016	Y						
	City	State	Zip Code		Transa	action ID	: 7825534								
	Columbia	MO	65203	A	Amount	of Each	Receipt th	nis Perio	d						
	FEC ID number of contributing federal political committee.	С						250	0.00						
	Name of Employer	Occupation		- 1	Mer	no ltem									
	Self Employed	Orthopaedic	c Surgeon												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		250.00												
<u>с</u> .	Full Name (Last, First, Middle Initial) Joel Wolfe MD				Date of	Receipt									
	Mailing Address 6645 Forest Beach Dr				м м 01	/ D		ү ү 2016	Y						
	City	State	Zip Code		Trans	action ID	: 782558	5							
	Holland	MI	49423-8993	A	Amount	of Each	Receipt th	nis Perio	d						
	FEC ID number of contributing federal political committee.	С						250	0.00						
	Name of Employer	Occupation		11	Men	no ltem									
	Shoreline Orthopaedics	Orthopaedi	c Surgeon												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		250.00												
s	UBTOTAL of Receipts This Page (optional)		•			-7	- 7	1500	0.00]					

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

FEC Schedule A (Form 3X) Rev. 12/2015

18

- J -
Use separate schedule(s)

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 109 OF 350
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and a for commercial purposes, other than using th			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e Americ	an Association of Ortho	paedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) Vincent E Vena MD Mailing Address 528 Waterfall Dr			Date of Receipt
			7.0.1	01 26 2016
	City Johnstown	State PA	Zip Code 15906	Transaction ID : 7825586
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation]	Memo Item
	Western PA Orthopaedics	Orthopaedi		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
в.	Full Name (Last, First, Middle Initial) William John Jason MD			Date of Receipt
-	Mailing Address 12212 Cortez Boulevard			01 26 2016
	City	State	Zip Code	Transaction ID : 7825591
	Brooksville	FL	34613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer	Occupation	1	Memo Item
	Self Employed	Orthopaedi	c Surgeon	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		400,00	
— c.	Full Name (Last, First, Middle Initial) Scott P Schemmel MD	I		Date of Receipt
	Mailing Address 1160 Pamela Court			01 26 _2016 _
	City Dubuque	State IA	Zip Code 52003	Transaction ID : 7825594 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	1	Memo Item
	Medical Associates Clinic	Orthopaedi	c Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	UBTOTAL of Receipts This Page (optional)	l		900.00
ıٽ				

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

1.

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 110 OF 350 (check only one)
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements maname and a	ay not be sold or used by any pendoress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
\rangle	Political Action Committee of the	Americ	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) Ferdinand J Liotta MD Mailing Address 1906 Blake Ave			Date of Receipt
	City Glenwood Springs	State CO	Zip Code 81601	Transaction ID : 7825596 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Valley View Hospital Receipt For: Primary General Other (specify)	Occupation Orthopaedi Aggregate		Memo Item
в.	Full Name (Last, First, Middle Initial) Michael David Miller MD			Date of Receipt
	Mailing Address 6501 N Camino Katrina			01 / D D / Y Y Y Y Y 26 2016
	City Tucson	State AZ	Zip Code 85718	Transaction ID : 7825597 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer University Orthopedic Specialists	Occupation Orthopaedic		— Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Nicholas Benjamin Bruggeman ME)		Date of Receipt
	Mailing Address 22626 Atwood Ave	State	Zip Code	01 / Y Y Y Y 26 2016
	City Elkhorn	NE	68022-3147	Transaction ID : 7825598 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer OrthoWest	Occupation Orthopaedi		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)		•••••	750.00
т	OTAL This Period (last page this line number o	nly)	••••••	

SCHEDULE A (FEC Form 3X) ľ

SCHEDULE A (FEC Form 3	3X)	Lico conorato achadula(a)	FOR LINE NUMBER:	PAGE 111 OF 35
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)	11c 12 15 16 17
Any information copied from such Reports or for commercial purposes, other than using				
NAME OF COMMITTEE (In Full) Political Action Committee of	of the Americar	Association of Ortho	opaedic Surgeons	PAC of AAOS
Full Name (Last, First, Middle Initial) A. Ronald K Robinson MD			Date of Receipt	
Mailing Address 2715 W Kettleman Lane Suite 203-349			01 / D D	/ Y Y Y Y Y 2016
City Lodi	State CA	Zip Code 95242	Transaction ID : T	
FEC ID number of contributing federal political committee.	С			500.00
Name of Employer	Occupation		Memo Item	
Sutter Gould Med Foundation	Orthopaedic S	Surgeon		
Receipt For:	Aggregate Ye	ear-to-Date ▼		
Other (specify)		500.00		
Full Name (Last, First, Middle Initial) B. William E Schobert MD			Date of Receipt	
Mailing Address 1640 Newport Blvd Suite 445			01 / D D 01 27	/ Y Y Y Y 2016
City	State CA	Zip Code	Transaction ID : 7	
Costa Mesa	CA	92627	Amount of Each Re	eceipt this Period
FEC ID number of contributing federal political committee.	C			500.00
Name of Employer Self Employed	Occupation Orthopaedic S	Surgeon	Memo Item	
Receipt For:	Aggregate Ye	ear-to-Date V		
Primary General Other (specify) ▼		500.00]	
Full Name (Last, First, Middle Initial) C. John N Hall MD			Date of Receipt	
Mailing Address 3196 Turnberry Circle			01 28	/ Y Y Y Y _ 2016
City Charlottesville	State VA	Zip Code 22911	Transaction ID : Amount of Each Re	
FEC ID number of contributing federal political committee.	C			250.00
Name of Employer	Occupation		Memo Item	
Self Employed	Orthopaedic S	Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00	1	
SUBTOTAL of Receipts This Page (option	al)			1250.00

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

10

1

SCHEDULE A (FEC Form	n 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 112 OF 350 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than	orts and Statements ma using the name and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committe	e of the Americ	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Kent R Adamson MD			Date of Receipt
Mailing Address 225 Via Rancho City	State	Zip Code	01 28 2016 Transaction ID : 7866466
San Clemente	CA	92672	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupation	1	— Memo Item
Self Employed	Orthopaedi	c Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00]
Full Name (Last, First, Middle Initial) B. Brian Keith Vickaryous MD			Date of Receipt
Mailing Address 3330 Lakeview Oak	s Drive		M M / D D / Y Y Y Y Y 01 28 2016
City	State	Zip Code	Transaction ID : 7867127
Longwood	FL	32779	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation		Memo Item
Receipt For:	Orthopaedi	c Surgeon	
Primary General	Aggregate	Year-to-Date ▼	_
Other (specify) ▼		, 1000.00]
Full Name (Last, First, Middle Initial) C. Jason Kirk Lowry MD			Date of Receipt
Mailing Address 800 Orthopedic Wa	у		01 28 2016
City Arlington	State TX	Zip Code 76015-1629	Transaction ID : 7869758
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer	Occupation	1	Memo Item
Self Employed	Orthopaedi		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00]
SUBTOTAL of Receipts This Page (or	btional)		2250.00
TOTAL This Period (last page this line	e number only)		

FOR LINE NUMBER:

PAGE 113 OF

350

	•	Use separate schedule(s)	(che	eck only	one	e)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a	\vdash	11b	11c	12	
Any information copied from such Reports and					purp				
or for commercial purposes, other than using	the name and a	ddress of any political committee	e to so	licit con	itribu	itions f	rom such	n commit	ee.
NAME OF COMMITTEE (In Full) Political Action Committee of t	the Americ	an Association of Ortho	opae	dic S	urg	jeon	sPA(C of A	AOS
Full Name (Last, First, Middle Initial) A. Franklin H Sim MD			[Date of	Rec	eipt			
Mailing Address 1303 Woodland Dr SW				M M	/	29) / Y	y y 2016	Y
City	State	Zip Code			actic		7873447		
Rochester	MN	55902	A	Amount	of E	Each R	leceipt th	is Period	
FEC ID number of contributing federal political committee.	С					,		1000.	00
Name of Employer	Occupation	1	-	Mer	no lte	em			
Mayo Clinic	Orthopaedi	c Surgeon							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		1000.00							
Full Name (Last, First, Middle Initial) B. Brian J Galinat MD	1			Date of	Rec	eipt			
Mailing Address 1101 Hillside Rd				м м 01	/	D D D	/ Y	үү 2016	Y
City	State	Zip Code					7874616		
Greenville	DE	19807-2215		Amount	of E	Each R	leceipt th	is Period	
FEC ID number of contributing federal political committee.	С							1000.	00
Name of Employer Self Employed	Occupation			Mer	no lt	em			
Receipt For:	Orthopaedi	-	_						
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00							
Full Name (Last, First, Middle Initial) C. Timothy S Johnson MD				Date of	Rec	eipt			
Mailing Address 43854 Kittiwake Dr				м м 01	/	31) / Y	2016	Y
City	State	Zip Code		Trans	actio	on ID :	7874622		
Leesburg	VA	20176	/	Amount	of E	Each R	leceipt th	is Period	
FEC ID number of contributing federal political committee.	С					~~~	7	500.	00
Name of Employer	Occupation			Mer	no lt	em			
National Sports Med Inst. Receipt For:	Orthopaedi	3	_						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00							
SUBTOTAL of Receipts This Page (optional).						,		2500.	00

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

FEC Schedule A (Form 3X) Rev. 12/2015

7

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 114 OF

350

IТ.	EMIZED RECEIPTS		Use separate schedule(s)	(C	heck on	ly or	ne)					
11			for each category of the Detailed Summary Page		X 11a		11b 14	11c		12 16	1 7	,
Ai	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pe ddress of any political committee	ersoi e to :	n for the	pur	pose of	solicitin	ig cor ch co	ntributi	ons	
	NAME OF COMMITTEE (In Full)											-
	Political Action Committee of the	e America	an Association of Ortho	ppa	edic S	Sur	geon	sPA	.C o	of AA	OS	
Α.	Full Name (Last, First, Middle Initial) Maneesh Bawa MD				Date o	of Re	eceipt					
	Mailing Address 1064 Diamond St				M M	/	31	ר / כ		016	Y	
	City San Diego	State CA	Zip Code 92109					787462 Receipt t		Period		
	FEC ID number of contributing federal political committee.	С					,		_	500.0	0	
	Name of Employer Self Employed	Occupation Orthopaedic			Me	emo l	ltem					
	Receipt For:		Year-to-Date ▼									
	Primary General Other (specify) ▼		500.00									
В.	Full Name (Last, First, Middle Initial) Robert M Orfaly MD				Date o	of Re	eceipt					_
в.	Mailing Address 13593 Streamside Dr				M M	/	31	Y () 16	Y	
	City	State	Zip Code		Trans	sacti	ion ID :	787462	6			
	Lake Oswego	OR	97035	_	Amoun	nt of	Each F	Receipt t	his P	Period		
	FEC ID number of contributing federal political committee.	С					7	7		1000.0	0	
	Name of Employer Oregon Health & Science University	Occupation Orthopaedic			Me	emo	ltem					
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		1000.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) John W Durham MD				Date o	of Re	eceipt					
	Mailing Address 512 W Fir Ave				01	/	28) 16	Y	
	City Flagstaff	State AZ	Zip Code 86001					: 787482 Receipt t		Period		
	FEC ID number of contributing federal political committee.	С					, ,	7		1000.0	0	
	Name of Employer	Occupation			Me	emol	ltem					
	Northern Arizona Orthopaedics	Orthopaedi	c Surgeon									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00									
5	SUBTOTAL of Receipts This Page (optional)		······	•			т. т.		2	2500.0)	-

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 115 OF 350 (check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
/	he America	an Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Magdiel Mayol-Urdaz MD Mailing Address Vereda #5 URB Monte Verd			Date of Receipt
City	State	Zip Code	01 28 2016 Transaction ID : 7874825
San Juan	PR	00926-5985	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		450.00
Name of Employer	Occupation		Memo Item
Self Employed	Orthopaedic	c Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	_
Other (specify) ▼		450.00	
Full Name (Last, First, Middle Initial) B. Ryan C Meis MD			Date of Receipt
Mailing Address 466 Firethorn Trail			01 / Y Y Y Y 028 2016
City	State SD	Zip Code	Transaction ID : 7874835
Dakota Dunes	5D	57049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer CNOS	Occupation Orthopaedic		— Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Craig S Roberts MD, MBA			Date of Receipt
Mailing Address 5803 Apache Rd			01 / Y Y Y Y 28 / 2016
City Louisville	State KY	Zip Code 40207	Transaction ID : 7874837
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation		Memo Item
Univ of Louisville	Orthopaedic	c Surgeon	_
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)		••••••	. 1200.00
TOTAL This Period (last page this line numbe	er only)		

Use separate schedule(s)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 116 OF 350 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full)			opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Robert E Bayless MD			Date of Receipt
Mailing Address 1406 Laurel Ln			01 28 2016
City Southlake	State TX	Zip Code 76092	Transaction ID : 7874838 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer	Occupation	1	— Memo Item
Self Employed	Orthopaedi	c Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B. Steven B Wertheim MD			Date of Receipt
Mailing Address 70 Old Stratton Chase NW			01 28 2016
City	ty State Zip Code		
Atlanta	GA	30328-3652	Transaction ID : 7874849 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic		Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. James K Mantone MD			Date of Receipt
Mailing Address 701 8th Ave NW Ste A			01 28 2016
City Aberdeen	State SD	Zip Code 57401-1865	Transaction ID : 7874850 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation	1	Memo Item
Orthopaedic Center of the Dakotas	Orthopaedi	c Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		2500.00

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

7

.

FOR LINE NUMBER:

PAGE 117 OF

350

177			Use separate schedule(s)	(check c	only or	ne)			
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	1	11b 14	11c	12	17
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	l ay not be sold or used by any po ddress of any political committee	erson for th	ne purp contrib	pose of	soliciting	g contribu	utions
	NAME OF COMMITTEE (In Full)								
	Political Action Committee of th	e America	an Association of Ortho	opaedic	Sur	geon	sPA	C of A	AOS
Α.	Full Name (Last, First, Middle Initial) Jeffrey C Dick MD			Date	of Re	eceipt			
	Mailing Address 18709 Ridgewood Rd			0,		28) / Y	2016	Y
	City	State	Zip Code				7874853		
	Deephaven	MN	55391	Amou	unt of	Each R	Receipt th	nis Perioo	ł
	FEC ID number of contributing federal political committee.	С				л. I.		1000	.00
	Name of Employer	Occupation		N	Nemo I	tem			
	Twin Cities Orthopaedics	Orthopaedi	c Surgeon						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Other (specify) ▼		1000.00]					
в.	Full Name (Last, First, Middle Initial) Hugh A Frederick MD			Date	of Re	eceipt			
	Mailing Address 6330 Prestonshire Drive			M 0'	™ / 1	29	/ Y	2016	Y
	City	State	Zip Code	Tra	nsacti	on ID :	7876482		
	Dallas	TX	75225	Amou	unt of	Each R	leceipt th	nis Perioo	ł
	FEC ID number of contributing federal political committee.	С				,		250	.00
	Name of Employer	Occupation			Memo I	ltem			
	Self Employed	Orthopaedic	c Surgeon						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		, 250.00]					
с.	Full Name (Last, First, Middle Initial) Vincent P Genovese MD			Date	of Re	eceipt			
	Mailing Address 400 Burkley Dr			0		29) / Y	y y 2016	Y
	City	State	Zip Code	Tra	nsact	ion ID :	7876484		
	Greenville	AL	42345-2106	Amou	unt of	Each R	leceipt th	nis Perioo	k
	FEC ID number of contributing federal political committee.	С				7		500	.00
	Name of Employer	Occupation			Memo I	Item			
	Owensboro Health	Orthopaedi	c Surgeon						
	Receipt For:	Aggregate	Year-to-Date 🔻						
	Primary General Other (specify) ▼		500.00]					
s	UBTOTAL of Receipts This Page (optional)				-			1750	.00

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

1.

Use separate schedule(s)

SCHEDULE A (FEC Form 3X	()		FOR LINE NUMBER: PAGE 118 OF 350
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports an	d Statements ma	ay not be sold or used by any p	erson for the purpose of soliciting contributions
or for commercial purposes, other than using	the name and a	address of any political committee	> to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the Americ	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. David B Coward MD			Date of Receipt
Mailing Address 2801 K St Ste 310			01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State CA	Zip Code 95816-5119	Transaction ID : 7876486
Sacramento	CA	90010-0119	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation		Memo Item
Sacramento Knee & Sports Medicine	Orthopaedi	c Surgeon	_
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		250.00	
Full Name (Last, First, Middle Initial) B. Michael Robson Fraser Jr, MD			Date of Receipt
Mailing Address 4802 Olney Street			01 29 2016
City	State	Zip Code	Transaction ID : 7876488
San Diego	CA	92109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation	1	Memo Item
US Navy	Orthopaedi	c Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		, 250.00	
Full Name (Last, First, Middle Initial) C. John P K Featheringill MD			Date of Receipt
Mailing Address 3608 Grand Rock Ln			01 29 2016
City	State	Zip Code	Transaction ID : 7876583
Birmingham	AL	35223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation	1	Memo Item
Orthopedic Sports Associates	Orthopaedi	ic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼ 500.00	1
Other (specify)		7	1
SUBTOTAL of Receipts This Page (optional))		1000.00

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

FEC Schedule A (Form 3X) Rev. 12/2015

FOR LINE NUMBER:

PAGE 119 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) $\begin{array}{c c} \hline \mathbf{X} & 11a \\ \hline 13 \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ \hline 10 \\ \hline 10 \\ \hline 17 \\ \hline 10 \\ \hline 10 \\ \hline 11 \\ 11 \\ \hline 11$
	Statements may not be sold or used by any pe he name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Marlen S Strefling MD Mailing Address 3 Stonebrook City Brownwood FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 76801 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 300.00	Date of Receipt
B. Full Name (Last, First, Middle Initial) Mailing Address 4066 Old River Tr City Powhatan	State Zip Code VA 23139	Date of Receipt 01 29 2016 Transaction ID : 7876587 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Virginia Commonwealth University Receipt For: Primary General Other (specify) ▼	C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	500.00 Memo Item
C. Full Name (Last, First, Middle Initial) Mailing Address 29001 Cedar Rd Ste 519	State Zip Code	Date of Receipt 01 29 2016 Transaction ID : 7876588
Lyndhurst FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	OH 44124-4041 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		1050.00

FOR LINE NUMBER:

PAGE 120 OF

		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12	-				
Any information copied from such Reports and So or for commercial purposes, other than using the	tatements ma	y not be sold or used by any political committee	13 14 15 16 erson for the purpose of soliciting contributions to solicit contributions from such committee	17 s				
NAME OF COMMITTEE (In Full)	name and ad	doress of any political committee	to solicit contributions from such committee.					
Political Action Committee of the	e America	an Association of Ortho	ppaedic SurgeonsPAC of AAO	S				
Full Name (Last, First, Middle Initial) A. Joel H Hurt MD			Date of Receipt					
Mailing Address 7503 Stonecliff Dr			01 28 2016					
City	State	Zip Code	Transaction ID : 7877143					
Austin	ТХ	78731	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		500.00					
Name of Employer	Occupation		Memo Item					
Texas Orthopaedics	Orthopaedic	Surgeon						
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		500.00						
		7 7						
Full Name (Last, First, Middle Initial) B. Abdul Foad MD			Date of Receipt					
Mailing Address 19152 247th Avenue								
	Chata	Zin Onda	01 28 2016					
City Bettendorf	State IA	Zip Code 52722	Transaction ID : 7877145					
			Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		1000.00					
Name of Employer Self Employed	Occupation		Memoritem					
Receipt For:	Orthopaedic	5						
Primary General	Aggregate	Year-to-Date ▼						
Other (specify) ▼		, 1000.00						
Full Name (Last, First, Middle Initial) C. Ralph M Costanzo MD			Date of Receipt					
Mailing Address 2751 Gregory Drive N			M M / D D / Y Y Y Y 01 28 2016					
City	State	Zip Code	Transaction ID : 7877146					
Billings	MT	59102	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		1000.00					
Name of Employer	Occupation		Memo Item					
OrthoMontana	Orthopaedic	Surgeon						
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General		1000.00						
Other (specify)		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7						
SUBTOTAL of Receipts This Page (optional)			2500.00					
TOTAL This Period (last page this line number of	only)							

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 121 OF

350

ITEMIZED RECEIPTS			Use separate schedule(s)		(check only one)						
			for each category of the Detailed Summary Page		X 11a		11b	11c		12	<u> </u>
Any	y information copied from such Reports and	Statements ma	Ay not be sold or used by any po	ersor	13 for the	purp	14 pose of	15 soliciting	g con	16 htributi	17 ons
<u> </u>	for commercial purposes, other than using th	le name and a	ddress of any political committee	e to s	solicit co	ntrib	utions	from suc	h cor	mmitte	e.
	NAME OF COMMITTEE (In Full) Political Action Committee of the	ne America	an Association of Ortho	ора	edic S	Sur	geon	sPA	C of	f AA	OS
Α.	Full Name (Last, First, Middle Initial) Gregg Berkowitz MD				Date o	f Re	ceipt				
	Mailing Address 5 Russell Rd				0.1	/	28) 16	Y
	City	State	Zip Code		Trans	acti		7877148			
-	Freehold	NJ	07728		Amoun	t of	Each F	Receipt th	his Pe	eriod	
	FEC ID number of contributing federal political committee.	С					7		1	000.0	0
i	Name of Employer	Occupation	1		Me	mo li	tem				
	Advanced Ortho & Sports Med Inst	Orthopaedi									
	Receipt For:		Year-to-Date ▼								
	Primary General	, iggi ogulo		ı İ.							
	Other (specify)		1000.00	4							
	Full Name (Last, First, Middle Initial) Michael Rowland MD	1			Date o	f Re	ceipt				
	Mailing Address 16 Summer Path Way				м м 01	/	28		201	ү 16	Y
	City	State	Zip Code		Trans	acti	on ID :	7877149			
-	Pembroke	MA	02359		Amoun	t of	Each F	Receipt th	his Pe	eriod	
	FEC ID number of contributing federal political committee.	С					7		1	000.0	0
Ī	Name of Employer	Occupation	1		Me	mo l	tem				
:	South Shore Orthopaedics	Orthopaedi	c Surgeon								
Ī	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		, 1000.00								
	Full Name (Last, First, Middle Initial) Robert J Hagen MD				Date o	f Re	ceipt				
	Mailing Address 1411 S Creasy Ln Ste 120				0 <u>1</u>	/	28		20	ү 16	Y
	City	State	Zip Code		Trans	sacti	on ID :	787715	0		
-	Lafayette	IN	47905		Amoun	t of	Each F	Receipt th	his Pe	eriod	
	FEC ID number of contributing federal political committee.						,	J	1	000.0	0
Ī	Name of Employer	Occupation	1	\neg	Me	mo l	tem				
	Lafayette Orthopaedic Clinic	Orthopaedi	c Surgeon								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11.							
	Other (specify)		1000.00								
_											
รเ	JBTOTAL of Receipts This Page (optional)			•			7		3	000.0	Э

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

FEC Schedule A (Form 3X) Rev. 12/2015

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 122 OF 350 (check only one)
	IIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any ir or for	formation copied from such Reports and St commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	ME OF COMMITTEE (In Full) olitical Action Committee of the	e America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Paul E Papierski MD Mailing Address 913 S Dryden Pl				Date of Receipt
City	y lington Heights	State IL	Zip Code 60005	01 28 2016 Transaction ID : 7877154 Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	С		300.00
Sel	me of Employer If Employed ceipt For:	Occupation Orthopaedic		Memo Item
	Primary General Other (specify) ▼		300.00	
B . <u>G</u>	I Name (Last, First, Middle Initial) regory A Mencio MD illing Address 906 Riverbend Rd			Date of Receipt
City	y	State	Zip Code	02 01 _2016
FE	Ishville C ID number of contributing leral political committee.	C	37221	Amount of Each Receipt this Period
Var	me of Employer nderbilt University	Occupation Orthopaedic		Memo Item
	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
с. <u>J</u>	I Name (Last, First, Middle Initial) ustin R Kauk MD			Date of Receipt
City	-	State	Zip Code	02 01 2016 Transaction ID : 7878117
FE	isco C ID number of contributing eral political committee.	С	75034	Amount of Each Receipt this Period
Hir	me of Employer nsdale Orthopaedics ceipt For:	Occupation Orthopaedi	c Surgeon	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUB.	TOTAL of Receipts This Page (optional)			1800.00
тоти	AL This Period (last page this line number c	only)		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 123 OF

350

			Use separate schedule(s)			(check only one)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c		12	
A	ny information copied from such Reports and S	tatements ma	y not be sold or used by any p	ersor	13 1 for the	pur	14 pose of	15 solicitin	ig con	16 htributio	17 ons
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to s	solicit co	ontrib	outions	from suc	ch cor	mmitte	e.
\backslash	NAME OF COMMITTEE (In Full)					_			_		
	Political Action Committee of the	e America	an Association of Ortho	эра	edic S	Sur	geon	sPA	Co	f AA	OS
Α.	Full Name (Last, First, Middle Initial) Adolph Samuel Flemister Jr, MD				Date o	of Re	eceipt				
,	Mailing Address 601 Elmwood Ave Box 665				M	л /	D	ר / ס		Y	Y
	City	State	Zip Code		02	_	02			016	_
	Rochester	NY	14642	_				787917 Receipt t		eriod	
	FEC ID number of contributing federal political committee.	С			Γ.	i.	, ,			250.00	0
	Name of Employer	Occupation		_	Me	emo	ltem				
	Self Employed	Orthopaedie	c Surgeon								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11							
	Other (specify)		250.00								
B.	Full Name (Last, First, Middle Initial) David J Caucci MD				Date o	of Re	eceipt				
	Mailing Address 201 Stoney Creek Road				M	/	D	y / C	/ Y	Y	Y
					02		01	_ L	201	16	
	City	State	Zip Code		Tran	sacti	ion ID :	787922	8		
	S Abington Twp	PA	18411		Amour	nt of	Each F	Receipt t	his Pe	eriod	
	FEC ID number of contributing federal political committee.	С					7			250.00	0
	Name of Employer	Occupation		_	M	emo	ltem				
	Wayne Memorial Healthcare System	Orthopaedic	Surgeon								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			ıĿ.							
	Other (specify)		250.00	4							
	Full Name (Last, First, Middle Initial) J Bohannon Mason MD				Date of	of Be	aceint				
0.	Mailing Address 409 Hermitage Rd				M - N		D		Y Y	Y	Y
					02		01		20		
	City	State	Zip Code		Tran	sact	ion ID :	787923	,0		
	Charlotte	NC	28207-1841		Amour	nt of	Each F	Receipt t	his Pe	eriod	
	FEC ID number of contributing federal political committee.	С					,			250.00	0
	Name of Employer	Occupation		-	Me	emo	ltem				
	OrthoCarolina	Orthopaedi	c Surgeon								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		250.00								
	Other (specify)		250.00								
5	UBTOTAL of Receipts This Page (optional)			•						750.00	0

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

FOR LINE NUMBER:

PAGE 124 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	nd Statements may not be sold or used by any p the name and address of any political committe	
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Michael R Schuck MD		Date of Receipt
Mailing Address 10061 Oak Springs Trail		02 01 2016
City Franktown	StateZip CodeCO80116	Transaction ID : 7879231 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) B. C Perry Cooke III, MD		Date of Receipt
Mailing Address 6797 Knollwood Rd		02 01 _2016 _
City	State Zip Code	Transaction ID : 7879232
Fayetteville	NY 13066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SOS	Occupation	Memo Item
Receipt For:	Orthopaedic Surgeon	
Primary General Other (specify) V	Aggregate Year-to-Date ▼ 500.00	1
Full Name (Last, First, Middle Initial) C. David B Lumsden MD		Date of Receipt
Mailing Address 2422 Golupski Road		02 01 / Y Y Y Y 2016
City Baltimore	State Zip Code MD 21221	Transaction ID : 7879234 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Memo Item
Self Employed	Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (optional)	1500.00

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

7

.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 125 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$				
	d Statements may not be sold or used by any the name and address of any political committee					
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of Orth	opaedic SurgeonsPAC of AAOS				
A. Bruce Leon Greene MD Mailing Address 9 Pembroke Lane		Date of Receipt				
City Ithaca	State Zip Code NY 14850	02 01 2016 Transaction ID : 7879236 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C					
Name of Employer Guthrie Medical Group Receipt For: Primary General Other (specify) V	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Memo Item				
B. Hull Name (Last, First, Middle Initial) Michael A Wasylik MD Mailing Address 2919 Swann Ave Ste 201		Date of Receipt				
City Tampa	State Zip Code FL 33609-4050	02 01 2016 Transaction ID : 7879239 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	1000.00				
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
Full Name (Last, First, Middle Initial) C. Antonio A de la Cruz MD		Date of Receipt				
Mailing Address Calle Poppy B-17 Parque Forestal City	State Zip Code	02 02 2016 Transaction ID : 7879278				
SAN JUAN FEC ID number of contributing federal political committee.	FEC ID number of contributing					
Name of Employer Self Employed Receipt For: Primary General Other (specify) v	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Memo Item				
SUBTOTAL of Receipts This Page (optional	·)	▶ 1500.00				

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

1.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 126 OF 350 (check only one)
	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	he name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Benjamin Gulli MD Mailing Address 3366 Oakdale Avenue North	1	Date of Receipt
Suite 103 City Robbinsdale	State Zip Code MN 55422	02 01 2016 Transaction ID : 7879293 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer Twin Cities Orthopaedics Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Memo Item
Full Name (Last, First, Middle Initial) C Thomas Hopkins MD Mailing Address 717 S. 8th Street		Date of Receipt
City Griffin FEC ID number of contributing	State Zip Code GA 30224	02_01_2016 Transaction ID : 7879294 Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer OrthoGeorgia	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Daniel E Murphy MD Mailing Address 602 S Howard Ave		Date of Receipt
City Tampa	State Zip Code FL 33606-2413	02 01 2016 Transaction ID : 7879298 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer Tampa Orthopaedics Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 375.00	Memo Item
SUBTOTAL of Receipts This Page (optional)		▶ 1625.00
TOTAL This Period (last page this line numbe	er only)	•

FEC Schedule A (Form 3X) Rev. 12/2015

FOR LINE NUMBER:

PAGE 127 OF

	-	Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12				
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)	g the name and a	duress of any pointear commute					
	f the Americ	an Association of Ortho	ppaedic SurgeonsPAC of AAOS				
Full Name (Last, First, Middle Initial) A. Linda J Rasmussen MD			Date of Receipt				
Mailing Address 649 Kanaha St			M M / D D / Y Y Y Y Y Y 02 01 2016				
City	State	Zip Code	Transaction ID : 7879299				
Kailua	HI	96734	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		500.00				
Name of Employer	Occupation	1	Memo Item				
Windward Ortho Group	Orthopaedi	c Surgeon					
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General		500.00	1				
Other (specify)		500.00	1				
Full Name (Last, First, Middle Initial) B. Todd Busse Orvald MD			Date of Receipt				
Mailing Address 1211 N 16th Ave							
	02 022016						
City	Amount of Each Receipt this Period						
	Yakima WA 98902-2950						
FEC ID number of contributing federal political committee.	C		1000.00				
Name of Employer	Occupation	1	Memo Item				
Orthopaedics Northwest PLC	Orthopaedi	c Surgeon	_				
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify) ▼		1000.00					
Full Name (Last, First, Middle Initial) C. Christopher John Lang MD			Date of Receipt				
Mailing Address 1215 W Chaucer			02 02 2016				
City	State	Zip Code	Transaction ID : 7879316				
Spokane	WA	99208-8675	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		500.00				
Name of Employer	Occupation	l	Memo Item				
Spokane Orthopedics	Orthopaedi	c Surgeon					
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General		500.00	1				
Other (specify)		1 1					
SUBTOTAL of Receipts This Page (optiona	al)	,	2000.00				
TOTAL This Period (last page this line num	nber only)						

.. dulo(a)

FOR LINE NUMBER:

PAGE 128 OF

350

I Т	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	paedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) Richard A Cautilli Jr, MD Mailing Address 510 Pin Oak Dr			Date of Receipt
	City Langhorne	State PA	Zip Code 19047	Transaction ID : 7879317 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer COSS Receipt For: Primary General Other (specify)	Occupation Orthopaedia Aggregate		— Memo Item
B.	Full Name (Last, First, Middle Initial) Richard Layfield MD Mailing Address 12722 Clifton Heights Lane City	State	Zip Code	Date of Receipt 02 02 2016 Transaction ID : 7879323
	Clifton FEC ID number of contributing federal political committee.	VA	20124	Amount of Each Receipt this Period
	Name of Employer Nova Ortho and Spine Care Receipt For:	Occupation Orthopaedic	Surgeon	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
c.	Full Name (Last, First, Middle Initial) Ian Lin MD Mailing Address 104 Foster Dr			Date of Receipt
	City Des Moines	State IA	Zip Code 50312-2538	02 02 2016 Transaction ID : 7879324 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Des Moines Ortho Surgeons Receipt For: Primary General Other (specify)			— Memo Item
s	UBTOTAL of Receipts This Page (optional)		·····	1750.00

TOTAL This Period (last page this line number only)...... 1.

Use separate schedule(s)

SCHEDULE A (FEC Form 3X)			lloo oonerete ook-duie(-)	FOR LINE NUMBER: PAGE 129 OF 350
ITE	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and S	tatements ma	ay not be sold or used by any pe	erson for the purpose of soliciting contributions
	for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
A.	Full Name (Last, First, Middle Initial) Jack R Steel MD			Date of Receipt
	Mailing Address 630 Fern Street			02 02 / Y Y Y Y 02 02 02 2016
	City	State	Zip Code	Transaction ID: 7879325
	Huntington	WV	25701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation	1	— Memo Item
	Scott Orthopedic Center	Orthopaedi	c Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
			A) (A) (A) (A) (A) (A) (A) (A) (A) (A) (
	Full Name (Last, First, Middle Initial) Michael Betsy MD			Date of Receipt
	Mailing Address 7 Sparrowbush Rd	02 02 2016		
	City	State	Zip Code	Transaction ID: 7879326
	Upper Saddle River	NJ	07458	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	l	Memo Item
	Self Employed	Orthopaedic	c Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_
	Other (specify)		, 250,00	
<u> </u>	Full Name (Last, First, Middle Initial) James D McKinney MD			Date of Receipt
	Mailing Address 3131 Brown's Mill Rd			02 02 2016
	City	State	Zip Code	Transaction ID : 7879327
	Cookeville	TN	38506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
Name of Employer		Occupation	l	Memo Item
			c Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		500.00	
			g g g	
s	JBTOTAL of Receipts This Page (optional)			1250.00

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

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 130 OF

350

Detailed Summary Page 113 110 112 1	Detailed Summary Page 11 11 110 112 11 110 112 117 Any Information copied from such Reports and Statements may not be solid or used by any person for the purpose of soluting contributions form such committee. NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS Pail Name (Last, First, Middle Initial) Date of Receipt A. Richard M Bochner MD Date of Receipt Maling Address 152 Tara Drive Date of Receipt City State Zip Code Rodyn NY 11576 FEC 10 number of contributing televal policial committee. Date of Receipt Marrie (Last, First, Middle Initial) Agregate Year-to-Date ▼ Name of Employer Occupation Date of Receipt Maling Address 92 Dation Lane Othorpaedic Surgeon Date of Receipt City State Zip Code Tamasciton D: 787343 Receipt Foc: Othorpaedic Surgeon Date of Receipt Other (specify) ↓ Other (specify) ↓ Date of Receipt City State Zip Code Anonout of Eara Receipt fis Period <td< th=""><th></th><th></th><th></th><th>Use separate schedule(s)</th><th>(checl</th><th colspan="7">(check only one)</th></td<>				Use separate schedule(s)	(checl	(check only one)						
Ary information coded from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (in Full) Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS Full Name (Last, First, Middle initial) A. Richard M Bochner MD Mailing Address 152 Tara Drive City State Reskyn NY Name of contributing federal political committee. City State Name of contributing federal political committee. Other (specify w Built Name (Last, First, Middle Initial) Recept For: Point Actions 92 Dation Lane City State Builting Address 92 Dation Lane City State Point Cast, First, Middle Initial) Builting Address 92 Dation Lane City State Ringgold GA State Zip Code Ringgold GA Builting Address 92 Dation Lane Occupation Other (specify) w Coupation Name of Employer Occupation Other (specify) w Coupation	ary information copied from such Reports and Statements may not be sold or used by any person for the purpose, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS Full Name (Last, First, Middle Initial)	11			for each category of the Detailed Summary Page							12	
ar for commercial purposes, other than using the name and address of any political contributions from such committee. NAME OF COMMITTEE (in Full) Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS A. Richard M Bochner MD Malling Address 152 Tara Drive City Malling Address 152 Tara Drive City State Zip Code Name of Employer Northwell Health Primary General Pit Name (Last, First, Middle Initial) B. John A Gracy MD Malling Address 92 Dation Lane City General Primary General City A. Richard M Bochner MD Malling Address 92 Dation Lane City General City General City General City General City A. Richard M Bochner MD Malling Address 92 Dation Lane City A. Richard M Bochner MD Malling Address 912 Gloralee St City A. Richard M Bochner MD Malling Address 912 Gloralee St City A. Richard M Bochner MD Malling Address 912 Gloralee St City A. Richard M Bochner MD Malling Address 912 Gloralee St City A. Richard M Bochner MD Malling Address 9124 Gloralee St City A. Richard M Bochner MD Malling Address 9124 Gloralee St City A. Richard M Bochner MD Malling Address 9124 Gloralee St City A. Richard M Bochner MD Malling Address 9124 Gloralee St City A. Richard M Bochner MD Malling Address 9124 Gloralee St City A. Richard M Bochner MD Malling Address 9124 Gloralee St City A. Richard M Bochner MD Malling Address 9124 Gloralee St City A. Richard M Bochner MD Malling Address 9124 Gloralee St City A. Richard M Bochner MD Malling Address 9124 Gloralee St City A. Richard M Bochner MD Malling Address 9124 Gloralee St City A. Richard M Bochner MD Malling Address 9124 Gloralee St City A. Richard M Bochner MD Malling Address 9124 Gloralee St City A. Richard M Bochner MD Malling Address 9124 Gloralee St City A. Richard M Bochner MD Malling Address 9124 Gloralee St City A. Richard M Bochner M Matter M Bochner M Matter M Bochner M Matter M M M	ar for commercial puppess, other than using the name and address of any political committee to solici contributions from such committee. NAME OF COMMITTEE (in Full) Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS Full Name (Last, First, Middle Initial) A. Richard M Bochner MD Mailing Address 152 Tara Drive City State Zp Code Receipt For: City Commercial committee. City General City Gene		information popilar from such Department of	Notom crite	l not be cold or used by small							-	
Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS A. Richard M Bochner MD Mailing Address 152 Tara Drive City State PEC ID number of contributing federal political committee. Difference (Last, First, Middle Initial) B. John A Gracy MD Mailing Address 92 Dation Lane City Reagin Name (Last, First, Middle Initial) B. John A Gracy MD Mailing Address 92 Dation Lane City Reaget For: Primary General Other (specify) ✓ State Zip Code Ringold Ga City State Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ✓ Coupation Name of Employer Cocupation Other (specify ✓ Aggregate Year-to-Date ▼ Primary General Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Other (specify ✓ State Zip Code Arenorage Frest, Middle Initial) Date of Receipt <th>Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS A. Richard M Bochner MD Mailing Address 152 Tara Drive Date of Receipt City State Zip Code PEC ID number of contributing federal political committee. C Pull Name (Last, First, Mddle Initial) Aggregate Year-to-Date ▼ Pull Name (Last, First, Mddle Initial) C B. John A Gracy MD Mailing Address 92 Dation Lane C City State Zip Code Ringgold GA 30/36 FEC ID number of contributing federal political committee. C 01 City State Zip Code Ringgold GA 30/36 FEC ID number of contributing federal political committee. C 01 Name of Employer Occupation 0 Immediate City State Zip Code Immediate 0 Receipt For: C Optimized Signeon 0 0 0 Receipt For: C Optimized Signeon 0 0 0 0 FUI Name (Last, First, Mdd</th> <th>or</th> <th>for commercial purposes, other than using the</th> <th>e name and a</th> <th>ddress of any political committee</th> <th>to solic</th> <th>it con</th> <th>tribu</th> <th>utions</th> <th>from su</th> <th>ich con</th> <th>nmitte</th> <th>e.</th>	Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS A. Richard M Bochner MD Mailing Address 152 Tara Drive Date of Receipt City State Zip Code PEC ID number of contributing federal political committee. C Pull Name (Last, First, Mddle Initial) Aggregate Year-to-Date ▼ Pull Name (Last, First, Mddle Initial) C B. John A Gracy MD Mailing Address 92 Dation Lane C City State Zip Code Ringgold GA 30/36 FEC ID number of contributing federal political committee. C 01 City State Zip Code Ringgold GA 30/36 FEC ID number of contributing federal political committee. C 01 Name of Employer Occupation 0 Immediate City State Zip Code Immediate 0 Receipt For: C Optimized Signeon 0 0 0 Receipt For: C Optimized Signeon 0 0 0 0 FUI Name (Last, First, Mdd	or	for commercial purposes, other than using the	e name and a	ddress of any political committee	to solic	it con	tribu	utions	from su	ich con	nmitte	e.
Full Name (Last, First, Middle Initial) A. Richard M Bochner MD Mailing Address 152 Tara Drive City NY Rosiyn NY NY 11576 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Nortwell Health Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) B. John A Gracy MD B. John A Gracy MD Date of Receipt Mailing Address 92 Dation Lane City City State Zip Code Ringold GA 30736 FEC ID number of contributing federal political committee. City Name of Employer Occupation Sol feripolitical committee. City Receipt For: Aggregate Year-to-Date ▼ Primary General Occupation Other (specify) ▼ General Occupation City State Zip Code Ringold Ga Tranaaction D: 787345 FEC ID number of contributing federal political committee. City <t< th=""><th>Full Name (Last, First, Middle Initial) Date of Receipt A. Richard M Bochner MD Mailing Address 152 Tara Drive Date of Receipt City State Zip Code Roadyn NY 11576 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Name of Employer Occupation Name of Employer Occupation Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) B. B. John A Gracy MD Date of Receipt Mailing Address 92 Dation Lane C City State Zip Code Ringgold GA 30736 FEC ID number of contributing federal political committee. C Name of Employer Occupation Other (specify) Aggregicale Year-to-Date V Primary General Othopaedic Surgeon Ringgold General Othopaedic Surgeon Ringgold General Othopaedic Surgeon Ringgold For: Primary General Othopaedic Surgeon Ringerif For: Primary General Othopaedic</th><th>\square</th><th></th><th></th><th></th><th></th><th>_</th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	Full Name (Last, First, Middle Initial) Date of Receipt A. Richard M Bochner MD Mailing Address 152 Tara Drive Date of Receipt City State Zip Code Roadyn NY 11576 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Name of Employer Occupation Name of Employer Occupation Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) B. B. John A Gracy MD Date of Receipt Mailing Address 92 Dation Lane C City State Zip Code Ringgold GA 30736 FEC ID number of contributing federal political committee. C Name of Employer Occupation Other (specify) Aggregicale Year-to-Date V Primary General Othopaedic Surgeon Ringgold General Othopaedic Surgeon Ringgold General Othopaedic Surgeon Ringgold For: Primary General Othopaedic Surgeon Ringerif For: Primary General Othopaedic	\square					_						
A. Richard M Bochner MD Date of Receipt Maling Address 152 Tara Drive 02 01 2016 City NY 11576 Redyn NY 11576 FEC ID number of contributing federal political committee. 0 01 2016 Name of Employer Occupation 0 0 Name (Last, First, Middle Initial) B. John A Gracy MD Date of Receipt 02 01 2016 B. John A Gracy MD Maling Address 92 Dalon Lane 0 02 01 2016 02 10 7 2016 City State Zip Code Transaction D: 787345 Anount of Each Receipt this Period B. John A Gracy MD Maling Address 92 Dalon Lane 02 01 7 2016 Transaction D: 787345 Ringgold GA 30736 Anount of Each Receipt this Period FEC ID number of contributing tederal political committee. C 00 00 Memo Item Sol Employer Occupation Solon 0 Memo Item 02 01 7 2016 City State Zip Code Transaction D: 787345 Anount of Each Receipt this Period FEC ID number of contributing tederal political committee. Occupation Transaction D: 787345 Anount of Each Receipt this	A. Richard M Bochner MD Date of Receipt Mailing Address 152 Tara Drive City City State Zip Code Name of Employer Occupation Northwell Health Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Pirmary General Other of secolpt Intervention C Mailing Address 92 Daton Lane C City State Zip Code Name of Employer Occupation Other of secolpt Intervention Aggregate Year-to-Date ▼ Pull Name (tast. First, Middle Initial) Date of Receipt Intervention B. John A Gracy MD Mailing Address 92 Daton Lane City State Zip Code Ringgold GA 30736 FEC ID number of contributing federal political committee. C Primary General Occupation Other (specify) ▼ General City 2016 City State Zip Code Name of Employer Occupation Memo Item Other (specify) ▼ General City 2016 City Andress 9124 Gloralee St		Political Action Committee of th	e America	an Association of Ortho	paed	ic S	urg	geon	sPA	∖C of	f AA	OS
Mailing Address 152 Tara Drive	Mailing Address 152 Tara Drive 2/2 016 City State Zip Code Resign NY 11576 FEC ID number of contributing federal political committee. 0 250.00 Name of Employer Occupation 250.00 Name of Employer Occupation 250.00 Primary General 0ther (specify) ▼ 250.00 B. John A Gracy MD Date of Receipt 2016 Mailing Address 92 Dalion Lane C 00 2016 City State Zip Code 701 2016 Ringgold GA 30736 FEC ID number of contributing federal political committee. Date of Receipt Receipt For: Occupation Orthopaedic Surgeon 700 2016 700 2016 Receipt For: Occupation Occupation 00 700 2016 700 2016 Receipt For: Occupation Occupation 00 700 2016 700 2016 Receipt For: Occupation Occupation Occupation 700 2016 700 2016 <td< th=""><th><u>v</u></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	<u>v</u>											
City State Zip Code Transaction ID: 7879343 FEC: ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Occupation Onthopaadic Surgeon Northwell Health Onthopaadic Surgeon Memo item Primary General Other (specify) ▼ Date of Receipt B. John A Gracy MD Date of Receipt Date of Receipt Mailing Address g2 Dalon Lane C Onthopaedic Surgeon City State Zip Code Receipt For: C C Primary General Occupation Other (specify) ▼ C Date of Receipt Mailing Address g2 Dalon Lane C Transaction ID: 7879345 Receipt For: C C Primary General Occupation Orthopaedic Surgeon Receipt this Period S00.00 FUI Name (Last, First, Middle Initial) C Date of Receipt City State Zip Code Aggregate Year-to-Date ▼ Primary General Orthopaedic Surgeon Date of Receipt Mailing Address g124 Gloralee St C Aggregate Year-to-Date ▼ City State Zip Code Anount of Each Receipt this Period	City State Zip Code 01 2016 Restyn NY 11576 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation Memo Item 250.00 Name of Employer Occupation Orthogaedic Surgeon Memo Item Receipt For: Aggregate Year-to-Date ▼ 250.00 Date of Receipt Built Name (Last, First, Middle Initial) B. John A Gracy MD Date of Receipt Date of Receipt Mailing Address g2 Dation Lane City State Zip Code Amount of Each Receipt this Period City State Zip Code Transaction ID : 7879345 Amount of Each Receipt this Period Ringold GA 30726 State Zip Code Transaction ID : 7879345 Name of Employer Occupation Orthopaedic Surgeon Magregate Year-to-Date ▼ Date of Receipt Self Employed Orthopaedic Surgeon Aggregate Year-to-Date ▼ Date of Receipt 2016 City Mailing Address 9124 Gloralee St City State Zip Code Amount of Each Receipt this Period City Mailing Address 9124 Gloralee St G	Α.				Da	ate of	Red	ceipt				
City State Zip Code Transaction ID : 7879343 Rosyn NY 11576 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C	City State Zip Code Transaction ID : 7879343 Rodyn NY 11576 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation Memo item 250.00 Northwell Health Orthopaedic Surgeon Memo item Memo item Proceipt For: Optiopaedic Surgeon Date of Receipt Pull Name (Last, First, Middle Initial) 250.00 Date of Receipt B. John A Gracy MD Date of Receipt Date of Receipt Mailing Address 92 Dalon Lane C 01 2016 City State Zip Code Transaction ID : 7879345 Amount of contributing federal political committee. Occupation Date of Receipt Name of Employer Occupation S00.00 Memo item Self Employed Orthopaedic Surgeon Memo item S00.00 Full Name (Last, First, Middle Initial) C 206 01 2016 City State Zip Code Aggregate Year-to-Date ▼ 01 2016 77 Mailing Address 9124 Gloralee St Orthopaedic Surgeon S00.00 Date of Receipt <td< th=""><th></th><th>Mailing Address 152 Tara Drive</th><th></th><th></th><th>T.</th><th></th><th>/</th><th></th><th>D /</th><th></th><th></th><th>Y</th></td<>		Mailing Address 152 Tara Drive			T.		/		D /			Y
FEC ID number of contributing federal political committee. C 250.00 Name of Employer Monthwell Health Occupation Orthopaedic Surgeon Memo item Receipt For: B John A Gracy MD Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 92 Dation Lane C 01 2016 City Beding Address 92 Dation Lane C 02 01 2016 City Beding Address 9124 Gloralee St Occupation Orthopaedic Surgeon Memo Item 01 2016 City Anchorage Ak 99502 FEC ID number of contributing federal political committee. 02 01 2016 City Anchorage Ak 99502 FEC ID number of contributing federal political committee. 500.00 Memo Item Name of Employer Anchorage Ack 99502 500.00 Memo Item	FEC ID number of contributing tederal political committee. C 250.00 Name of Employer Occupation Onthopadic Surgeon Northwell Health Onthopadic Surgeon Aggregate Year-to-Date ▼ 02 01 2016 Full Name (Last, First, Middle Initial) B. John A Gracy MD Date of Receipt 02 01 2016 Transaction ID: 7879345 Amount of Each Receipt this Period 02 01 2016 City State Zip Code Amount of Each Receipt this Period 02 01 2016 FEC ID number of contributing federal political committee. C 02 01 2016 Transaction ID: 7879345 Name of Employer Occupation Orthopaedic Surgeon 02 01 2016 Transaction ID: 7879345 Receipt For: Onthopaedic Surgeon Aggregate Year-to-Date ▼ 01 2016 Transaction ID: 7879346 City State Zip Code Ak 99502 Transaction ID: 7879346 Amount of Each Receipt Mis Period 02 01 2016 Transaction ID: 7879346 Anchorage Fracture & Ontho Clinic Onthopaedic Surgeon S00.00 Transaction ID: 78		City	State	Zip Code	1		actio				10	
federal political committee. V 2000 Name of Employer Occupation Memo Item Northwell Health Orthopaedic Surgeon Perinary Receipt For: Agregate Year-to-Date ▼ 000 B. John A Gracy MD Date of Receipt Mailing Address 92 Dalon Lane 010 250.00 City State Zip Code Receipt For: Occupation Other (specify) Pail Name (Last, First, Middle Initial) B. Date of Receipt Name of Employer Occupation C Name of Employer Occupation Transaction ID: 7879345 Amount of Each Receipt His Period 500.00 Memo Item Receipt For: Aggregate Year-to-Date ▼ 001 2016 City General Othor (specify) ▼ Date of Receipt 002 01 2016 City State Zip Code AK 99602 Amount of Each Receipt His Period Feace IF Dri Othor (specify) ▼ General C 01 2016 Transaction ID: 7879346 Anchorage AfX 99602 Forter (specify) <	federal political committee. 230.00 Name of Employer Occupation Northwell Health Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ B. John A Gracy MD Date of Receipt Maiing Address 92 Dation Lane 01 City State Zip Code Receipt For: 01 2016 Transaction ID : 7879345 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Receipt For: Occupation Primary General Other (specify) ▼ Sou.00 City State Zip Code Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Sou.00 C Upshurf M Spencer MD Malling Address 9124 Gloralee St C City State Zip Code Anchorage AK 99502 Full Name (Last, First, Middle Initial) C City State Zip Code Anchorage AK 99502 Fiel ID nu		Roslyn	NY	11576	An	nount	of I	Each F	Receipt	this Pe	eriod	
Name of Employer Occupation Nortwell Health Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Date of Receipt B. John A Gracy MD Date of Receipt Mailing Address 92 Dation Lane 02 City State Zip Code Reingold GA 30736 FEC ID number of contributing federal political committee. Cocupation Self Employer Occupation Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Full Name (Last, First, Middle Initial) C C. Upstored MD Mailing Address 9124 Gloralee St C City State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. C Occupation C 02 01 2016 Transaction ID : 787345 Annourt of Each Receipt His Period 70 2016 Transaction ID : 787346 Anourt	Name of Employer Occupation Name of Employer Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt City State Zip Code Ringgold GA 30736 FEC ID number of contributing tederal political committee. City State Name of Employer Occupation Memo item Self Employed Orthopaedic Surgeon Memo item Receipt For: General Orthopaedic Surgeon Memo item Maiing Address 9124 Gloralee St C Of 2016 Transaction ID : 767346 Andreage AK 99802 S00.00 Memo item S00.00 Primary General Occupation General Occupation Maiing Address 9124 Gloralee St C Occupation Memo item Maiing Address 9124 Gloralee St C Occupation Memo ite		0	С							:	250.0	0
Name of Employer Occupation Primary General Primary General B. John A Gracy MD Aggregate Year-to-Date ▼ City State Zip Code Ringgold GA 30736 FEC ID number of contributing federal political committee. C State Zip Code Name of Employer Occupation Memo item 500.00 Ringgold GA 30736 Memo item City State Zip Code Transaction ID: 7879345 Name of Employer Occupation Orthopaedic Surgeon Memo item 500.00 Receipt For: Aggregate Year-to-Date ▼ Memo item 500.00 C Upshur M Spencer MD Aggregate Year-to-Date ▼ Date of Receipt Malling Address 9124 Gloralee St C 1 2016 Transaction ID: 7879346 Anchorage AK 99502 Amount of Each Receipt this Period 1 2016 Tensaction ID: 7879346 Amount of Each Receipt this Period 1 2016 1 2016 Transaction ID: 7879346 Amount of Each Receipt this Period 1 20	Name of Employer Docupation Northwell Health Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ B. John A Gracy MD Date of Receipt Mailing Address 92 Dation Lane 02 City State Zip Code Ringgold GA 30736 FEC ID number of contributing federal political committee. Occupation Name of Lemployer Occupation Built Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ City State Zip Code Name of Employer Occupation Memo Item Self Employed Orthopaedic Surgeon Memo Item City State Zip Code Name of Employer General Mailing Address 9124 Gloralee St City State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Memo Item Anchorage AK 99502 FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Name of Employe		federal political committee.	•		나는	Man		,	7	_		
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name (Last, First, Middle Initial) B. John A Gracy MD Mailing Address 92 Dallon Lane 01 City State Zip Code Ringgold GA 30736 FEC ID number of contributing C S00.00 Ide of Receipt S00.00 Name of Employer Occupation Other (specify) V State Aggregate Year-to-Date Other (specify) Mailing Address 9124 Gloralee St Other (specify) City State Zip Code Anchorage Ak 99502 FEC. ID number of contributing (ederal political committee. Occupation Name of Employer Occupation Aggregate Year-to-Date State Zip Code Anchorage Ak 99502 Name of Employer Occupation Orthopaedic Surgeon Name of Employer Occupation Orthopaedic Surgeon Name of Employer Aggregate Year-to-Date ▼ State Other (specify)	Receipt For: Aggregate Year-to-Date ▼ B. John A Gracy MD Date of Receipt Mailing Address 92 Dallon Lane City City State Zip Code Ringgold GA 30736 FEC ID number of contributing federal policial committee. C Transaction ID : 7879345 Name of Employer Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Memo Item Aggregate Year-to-Date ▼ Memo Item City State Zip Code Name of Employer Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Other (specify) ▼ State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. C 1250.00 Name of Employer Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Mailing Address 9124 Gioralee St C 1200 City State Zip Code Amount of Each Receipt His Period FEC ID number of contributing federal political committee. Occupation Amount of Each Receipt His Period Name of Employer Aggregate Year-to-Date ▼ 500.00 1250.00						wien		em				
Primary General Aggregate Heal-0-Oate ▼ Dther (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 92 Dallon Lane 02 / 01 / 2016 City State Zip Code Ringgold GA 30736 FEC ID number of contributing federal political committee. C Name of Employer Occupation Self Employed Onthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Mailing Address 9124 Gloralee St 01 / 2016 City State Zip Code Anchorage Atk 29502 FEC ID number of contributing federal political committee. C Oity State Zip Code Anchorage Atk 99502 FEC ID number of contributing federal political committee. C Name of Employer Occupation Anthorage Fracture & Otho Clinic Orthopaedic Surgeon Receipt Tor: Aggregate Yea-to-Date ▼ State Zip Code <tr< td=""><td>Primary General Page/egate real-t0-Date ▼ B. John A Gracy MD Date of Receipt Mailing Address 92 Dallon Lane 01 2016 City State Zip Code Ringgold GA 30736 FEC ID number of contributing federal political committee. C 500.00 Name of Employer Occupation Memo Item Before for: Other (specify) ▼ State Zip Code Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Memo Item C. Upshur M Spencer MD Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 9124 Gloralee St 01 2016 Transaction ID: 7873346 Anchorage At 299502 Amount of Each Receipt His Period FEC ID number of contributing federal policial committee. C 01 2016 FEC ID number of contributing federal policial committee. C 00 7873346 Anchorage Fracture & Ortho Clinic Arggregate Year-to-Date ▼ 500.00 Memo Item SubtroTAL of Receipt This Page (optional) 4ggregate Year-to-Date ▼ 1250.00 1250.00</td><td></td><td></td><td>•</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr<>	Primary General Page/egate real-t0-Date ▼ B. John A Gracy MD Date of Receipt Mailing Address 92 Dallon Lane 01 2016 City State Zip Code Ringgold GA 30736 FEC ID number of contributing federal political committee. C 500.00 Name of Employer Occupation Memo Item Before for: Other (specify) ▼ State Zip Code Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Memo Item C. Upshur M Spencer MD Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 9124 Gloralee St 01 2016 Transaction ID: 7873346 Anchorage At 299502 Amount of Each Receipt His Period FEC ID number of contributing federal policial committee. C 01 2016 FEC ID number of contributing federal policial committee. C 00 7873346 Anchorage Fracture & Ortho Clinic Arggregate Year-to-Date ▼ 500.00 Memo Item SubtroTAL of Receipt This Page (optional) 4ggregate Year-to-Date ▼ 1250.00 1250.00			•									
Other (specify) 250.00 Full Name (Last, First, Middle Initial) Date of Receipt B. John A Gracy MD Ga Mailing Address 92 Dallon Lane 02 City State Zip Code Ringgold GA 30736 FEC ID number of contributing federal political committee. C 500.00 Name of Employer Occupation Orthopaedic Surgeon Memo Item Primary General Other (specify) ✓ Date of Receipt City State Zip Code 500.00 Receipt For: Aggregate Year-to-Date ▼ 500.00 Pull Name (Last, First, Middle Initial) C Date of Receipt City State Zip Code Anchorage AK 9502 FEC ID number of contributing federal political committee. C 02 01 2016 Transaction ID: 7879346 Amount of Each Receipt this Period 500.00 Transaction ID: 7879346 Malling Address 9124 Gloralee St C 01 2016 Transaction ID: 7879346 City State Zip Code Ak 9502 Transaction ID: 7879346	Other (specify) 250.00 Full Name (Last, First, Middle Initial) Date of Receipt Oity State Zip Code Gity State Zip Code Gity GA 30736 FEC ID number of contributing federal political committee. C 500.00 Name of Employer Occupation Orthopaedic Surgeon Memo Item Receipt For: Other (specify) General 500.00 Primary General Goto orthopaedic Surgeon Date of Receipt Mailing Address 9124 Gloralee St Occupation Orthopaedic Surgeon Date of Receipt City State Zip Code Anchorage Agregate Year-to-Date ▼ Mailing Address 9124 Gloralee St Occupation Orthopaedic Surgeon Date of Receipt City State Zip Code Anchorage Agregate Year-to-Date ▼ Agregate Year-to-Date Occupation Memo Item Agregate Year-to-Date Souto of Each Receipt This Period Transaction ID : 7879346 FEC ID number of contributing federal political committee. Occupation Memo Item Agregate Year-to-Date Souto of Each Receipt This Period Souto of Each Receipt This Period			Aggregate	Year-to-Date ▼								
B. John A Gracy MD Date of Receipt Mailing Address 92 Dallon Lane 01 2016 City State Zip Code Ringgold GA 30736 FEC ID number of contributing federal political committee. C Transaction ID : 7879345 Name of Employer Occupation Orthopaedic Surgeon Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Primary General 500,00 Other (specify) ▼ State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. C City State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. C Name of Employer Occupation Onthopaedic Surgeon Memo Item Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Occupation Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ State 500.00	B. John A Gracy MD Date of Receipt Mailing Address 92 Dallon Lane 01 2016 City State Zip Code Ringgold GA 30736 FEC ID number of contributing federal political committee. C 500.00 Name of Employer Occupation Orthopaedic Surgeon Memo Item Receipt For: Other (specify) ▼ State Zip Code Full Name (Last, First, Middle Initial) C Upshur M Spencer MD Mailing Address 9124 Gloralee St 0 2016 City State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. C City State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. C Name of Employer Occupation Anchorage Fracture & Ortho Clinic Onthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Occupation Other (specify) ▼ Aggregate Year-to-Date ▼ Memo Item SubstortaL of Receipts				250.00								
B. John A Gracy MD Date of Receipt Mailing Address 92 Dallon Lane 01 2016 City State Zip Code Ringgold GA 30736 FEC ID number of contributing federal political committee. C Transaction ID : 7879345 Name of Employer Occupation Orthopaedic Surgeon Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Primary General 500,00 Other (specify) ▼ State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. C City State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. C Name of Employer Occupation Onthopaedic Surgeon Memo Item Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Occupation Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ State 500.00	B. John A Gracy MD Date of Receipt Mailing Address 92 Dallon Lane 01 2016 City State Zip Code Ringgold GA 30736 FEC ID number of contributing federal political committee. C 500.00 Name of Employer Occupation Orthopaedic Surgeon Memo Item Receipt For: Other (specify) ▼ State Zip Code Full Name (Last, First, Middle Initial) C Upshur M Spencer MD Mailing Address 9124 Gloralee St 0 2016 City State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. C City State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. C Name of Employer Occupation Anchorage Fracture & Ortho Clinic Onthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Occupation Other (specify) ▼ Aggregate Year-to-Date ▼ Memo Item SubstortaL of Receipts				7								
City State Zip Code Ringold GA 30736 FEC ID number of contributing C 500.00 FEC ID number of contributing C 500.00 Name of Employed Orthopaedic Surgeon Memo Item Receipt For: Aggregate Year-to-Date ▼ 02 01 2016 Transaction ID : 7879345 Amount of Each Receipt this Period 500.00 Memo Item Ct Upshur M Spencer MD 01 2016 100.00 Mailing Address 9124 Gloralee St C 01 2016 100.00 City State Zip Code 7879346 Amount of Each Receipt ID : 7879346 Anchorage AK 99502 Transaction ID : 7879346 Amount of Each Receipt ID : 7879346 Name of Employer Occupation Orthopaedic Surgeon Memo Item 500.00 Memo Item Name of Employer Occupation Orthopaedic Surgeon Memo Item 500.00 Memo Item Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Memo Item 500.00 Memo Item Primary General Other (speciffy) ▼ S0	City State Zip Code Ringgold GA 30736 FEC ID number of contributing federal political committee. C Transaction ID : 7879345 Name of Employer Occupation S00.00 Self Employed Orthopaedic Surgeon Memo Item Primary General Other (specify) ▼ S00.00 Full Name (Last, First, Middle Initial) C Upshur M Spencer MD Mailing Address g124 Gloralee St State Zip Code City State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Anchorage AK 99502 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Memo Item Anchorage Fracture & Ortho Clinic Occupation Memo Item Name of Employer Occupation Memo Item Actorage Fracture & Ortho Clinic Aggregate Year-to-Date ▼ Memo Item SubBTOTAL of Receipts This Page (optional)	В.				Da	ate of	Red	ceipt				
City State Zip Code Ringgold GA 30736 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employed Occupation Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Primary General 500.00 Other (specify) ▼ State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. C State City State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. C State Name of Employer Occupation Memo Item Anchorage AK 99502 FEC ID number of contributing federal political committee. C Name of Employer Occupation Memo Item Anchorage Fracture & Otho Clinic Onthopaedic Surgeon Memo Item Primary General Other (specify) ▼ Sto0.00 Memo Item	City State Zip Code Transaction ID : 7879345 Ringgold GA 30736 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 500.00 Name of Employer Self Employed Occupation Orthopaedic Surgeon Memo Item Feceipt For: Aggregate Year-to-Date ▼ 0 Primary General Other (specify) ▼ Date of Receipt City State Zip Code Anchorage AK Achorage AK 99502 Name of Employer Occupation Orthopaedic Surgeon Date of Receipt Mailing Address 9124 Gloralee St C 2016 City State Zip Code Anchorage AK PEC ID number of contributing federal political committee. C 500.00 Name of Employer Occupation Orthopaedic Surgeon 500.00 Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Memo Item Achorage Fracture & Ortho Clinic Aggregate Year-to-Date ▼ 500.00 Name of Employer Aggregate Year-to-Date ▼ 500.00 Other (specify) ▼ General Other (specify) ▼ 500.00		Mailing Address 92 Dallon Lane			N	1 M	/	DI	D /	Y Y	Y	Y
Ringgold GA 30736 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Self Employed Occupation Orthopaedic Surgeon Image: Committee interval interva	Ringgold GA 30736 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Self Employed Occupation Orthopaedic Surgeon Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Other (specify) ▼ State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. C Other (specify) ▼ Occupation Mailing Address 9124 Gloralee St C City Anchorage AK 99502 FEC ID number of contributing federal political committee. C State Name of Employer Anchorage Fracture & Ortho Clinic Receipt For: Occupation Orthopaedic Surgeon Amount of Each Receipt this Period Name of Employer Anchorage Fracture & Ortho Clinic Receipt For: Aggregate Year-to-Date ▼ Memo Item Memo Item Aggregate Year-to-Date ▼ 1250.00 SUBTOTAL of Receipts This Page (optional) 1250.00 1250.00		<u></u>	Ctata	Zin Codo	4 L						16	
FEC ID number of contributing federal political committee. C 500.00 Name of Employer Self Employed Occupation Orthopaedic Surgeon Memo Item Receipt For: Aggregate Year-to-Date ▼ 600.00 Primary General 500.00 Other (specify) ▼ Date of Receipt for: 02 Other (specify) ▼ Date of Receipt 02 City State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. C Name of Employer Occupation Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Receipt For: Occupation Primary General Other (specify) ▼ Occupation Orthopaedic Surgeon Memo Item Mailing Address 9124 Gloralee St C City Atk 99502 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Anchorage Fracture & Ortho Clinic Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) ▼ S00.	FEC ID number of contributing tederal political committee. C 500.00 Name of Employer Self Employed Occupation Orthopaedic Surgeon Memo Item Receipt For: Aggregate Year-to-Date ▼ 500.00 FUI Name (Last, First, Middle Initial) C Date of Receipt City State Zip Code Anchorage AK 99502 FEC ID number of contributing tederal political committee. Occupation Name of Employer Occupation Anchorage AK 99502 FEC ID number of contributing tederal political committee. C 000.00 Name of Employer Occupation Memo Item Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Memo Item Receipt For: Orthopaedic Surgeon Memo Item Receipt For: Occupation Memo Item Aggregate Year-to-Date ▼ 500.00 Memo Item SUBETOTAL of Receipts This Page (optional)											ariad	
federal political committee. S00.00 Name of Employer Occupation Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ S00.00 Full Name (Last, First, Middle Initial) Date of Receipt C. Upshur M Spencer MD Mailing Address 9124 Gloralee St City State Zip Code Anchorage AK 99502 FEC ID number of contributing C 500.00 federal political committee. Occupation Name of Employer Occupation Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Receipt For: Optimizer Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Memo Item 500.00	federal political committee. Summe of Employer Occupation Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Sol.00 Full Name (Last, First, Middle Initial) Date of Receipt Cty State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Receipt For: Occupation Primary General Octup Occupation Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Receipt For: Orthopaedic Surgeon Primary General Other (specify) ▼ Sol0.00 Memo Item Memo Item				00100		Iouni			heceipt	uns re	enou	_
Self Employed Orthopaedic Surgeon Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Date of Receipt C. Upshur M Spencer MD Date of Receipt Mailing Address g124 Gloralee St Date of Receipt City State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. C Name of Employer Occupation Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Receipt For: Orthopaedic Surgeon Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Memo Item 500.00	Self Employed Orthopaedic Surgeon Receipt For: Orthopaedic Surgeon Other (specify) ▼ Aggregate Year-to-Date ▼ Mailing Address 9124 Gloralee St Date of Receipt City State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. C 500.00 Name of Employer Occupation Aggregate Year-to-Date ▼ Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Amount of Each Receipt this Period Receipt For: Orthopaedic Surgeon Memo Item Maine of Employer Occupation Orthopaedic Surgeon Achorage Fracture & Ortho Clinic Orthopaedic Surgeon Memo Item SubbrottaL of Receipts This Page (optional)		0	С					7		ę	500.0	0
Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Date of Receipt Mailing Address g124 Gloralee St Date of Receipt City State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Full Name (Last, First, Middle Initial) Date of Receipt C. Upshur M Spencer MD Date of Receipt Mailing Address 9124 Gloralee St Date of Receipt City State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. C Name of Employer Occupation Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Other (specify) Aggregate Year-to-Date ▼ 1250.00		Name of Employer	Occupation	1	- Г	Men	no It	em				
Primary General Other (specify) ▼ State Full Name (Last, First, Middle Initial) Date of Receipt City State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Stote of Receipt	Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Date of Receipt C. Upshur M Spencer MD Date of Receipt Mailing Address 9124 Gloralee St 01 / 2016 City State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. C 500.00 Name of Employer Occupation 500.00 Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Other (specify) ▼ 1250.00 1250.00												
Other (specify) ✓ 500,00 Full Name (Last, First, Middle Initial) Date of Receipt C. Upshur M Spencer MD Ø2 Ø1 2016 Mailing Address 9124 Gloralee St Ø2 Ø1 2016 City State Zip Code ArK 99502 FEC ID number of contributing federal political committee. C 500,00 Memo Item Name of Employer Occupation Orthopaedic Surgeon 500,00 Memo Item Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Aggregate Year-to-Date ▼ Memo Item Primary General 500,00 500,00 Memo Item	Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Date of Receipt C. Upshur M Spencer MD Date of Receipt Mailing Address 9124 Gloralee St 02 City State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. C 500.00 Name of Employer Occupation Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) ▼ 500.00 1250.00			Aggregate	Year-to-Date ▼								
Full Name (Last, First, Middle Initial) Date of Receipt City State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Occupation Orthopaedic Surgeon Ackorage Fracture & Ortho Clinic Orthopaedic Surgeon Memo Item Primary General General 500.00 Other (specify) ▼ 1000 1000 1000	Full Name (Last, First, Middle Initial) Date of Receipt C. Upshur M Spencer MD Date of Receipt Mailing Address 9124 Gloralee St 02 01 2016 City State Zip Code Transaction ID : 7879346 Anchorage AK 99502 Amount of Each Receipt Inis Period FEC ID number of contributing federal political committee. C 500.00 Name of Employer Occupation 500.00 Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Memo Item Receipt For: Aggregate Year-to-Date ▼ 500.00 1250.00 SUBTOTAL of Receipts This Page (optional)				E00.00								
C. Upshur M Spencer MD Date of Receipt Mailing Address 9124 Gloralee St Date of Receipt City State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. C 500.00 Name of Employer Occupation Orthopaedic Surgeon Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Memo Item Primary General 500.00 Memo Item	C. Upshur M Spencer MD Date of Receipt Mailing Address 9124 Gloralee St 02 01 2016 City State Zip Code Transaction ID : 7879346 Anchorage AK 99502 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 500.00 Name of Employer Occupation Magregate Year-to-Date ▼ Memo Item Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Memo Item 1250.00 SUBTOTAL of Receipts This Page (optional)		Other (specify) v		, , , , , , , , , , , , , , , , , , , ,								
Mailing Address 9124 Gloralee St City State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. C Transaction ID : 7879346 Name of Employer Occupation Memo Item Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Memo Item Primary General Stol.00 Memo Item	Mailing Address 9124 Gloralee St City State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. C Transaction ID : 7879346 Name of Employer Occupation Anchorage Fracture & Ortho Clinic Stopped Sto	~					to of	Por	opint				
City State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Occupation 500.00 Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Memo Item Primary General Aggregate Year-to-Date ▼ 500.00 Other (specify) ▼ 500.00 1350.00	City State Zip Code Anchorage AK 99502 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Occupation 500.00 Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Memo Item Receipt For: Aggregate Year-to-Date ▼ 500.00 Other (specify) ▼ S00.00 1250.00	0.	• •								Y Y	Y	Y
Anchorage AK 99502 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Occupation 500.00 Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Memo Item Receipt For: Aggregate Year-to-Date ▼ 500.00 Other (specify) ▼ S00.00 1250.00	Anchorage AK 99502 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 500.00 Name of Employer Occupation 500.00 Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Memo Item Receipt For: Aggregate Year-to-Date ▼ 500.00 Other (specify) ▼ 500.00 1250.00												
FEC ID number of contributing federal political committee. C 500.00 Name of Employer Occupation Memo Item Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Memo Item Receipt For: Aggregate Year-to-Date ▼ 500.00 Other (specify) ▼ 500.00 1250.00	FEC ID number of contributing federal political committee. C 500.00 Name of Employer Occupation Memo Item Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Memo Item Receipt For: Aggregate Year-to-Date ▼ 500.00 Other (specify) ▼ 500.00 1250.00		-										
federal political committee. 500.00 Name of Employer Occupation Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00	federal political committee. 500.00 Name of Employer Occupation Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00			AN	99502	An	nount	of I	Each F	Receipt	this Pe	eriod	
Name of Employer Occupation Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00	Name of Employer Occupation Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ SUBTOTAL of Receipts This Page (optional)		5	С		11			, .		ę	500.0	0
Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00	Anchorage Fracture & Ortho Clinic Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00		Name of Employer	Occupation			Men	no It	em				
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)												
Primary General Other (specify) ▼ 500.00	Primary General Other (specify) ✓ SUBTOTAL of Receipts This Page (optional)				3								
	SUBTOTAL of Receipts This Page (optional)												
SUBTOTAL of Receipts This Page (optional)			Uther (specify)		300.00								
SUBTOTAL of Receipts This Page (optional)		Γ						-				_	-
	TOTAL This Period (last page this line number only)	5	SUBTOTAL of Receipts This Page (optional)		••••••				7	7	12	250.00	0
TOTAL This Paried (last page this line number only)		1	OTAL This Period (last page this line number	only)	>	. Г							

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 131 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	d Statements may not be sold or used by any per the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of Ortho	ppaedic SurgeonsPAC of AAOS
✓ Full Name (Last, First, Middle Initial) A. Daniel R Ripa MD Mailing Address 4000 S 98th St City Lincoln FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code NE 68520 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00 250.00	Date of Receipt 02 01 2016 Transaction ID : 7879349 Amount of Each Receipt this Period 250.00 Memo Item
Full Name (Last, First, Middle Initial) Arthur F Lee MD Mailing Address 5270 Drake Road City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Consultants of Cincinnati Receipt For: Primary General Other (specify) ▼	State Zip Code OH 45243 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt 02 01 2016 Transaction ID : 7879350 Amount of Each Receipt this Period 250.00 Memo Item
Full Name (Last, First, Middle Initial) Jeffrey D Thomson MD Mailing Address 4 Fitzwilliam Park City Farmington FEC ID number of contributing federal political committee. Name of Employer Connecticut Children's Specialty Group Receipt For: Primary General Other (specify)	State C Zip Code 06032 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 225.00	Date of Receipt 02 01 2016 Transaction ID : 7879351 Amount of Each Receipt this Period 225.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	•	725.00

TOTAL This Period (last page this line number only)...... 1.

FOR LINE NUMBER:

PAGE 132 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th		
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	ne American Association of Ortho	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Jeffrey H Berg MD		Date of Receipt
Mailing Address 1860 Town Center Dr Ste 30		02 01 2016
City Reston	State Zip Code VA 20190	Transaction ID : 7879352 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Town Center Ortho Associates	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) B. John R Chase MD		Date of Receipt
Mailing Address 813 Suwanee Court		02 01 2016
City Maitland	State Zip Code FL 32751	Transaction ID : 7879354
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Jewett Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Peter W Gilmer MD		Date of Receipt
Mailing Address 3211 Moore's Mill Rd		02 01 _2016 _
City Rougemont	StateZip CodeNC27572	Transaction ID : 7879359 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Memo Item
Triangle Orthopaedics Receipt For:	Orthopaedic Surgeon	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (optional)	↓ 	1000.00

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

FEC Schedule A (Form 3X) Rev. 12/2015

10

FOR LINE NUMBER:

PAGE 133 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports and or for commercial purposes, other than using th						
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne American Association of Ortho	ppaedic SurgeonsPAC of AAOS				
Full Name (Last, First, Middle Initial) A. Matthew Roberts MD		Date of Receipt				
Mailing Address 325 E 72nd St Apt 9C		02 01 Y Y Y Y 02 01 2016				
City New York	State Zip Code NY 10021	Transaction ID : 7879360 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	500.00				
Name of Employer Hospital for Special Surgery Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Memo Item				
Other (specify) ▼	500.00					
Full Name (Last, First, Middle Initial) B. Jeffrey M Colbert MD		Date of Receipt				
Mailing Address Attn Fay 4644 Lincoln Blvd #530		02 01 / Y Y Y Y 02 01 2016				
City	State Zip Code	Transaction ID : 7879361				
Marina Del Rey	CA 90292-6614	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	500.00				
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Meno ten				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) C. Jeffrey John Anderson MD		Date of Receipt				
Mailing Address 333 O'Connor Dr		M M / D D / Y Y Y Y Y 02 01 _2016 _				
City San Jose	StateZip CodeCA95128-1623	Transaction ID : 7879362 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer	Occupation	— Memo Item				
Self Employed	Orthopaedic Surgeon					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00					
SUBTOTAL of Receipts This Page (optional)	₽	1500.00				

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

FEC Schedule A (Form 3X) Rev. 12/2015

9

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 134 OF

350

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check on	(check only one)						
		for each category of the Detailed Summary Page	X 11a	11b	11c	12				
Any information copied from such Reports a	and Statamanta m	here and ar used by any n	13	14	15	16	17			
or for commercial purposes, other than usin										
NAME OF COMMITTEE (In Full)				_						
Political Action Committee o	f the Americ	an Association of Orthe	opaedic S	Surgeon	isPAC	C of AA	AOS			
Full Name (Last, First, Middle Initial) A. Eugene D DellaMaggiore MD			Date c	of Receipt						
Mailing Address 1214 Sierra Ave					D / Y	Y Y	Y			
			02	01		2016				
City San Jose	State CA	Zip Code 95126		saction ID		o Doriod				
FEC ID number of contributing			Amour	nt of Each I	Receipt thi		_			
federal political committee.	C				7	250.0	00			
Name of Employer	Occupation	1		emo Item						
Self Employed	Orthopaedi	c Surgeon								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		250.00								
Full Name (Last, First, Middle Initial) B. Brian Powers MD			Date c	of Receipt						
Mailing Address 447 Office Plaza			M		D / Y	Y Y	Y			
600 Plaza Court Ste C					02 02 2016					
City East Stroudsburg	State PA	Zip Code 18301		saction ID :		o Doriod				
FEC ID number of contributing		10001	Amour	nt of Each I	Receipt thi	s Period	_			
federal political committee.	С					250.0	00			
Name of Employer	Occupation		Me	emo ltem						
Self Employed	Orthopaedi									
Receipt For:		Year-to-Date ▼								
Other (specify)		250.00	1							
Full Name (Last, First, Middle Initial) C. Andrew Stuart Levy MD			Date c	of Receipt						
Mailing Address 69 Park Ave					D / Y	Y Y	Y			
City	State	Zip Code	02	02		2016	_			
City Morristown	NJ	21p Code 07960		saction ID It of Each I		s Period				
FEC ID number of contributing	0									
federal political committee.	C					1000.0	00			
Name of Employer Occupation		l		emo Item						
Center for Advanced Sports Medicine Receipt For:	Orthopaedi	-								
Primary General	Aggregate	Year-to-Date ▼								
Other (specify) ▼		1000.00								
						4500 (
SUBTOTAL of Receipts This Page (optional	al)				7	1500.0				

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

7

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate sc	
	for each categor Detailed Summa	
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be sold or us ng the name and address of any politi	sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee	of the American Association	n of Orthopaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) Jesse Cole Botker MD		Date of Receipt
Mailing Address 117 Hidden Oaks Circle	State Zip Code	02 02 2016 Transaction ID : 7879427
Mankato	MN 56001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Memo Item
Orthopaedic & Fracture Clinic	Orthopaedic Surgeon	
	Aggregate Year-to-Date ▼	
Other (specify)		250.00
Full Name (Last, First, Middle Initial) B. David Teuscher MD		Date of Receipt
Mailing Address 825 Thomas Rd		M M / D D / Y Y Y Y Y 02 03 2016
City	State Zip Code	Transaction ID : 7882854
Beaumont	TX 77706-4618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	Memo Item
Self-Employed	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼		250.00
Full Name (Last, First, Middle Initial) C. Ryan Edward Will MD		Date of Receipt
Mailing Address 2007 60th Ave NW		M M / D D / Y Y Y Y Y 02 03 2016
City Gig Harbor	StateZip CodeWA98335	Transaction ID : 7883287 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	Memo Item
Multicare Health System	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		500.00
SUBTOTAL of Receipts This Page (optio	nal)	
TOTAL This Period (last page this line no	mber only)	• • • • • • • • • • • • • • • • • • •

FOR LINE NUMBER:

PAGE 136 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	d Statements may not be sold or used by any pe the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) Daniel K. Guy MD Mailing Address 630 Country Club Rd City Lagrange FEC ID number of contributing federal political committee. Name of Employer Southern Orthopaedic Specialists Receipt For: Primary General Other (specify) ▼	State Zip Code GA 30240 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
Full Name (Last, First, Middle Initial) W Stanley Foster MD Mailing Address 108 Valerie Dr City Lafayette FEC ID number of contributing federal political committee. Name of Employer Lafayette General Health Ventures Receipt For: Primary General Other (specify) ▼	State Zip Code LA 70508-6008 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt 02 04 2016 Transaction ID : 7883921 Amount of Each Receipt this Period 250.00 Memo Item
Full Name (Last, First, Middle Initial) Michael Paul Chapman MD Mailing Address 985 Prince Phillip Dr City Dubuque FEC ID number of contributing federal political committee. Name of Employer Medical Associates of Dubuque Receipt For: Primary General Other (specify) ▼	State Zip Code IA 52003 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 02 04 2016 Transaction ID : 7883923 Amount of Each Receipt this Period 1000.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	per only)	2250.00

CHEDULE A (FEC Form 3	Use separate schedule(s	FOR LINE NUMBER: PAGE 137 OF 3
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	
		any person for the purpose of soliciting contributions
	ng the name and address of any political comr	mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	of the American Association of O	orthopaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) Robert S Sterling MD		Date of Receipt
Mailing Address 5 Stream Valley Garth		02 04 2016
City	State Zip Code	Transaction ID : 7883924
Owings Mills	MD 21201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	Memo Item
Johns Hopkins University	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	1000.00	·
Full Name (Last, First, Middle Initial) Isador H Lieberman MD, MBA,	F	Date of Receipt
Mailing Address 6020 W Parker Rd Ste 2 Scoliosis and Spine Tur	02 04 2016	
City	State Zip Code	Transaction ID : 7883925
Plano	TX 75093	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Memo Item
Texas Back Institute	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Regis Louis Renard MD		Date of Receipt
Mailing Address 21 Farnham Loop		02 04 2016
City	State Zip Code	Transaction ID : 7883926
Little Rock	AR 72223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Memo Item
Self Employed	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	250.00	
		1500.00
SUBTOTAL of Receipts This Page (option	al)	

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

FEC Schedule A (Form 3X) Rev. 12/2015

10

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 138 OF

350

ITEMIZED RECEIPTS			Use separate schedule(s)		(check only one)						
11			for each category of the Detailed Summary Page		<11a 13	11b	11c		12 16	17	
Ar or	ny information copied from such Reports and for commercial purposes, other than using th	Statements ma e name and a	l ay not be sold or used by any pe ddress of any political committee	erson e to so	for the p	ourpose of	f soliciting	g con	tributio	ons	
	NAME OF COMMITTEE (In Full)										
	Political Action Committee of the	ne America	an Association of Ortho	opae	edic S	urgeon	isPA	C of	f AA	OS	
Α.	Full Name (Last, First, Middle Initial) Robert Douglas Bostick MD				Date of	Receipt					
	Mailing Address 920 Avenue B				м м 02	/ D 04	D / Y	ү 20 ⁻	ү 16		
	City	State	Zip Code		Transa	ction ID	7884347	7			
	Marrero	LA	70072	_	Amount	of Each F	Receipt th	nis Pe	eriod		
	FEC ID number of contributing federal political committee.	С							500.00)	
	Name of Employer	Occupation			Mem	no ltem					
	Self Employed	Orthopaedi	c Surgeon								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		500.00								
В.	Full Name (Last, First, Middle Initial) David Eli Rojer MD				Date of	Receipt					
	Mailing Address 419 Walton Rd				м м 02	/ D 05	D / Y	201	16		
	City	State	Zip Code			ction ID :					
	Maplewood	NJ	07040		Amount	of Each F	Receipt th	nis Pe	eriod		
	FEC ID number of contributing federal political committee.	C			1000.00						
	Name of Employer	Occupation			Men	no ltem					
	Union County Orthopaedic Group	Orthopaedic	c Surgeon								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		1000.00								
<u> </u>	Full Name (Last, First, Middle Initial) Howard G Miller MD				Date of	Receipt					
	Mailing Address 199 Ledge View Drive				м м 02	/ D 04		y 201	Y 16	ſ	
	City	State	Zip Code		Transa	action ID	: 7885233	3			
	Huntsville	AL	35802	_	Amount	of Each F	Receipt th	nis Pe	eriod		
	FEC ID number of contributing federal political committee.	С					7	1	000.00)	
	Name of Employer	Occupation			Men	no Item					
	The Orthopaedic Center	Orthopaedi	c Surgeon								
	Receipt For:	Aggregate	Year-to-Date V								
	Other (specify) ▼		1000.00								
s	SUBTOTAL of Receipts This Page (optional)		····· •	 ►		y	5	2	500.00		

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

18

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 139 OF

350

	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		1c 12					
Any information copied from such Reports					citing contribu					
or for commercial purposes, other than usi	ng the name and a	ddress of any political committee	e to solicit contr	ibutions from	such commit	itee.				
NAME OF COMMITTEE (In Full) Political Action Committee of	of the Americ	an Association of Ortho	opaedic Su	rgeonsF	PAC of A	AOS				
Full Name (Last, First, Middle Initial) A. Peter J Mandell MD			Date of F	Receipt						
Mailing Address 1663 Rollins Rd			02	/ D D / 04	Y Y Y 2016	Y				
City Burlingame	State CA	Zip Code 94010	Transad	ction ID : 7885	5234					
FEC ID number of contributing federal political committee.	C				3000					
Name of Employer Self Employed	Occupation Orthopaedi		Memo	o ltem						
Receipt For: Primary General Other (specify) ▼	·	Year-to-Date ▼ 3000.00]							
Full Name (Last, First, Middle Initial) B. Kirk Kindsfater MD			Date of F	Receipt						
Mailing Address 16285 CR 76			02	/ D D / 04	2016	Y				
City	State	Zip Code		ction ID : 7885						
Eaton	CO	80615	Amount o	of Each Receip	ot this Period	t				
FEC ID number of contributing federal political committee.	С		1000.00							
Name of Employer Self Employed	Occupation Orthopaedic									
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00]							
Full Name (Last, First, Middle Initial) C. Hugo Banda Sanchez MD, Pl	nD		Date of F	Receipt						
Mailing Address 5116 Cliffrose Lane			02	/ D D / 04	Y Y Y 2016	Y				
City Fort Worth	State TX	Zip Code 76109		ction ID : 7885 of Each Receip						
FEC ID number of contributing federal political committee.	С									
Name of Employer	Occupation		Memo	o ltem						
UNT Health Science Center	Orthopaedi	c Surgeon	_							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1							
SUBTOTAL of Receipts This Page (option	al)				4250	.00				

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

FEC Schedule A (Form 3X) Rev. 12/2015

FOR LINE NUMBER:

PAGE 140 OF

Т			Use separate schedule(s) for each category of the	(check only one)						
			Detailed Summary Page	X 11a 11b 11c 12						
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.						
$\overline{)}$	NAME OF COMMITTEE (In Full)									
\rangle	Political Action Committee of the	e America	an Association of Ortho	paedic SurgeonsPAC of AAOS						
 A.	Full Name (Last, First, Middle Initial) James O Maher III, MD			Date of Receipt						
	Mailing Address 12 Peckham Ave			M = M / D = D / Y = Y = Y						
	City	State	Zip Code	02 04 2016 Transaction ID : 7885237						
	Newport	RI	02840	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer	Occupation		Memo Item						
	University Orthopaedic Clinic	Orthopaedic	c Surgeon							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		250.00							
B	Full Name (Last, First, Middle Initial) Douglas Peter Galuk MD			Date of Receipt						
2.	Mailing Address 1740 Riverwood Ln			02 04 _2016						
	City	State	Zip Code	Transaction ID : 7885238						
	Wisconsin Rapids	WI	54494	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer Wisconsin River Orthopaedics	Occupation		Memo Item						
	Receipt For:	Orthopaedic	5	_						
	Primary General	Aggregate	Year-to-Date ▼							
	Other (specify) v	<u> </u>	250.00							
c.	Full Name (Last, First, Middle Initial) Richard T Laughlin MD			Date of Receipt						
	Mailing Address 239 Cleek Springs Ct			M M / D D / Y Y Y Y 02 04 _2016 _						
	City	State	Zip Code	Transaction ID : 7885240						
	Beavercreek	ОН	45440	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer	Occupation								
	Wright State University Receipt For:	Orthopaedi	-	_						
	Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)	L	250.00							
s	UBTOTAL of Receipts This Page (optional)			750.00						
Т	OTAL This Period (last page this line number of	only)	•••••							

soparato schodulo(s)

FOR LINE NUMBER:

PAGE 141 OF

350

ITEN	NIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$				
Any ir or for	formation copied from such Reports and S commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any pe ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.				
	ME OF COMMITTEE (In Full) olitical Action Committee of th	e America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS				
А. <u>Е</u> Ма	I Name (Last, First, Middle Initial) Iliott Nelson Lang MD iling Address 6880 SW 101st St			Date of Receipt				
Cit Mi	y ami	State FL	Zip Code 33156-3244	Transaction ID : 7885241 Amount of Each Receipt this Period				
	C ID number of contributing eral political committee.	С		250.00				
Se	me of Employer If Employed ceipt For: Primary General Other (specify) v	Occupation Orthopaedi Aggregate		Memo Item				
B . B	I Name (Last, First, Middle Initial) rett R Bolhofner MD iling Address 4600 4th St N	Date of Receipt						
Sa FE	City Saint Petersburg FEC ID number of contributing federal political committee.		Zip Code 33703-3802	02 04 2016 Transaction ID : 7885282 Amount of Each Receipt this Period 500.00				
	me of Employer Florida Orthopaedic Associates	Occupation		Memo Item				
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00					
C . P	Full Name (Last, First, Middle Initial) Paul G Melaragno MD			Date of Receipt				
Mailing Address 3288 Scioto Run Blvd City Hilliard FEC ID number of contributing federal political committee.		State	Zip Code	02 04 2016 Transaction ID : 7885283				
		он	43026	Amount of Each Receipt this Period 300.00				
Or	me of Employer thopedic One ceipt For: Primary General Other (specify) ▼	Occupation Orthopaedi Aggregate		Memo Item				
SUB	TOTAL of Receipts This Page (optional)			1050.00				

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

FOR LINE NUMBER:

PAGE 142 OF

350

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	Ind Statements may not be sold or used by any g the name and address of any political committed	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		nopaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Joseph M Lane MD Mailing Address 555 5 00th Other Address		Date of Receipt
Mailing Address 535 E 86th St Apt 14F		02 04 Y Y Y Y Y Y 02 04 2016
City New York City	StateZip CodeNY10028	Transaction ID : 7885285 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Hospital for Special Surgery Receipt For: Primary General	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Memo Item
Full Name (Last, First, Middle Initial)	500.00	
B. Joseph E Mumford MD Mailing Address 3110 SW Briarwood Circ	e	Date of Receipt
City Topeka	State Zip Code KS 66611	Transaction ID : 7885293 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Stormont Vail Healthcare	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Alex B Bodenstab MD		Date of Receipt
Mailing Address 105 Fawn Lane		M M / D D / Y Y Y Y 02 04 2016
City Chadds Ford	StateZip CodePA19317	Transaction ID : 7885295 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	Memo Item
First State Orthopaedics Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00]
SUBTOTAL of Receipts This Page (optional	al)	▶ 2000.00

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

. . .

.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 143 OF

350

ıт			Use separate schedule(s)	(check c	only one)			
11			for each category of the Detailed Summary Page	X 11a			11c 15	12 16	17
Ar or	ny information copied from such Reports and for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements ma e name and a	ay not be sold or used by any pe ddress of any political committee	erson for th to solicit of	ne purpo contribut	se of soli	iciting	contribu commit	tions tee.
$\left \right\rangle$	Political Action Committee of th	ne America	an Association of Ortho	opaedic	Surg	eons	PAC	of A	AOS
Α.				Date	of Rece	eipt			
	Mailing Address P.O. Box 1313			02	M / 2	04	Y	ү ү 2016	Y
	City Spearfish	State SD	Zip Code 57783-7313			n ID : 788 ach Rece		s Period	
	FEC ID number of contributing federal political committee.	С					7	1000.	00
	Name of Employer Regional Orthopaedic Center	Occupation Orthopaedi			/lemo lte	m			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00						
в.	Full Name (Last, First, Middle Initial) Anthony Festa MD Mailing Address 78 Laurel Hill Rd			Date	of Rece	eipt	ÝY	ΥΥ	Y
	City	State	Zip Code	02		04 n ID : 788	5207	2016	
	Mountain Lakes	NJ	07046			ach Rece		s Period	
	FEC ID number of contributing federal political committee.	С						1000.	
	Name of Employer New Jersey Orthopaedic Institute	Occupation Orthopaedic			vemo lte	m			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00						
<u></u> с.	Full Name (Last, First, Middle Initial) Vincent J Russo MD	I		Date	of Rece	eipt			
	Mailing Address 10290 N 92nd St Ste 103			M 02		04	Y	ү ү 2016	Y
	City Scottsdale	State AZ	Zip Code 85258-4508			n ID : 788 ach Rece		s Period	
	FEC ID number of contributing federal political committee.	С			,		7	250.	00
	Name of Employer	Occupation	I		Memo Ite	m			
	Self Employed	Orthopaedi	c Surgeon	_					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00						
s	SUBTOTAL of Receipts This Page (optional)						1	2250.	00

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

10

7 7 7

SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 144 OF 350 (check only one)	
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports a or for commercial purposes, other than usin	nd Statements may not be sold or used by any g the name and address of any political committed	person for the purpose of soliciting contributions ee to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Political Action Committee o	f the American Association of Orth	nopaedic SurgeonsPAC of AAOS	
Full Name (Last, First, Middle Initial) Constantine Charoglu MD Mailing Address 12 Waterford Drive		Date of Receipt	
City Hattiesburg	State Zip Code MS 39402-2927	02 04 2016 Transaction ID : 7885300	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
Name of Employer Southern Bone & Joint Center	Occupation Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]	
Full Name (Last, First, Middle Initial) 3. William J Krywicki MD		Date of Receipt	
Mailing Address 40 Pinecone Lane	Otata Zin Ocada	02 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Shavertown	State Zip Code PA 18708	Transaction ID : 7885303 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	600.00	
Name of Employer Geisinger Medical Center	Occupation Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		
Full Name (Last, First, Middle Initial) C. Richard M Bochner MD			
Mailing Address 152 Tara Drive		02 04 / Y Y Y Y 02 04 2016	
City Roslyn	StateZip CodeNY11576	Transaction ID : 7885304 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Northwell Health	Occupation Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
SUBTOTAL of Receipts This Page (optiona	l)	▶ 1350.00	
TOTAL This Period (last page this line num	nber only)		
dulo(e)

FOR LINE NUMBER:

PAGE 145 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17			
	Statements may not be sold or used by any per ne name and address of any political committee				
NAME OF COMMITTEE (In Full)	he American Association of Ortho				
Full Name (Last, First, Middle Initial) Joseph Andrew Mannino MD Mailing Address 124 Tamarack Lane City Trumansburg FEC ID number of contributing federal political committee. Name of Employer Cayuga Med Associates Receipt For: Primary General Other (specify) ▼	bseph Andrew Mannino MD uiling Address 124 Tamarack Lane y State Zip Code yumansburg NY 14886 C ID number of contributing leral political committee. C me of Employer Occupation yuga Med Associates Orthopaedic Surgeon ceipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1000.00				
Full Name (Last, First, Middle Initial) Leon P Mead MD Mailing Address 201 Barefoot Beach Blvd City Bonita Springs FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code FL 34134 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt			
Full Name (Last, First, Middle Initial) James J Dietz MD Mailing Address 1156 Yorkshire City Grosse Pointe Park FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code MI 48230-1101 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt			
SUBTOTAL of Receipts This Page (optional)	····· •	2500.00			

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

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 146 OF

350

ı ب			Use separate schedule(s)	(c	heck only	/ one)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a	11b	11c		12	<u> </u>			
	y information copied from such Reports and S												
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to s	solicit cor	ntribution	s from su	ch cc	ommitte	e.			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Ortho	ора	edic S	urgeo	onsPA	VC c	of AA	OS			
<u> </u>	Full Name (Last, First, Middle Initial) Laurie O Hughes MD				Date of	Receipt							
	Mailing Address 46 Kings Arms Rd			M = M / D = D / Y = Y = Y = Y 02 06 2016									
	City Little Rock	State AR	Zip Code 72227										
	FEC ID number of contributing federal political committee.	С			Amoun				300.0	0			
	Name of Employer	Occupation			Mei	no Item							
	Central Arkansas Veterans Heal	Orthopaedie	c Surgeon	_									
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		300.00	ų.									
в.	Full Name (Last, First, Middle Initial) Daniel William Green MD				Date of	Receipt							
	Mailing Address 535 E 70th St				M M 02	/ D	D / 07) 16	Y			
	City	State	Zip Code) : 788563						
	New York	NY	10021-4823	_	Amount	of Each	Receipt	this F	Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>			_	175.0	0			
	Name of Employer	Occupation			Me	mo ltem							
	Hospital for Special Surgery	Orthopaedic	c Surgeon										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00										
<u> </u>	Full Name (Last, First, Middle Initial) Adrian B Ryan MD				Date of	Receipt							
	Mailing Address 13000 Birch Road				02		08) 16	Y			
	City	State	Zip Code		Trans	action II	D : 789120	01					
	Anchorage	AK	99516	_	Amount	of Each	Receipt	this F	Period				
	FEC ID number of contributing federal political committee.	С				,			1200.0	0			
	Name of Employer	Occupation			Me	mo ltem							
	Anchorage Fracture & Ortho Clinic	Orthopaedi	c Surgeon										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00										
s	UBTOTAL of Receipts This Page (optional)		, ,			7	7		1675.0	0			

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

9

FOR LINE NUMBER:

PAGE 147 OF

		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
An information and a form and Decade and	01-1		13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	ne name and a	ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the second	he America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial)			
A. Charles F Leinberry MD			Date of Receipt
Mailing Address 205 Worstall Alley			M M / D D / Y Y Y Y
City	State	Zip Code	02 08 2016 Transaction ID : 7891203
Newtown	PA	18940	Amount of Each Receipt this Period
FEC ID number of contributing	С		500.00
federal political committee.	U		
Name of Employer	Occupation		Memo Item
Rothman Institute	Orthopaedic	c Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		500.00	
		/3 /3 /*	
Full Name (Last, First, Middle Initial) B. Charles E Cook MD			Deta of Descipt
Mailing Address 1508 Bonham Court			Date of Receipt
			02 09 _2016
City	State	Zip Code	Transaction ID : 7896133
Irving	ТХ	75038	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer	Occupation		Memo Item
Orthopedic Specialists	Orthopaedic	•	
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) C. Charles D Hummer III, MD	1		Date of Receipt
Mailing Address 1157 Avonlea Circle			02 09 2016
City	State	Zip Code	Transaction ID : 7897590
Glen Mills	PA	19342	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer	Occupation		Memo Item
Premier Orthopaedics	Orthopaedi	c Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		1000.00	
			2500.00
SUBTOTAL of Receipts This Page (optional)		••••••	
TOTAL This Period (last page this line numbe	r only)		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 148 OF

350

IT.	EMIZED RECEIPTS		Use separate schedule(s)	(cł	neck only	y on	e)	L						
11			for each category of the Detailed Summary Page		X 11a		11b	11c		12	47			
Ar	ny information copied from such Reports and	Statements ma	ay not be sold or used by any pe	erson	for the	purp	14 ose of	15 solicitin	g con	16 Itributi	0ns			
or	for commercial purposes, other than using the	ne name and a	ddress of any political committee	e to s	OIICIT COI	ntribi	utions 1	from suc	n con	nmitte	e.			
	NAME OF COMMITTEE (In Full) Political Action Committee of the	ne America	an Association of Ortho	opa	edic S	Surg	geon	sPA	C of	f AA	OS			
Α.	Full Name (Last, First, Middle Initial) Damian Michael Andrisani MD				Date of	Re	ceipt							
	Mailing Address 35 Springbrook Ln				02 10 / Y Y Y Y Y 02 10 2016									
	City Newark	State DE	Zip Code 19711					789886 4 Receipt tl	4					
	FEC ID number of contributing federal political committee.	С					,			250.0	0			
	Name of Employer Delaware Ortho Center	Occupation			Me	mo lt	em							
	Receipt For:	Orthopaedi	5											
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00											
в.	Full Name (Last, First, Middle Initial) M Angela Mayeux MD				Date of	Red	ceipt							
	Mailing Address 1000 W Pinhook Rd Ste 305				M M 02	/	09) / Y	201	ү 16	Y			
	City	State	Zip Code					7901383						
	Lafayette	LA	70503	_	Amount	t of I	Each F	Receipt tl	his Pe	eriod				
	FEC ID number of contributing federal political committee.	С			Ľ.		, .			500.0	0			
	Name of Employer Lafayette General Health	Occupation Orthopaedic			Me	mo lt	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
— c.	Full Name (Last, First, Middle Initial) James D Slover MD				Date of	Re	ceipt							
	Mailing Address 303 East 33rd Street Apt 8A				м м 02	/	09		201	ү 16	Y			
	City New York	State NY	Zip Code 10016-7612					7901384 Receipt th		eriod				
	FEC ID number of contributing federal political committee.	С					,	7		250.0	0			
	Name of Employer	Occupation			Me	mo lt	tem							
	NYU Medical Center	Orthopaedi	c Surgeon											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
s	SUBTOTAL of Receipts This Page (optional)		•	 -			3		1	000.0	0			

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

FEC Schedule A (Form 3X) Rev. 12/2015

10

SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 149 OF 350 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of Ortl	hopaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) William V Arnold MD		Date of Receipt
Mailing Address 1070 Randolph Road	Ctata Zin Code	02 09 2016
City Meadowbrook	StateZip CodePA19046	Transaction ID : 7901385 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Rothman Institute	Occupation Orthopaedic Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) 3. David Victor Mungo MD		Date of Receipt
Mailing Address 11218 Clapsaddle Ave NE	1	M M / D D / Y Y Y Y 02 09 _2016 _
City	State Zip Code OH 44601-9765	Transaction ID : 7901386
Alliance FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	500.00
Name of Employer AIMM Orthopaedic Group	Occupation	Memo Item
Receipt For:	Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. Andrew W Parker MD		Date of Receipt
Mailing Address 4700 E Hale Pkwy Ste 55	0	02 09 _2016 _
City Denver	State Zip Code CO 80220-3923	Transaction ID : 7901387 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	Memo Item
Orthopaedic Associates	Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	▶ 2000.00
TOTAL This Period (last page this line num	ber only)	

FOR LINE NUMBER:

PAGE 150 OF

350

IT.			Use separate schedule(s)	(C	heck on	ly or	ne)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c	12	<u> </u>	-			
Ar	ny information copied from such Reports and S	Statements ma	ay not be sold or used by any pe	ersor	13 1 for the	pur	14 pose of	15 soliciting	16 g contribu	tions	7			
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to :	solicit co	ontrib	outions 1	from suc	h commit	tee.				
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	o Amorio	an Acception of Ortho		adia (.	~~~~	- DA		۸ .				
\backslash	Political Action Committee of th	ie America	an Association of Ortho	ppa	leaic s	Sur	geon	SPA		405				
_	Full Name (Last, First, Middle Initial) Robert L Welch MD													
Α.	Mailing Address 4510 Downers Dr			_	Date c	of Re	· ·							
	Maining Address 4510 DOwners Di				02	1 /	09) / Y	2016	Y				
	City	State	Zip Code		Tran	sact		7901389						
	Downers Grove	IL	60515-2726	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					7	7	300.	00				
	Name of Employer	Occupation			Me	emo	tem							
	Dupage Medical Group	Orthopaedi	c Surgeon											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		300.00	11										
			7 7	1										
в.	Full Name (Last, First, Middle Initial) Jeffrey M LaPorte MD				Date c	of Re	eceipt							
	Mailing Address 5202 Laree Ct				M	/	DE) / Y	YY	Y				
	City	Stata	Zip Code	_	02	4.	09		2016					
	Missoula	State MT	59803	F				7901400	nis Period					
	FEC ID number of contributing				Amour		Lacini				1			
	federal political committee.	С					7		1000.	00	J.			
	Name of Employer	Occupation		_	Me	emo	ltem							
	Self Employed	Orthopaedie												
	Receipt For:		Year-to-Date ▼											
	Primary General	1.99109410		u la										
	Other (specify)		, 1000.00											
	Full Name (Last, First, Middle Initial)													
C.	John R Dorris MD				Date c	of Re	eceipt							
	Mailing Address 725 Milledge Circle				M N	1 /) / Ү	201C	Y				
	City	State	Zip Code		02 Tran	sact	09 • ion ID	7901402	2016 >					
	Athens	GA	30606						- nis Period					
	FEC ID number of contributing	C							500.	00	1			
	federal political committee.	C					7	7	500.	00	4			
	Name of Employer	Occupation	1		Me	emo	tem							
	Athens Bone & Joint	Orthopaedi	c Surgeon											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		500.00											
			gg											
Г					_	-					T			
s	UBTOTAL of Receipts This Page (optional)		••••••	•			7		1800.	00	J.			
1				-										

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

7

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 151 OF

350

IT.			Use separate schedule(s)	(C	heck only	y on	e)		-					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c		12	□ <i>.</i> _			
	ny information copied from such Reports and S								g cont					
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to s	solicit cor	ntrib	utions	from suc	h com	nmitte	e.			
\backslash	NAME OF COMMITTEE (In Full)								~		~~			
\backslash	Political Action Committee of the	e America	an Association of Ortho	ра	edic S	Sur	geon	SPA	C OT	i aa	US			
Α.	Full Name (Last, First, Middle Initial) Christopher J Spagnuola MD				Date of	Re	ceint							
/	Mailing Address 168 Grange Avenue													
					02 09 2016									
	City	State NJ	Zip Code 07704					7901403						
	Fair Haven	INJ	07704	_	Amount	of	Each F	Receipt th	nis Pe	eriod				
	FEC ID number of contributing federal political committee.	С					,		Ę	500.0	0			
	Name of Employer	Occupation			Mer	mo lt	tem							
	Seaview Orthopedics	Orthopaedi	c Surgeon											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		500.00	11										
	Other (specify)		500.00											
в.	Full Name (Last, First, Middle Initial) Stephane Lavoie MD				Date of	Re	ceipt							
	Mailing Address 101 Lake Harbor Drive				M M	/	D) / Y	Y	Y	Y			
			7. 0. 1		02	ι.	09		201	6				
	City	State FL	Zip Code 32724	\vdash				7901404						
	Deland	15	32724	-	Amount	tot	Each F	Receipt th	iis Pe	eriod				
	FEC ID number of contributing federal political committee.	С				_			2	250.0	0			
					Me	mo li	tem		_					
	Name of Employer Self Employed	Occupation			Me		lem							
	Receipt For:	Orthopaedic												
	Primary General	Aggregate	Year-to-Date ▼	.										
	Other (specify)		250.00											
_	Full Name (Last, First, Middle Initial) Yamil C Rivera MD				Date of	- Po	coint							
0.	Mailing Address Monte Verde Real Vereda 20			\neg) / V	Y	Y	Y			
					02	,	09		201					
	City	State	Zip Code		Trans	acti	on ID :	7901430)					
	San Juan	PR	00926		Amount	of	Each F	Receipt th	nis Pe	eriod				
	FEC ID number of contributing federal political committee.	С					,		1(000.0	0			
	Name of Employer	Occupation		_	Mei	mo li	tem							
	Self Employed	Orthopaedi	c Surgeon											
	Receipt For:	Aggregate	Year-to-Date ▼	\neg										
	Primary General	50 0 1												
	Other (specify)		1000.00											
Г					_	_	_	_	_	_	_			
s	SUBTOTAL of Receipts This Page (optional)			•					17	750.00	0			
L	· · · · · · · · · · · · · · · · · · ·			_			-	7	-					

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

FEC Schedule A (Form 3X) Rev. 12/2015

7

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 152 OF

350

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only on	e)		
		for each category of the Detailed Summary Page	X 11a	11b 11c 14 15	12	17
Any information copied from such Reports or for commercial purposes, other than usi			erson for the purp	ose of soliciting	g contribut	ions
NAME OF COMMITTEE (In Full)						
Political Action Committee	of the Americ	an Association of Ortho	opaedic Sur	geonsPA	C of AA	NOS
Full Name (Last, First, Middle Initial) A. Jonathan Daniel Scherl MD			Date of Red	ceipt		
Mailing Address 40 Evergreen Pl			M M /	D D / Y 09	2016	Y
City	State	Zip Code	Transactio	on ID : 7901433		
Tenafly	NJ	07670	Amount of I	Each Receipt th	nis Period	
FEC ID number of contributing federal political committee.	С			, , ,	300.0	00
Name of Employer	Occupation		Memo It	em		
Self Employed	Orthopaedi	c Surgeon				
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼		300.00				
Full Name (Last, First, Middle Initial) B. Baron Lonner MD			Date of Red	ceipt		
Mailing Address 820 Second Avenue Su	ite 7A		02	09	2016	Y
City	State	Zip Code		on ID : 7901434		
New York	NY	10017	Amount of I	Each Receipt th	nis Period	
FEC ID number of contributing federal political committee.	С			y y	500.0	00
Name of Employer	Occupation	 	Memo It	tem		
Self Employed	Orthopaedie	c Surgeon				
Receipt For:	Aggregate	Year-to-Date V				
Other (specify)		500.00				
Full Name (Last, First, Middle Initial) C. Alan J Dayan MD			Date of Red	ceipt		
Mailing Address 1864 E 24th St			02 ^M	09 / Y	y y 2016	Y
City	State	Zip Code	Transacti	on ID : 790143	5	
Brooklyn	NY	11229	Amount of I	Each Receipt th	nis Period	
FEC ID number of contributing federal political committee.	С			y	250.0	00
Name of Employer	Occupation		Memo It	em		
Self Employed	Orthopaedi	c Surgeon				
Receipt For:	Aggregate	Year-to-Date ▼				
Other (specify)		250.00				
SUBTOTAL of Receipts This Page (option	nal)			y	1050.0	00

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

10

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 153 OF

350

IТ.			Use separate schedule(s)	(C	heck on	ly on	e)		-			
11			for each category of the Detailed Summary Page		X 11a		11b	11c		12	<u> </u>	-
A	ny information copied from such Reports and S	itatements ma	ay not be sold or used by any pe	ersor	13 1 for the	purp	14 ose of	15 solicitin	 g_cor	16 ntributio	ons	7
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to s	solicit co	ntribu	utions 1	from suc	h cor	mmitte	e.	
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Ortho	ора	edic S	Surg	geon	sPA	Co	of AA	os	
Α.	Full Name (Last, First, Middle Initial) Ravi Patel MD				Date o	f Red	ceipt					
	Mailing Address 1810 Ladino Rd				02	/	09	Y / C		016	Y	
	City	State	Zip Code		Trans	sactio	on ID :	790148				
	Sacramento	CA	95864		Amoun	t of I	Each F	Receipt t	his P	eriod		
	FEC ID number of contributing federal political committee.	С					,			250.0	D	
	Name of Employer	Occupation			Me	mo lt	em					
	Mercy Medical Group	Orthopaedie	c Surgeon									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		, 250.00									
— B.	Full Name (Last, First, Middle Initial) Craig H Rosen MD				Date o	f Red	ceipt					
	Mailing Address 1802 Champlain Dr				M M	/	D I D) / Y		Y	ŕ	
City	City	State	Zip Code	_	02 Trans	actio	09 - D -	7901488	20 8	010		
	Voorhees Township	NJ	08043				-	Receipt t	-	eriod		
	FEC ID number of contributing federal political committee.	С					,			500.0)]
	Name of Employer	Occupation		_	Me	emo lt	tem					
	Cooper Bone & Joint	Orthopaedic	Surgeon									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		500.00									
<u>с</u>	Full Name (Last, First, Middle Initial) Jay M Lipke MD				Date o	f Red	ceipt					
•	Mailing Address 10301 Kanis Rd				02		09		_ 20) 16	Y	
	City	State	Zip Code			sacti		790148				
	Little Rock	AR	72205-6205	_	Amoun	t of I	Each F	Receipt t	his P	eriod		
	FEC ID number of contributing federal political committee.	С					,		_	400.0	0	
	Name of Employer	Occupation			Me	emo lt	tem					
	OrthoArkansas Physicians	Orthopaedi	c Surgeon									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		400.00									
5	SUBTOTAL of Receipts This Page (optional)						, ,		1	1150.00)	Ī

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

.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 154 OF

350

ıт.	EMIZED RECEIPTS		Use separate schedule(s)	(c	heck on	ly or	ne)					
11			for each category of the Detailed Summary Page		X 11a		11b	11c		12		17
	ny information copied from such Reports and S										ons	17
	for commercial purposes, other than using the	e name and a	duress of any political committee		SOUCIL CO		utions	forn su	ch cc	mmille	e.	
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Ortho	opa	edic S	Sur	geon	sPA	C c	of AA	05	3
Α.	Full Name (Last, First, Middle Initial) Larry Benz Marti MD				Date o	of Re	ceipt					
	Mailing Address 12110 State Rt CC				M N 02	Л /	09			о 16	Y	
	City Rolla	State MO	Zip Code 65401	_				790149 Receipt 1		Period		
	FEC ID number of contributing federal political committee.	С					7			375.0	0	
	Name of Employer	Occupation			Me	emo l	tem					
	Mercy Medical Receipt For:	Orthopaedic	0	_								
	Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		375.00									
в.	Full Name (Last, First, Middle Initial) Robert Allen Mileski MD				Date o	of Re	ceipt					
	Mailing Address 8555 E Voltaire				02	/	09) 016	Y	
	City	State	Zip Code		Tran	sacti	on ID :	790149				
	Scottsdale	AZ	85260		Amour	nt of	Each F	Receipt t	his F	Period		
	FEC ID number of contributing federal political committee.	С					7	7		250.0	0	
	Name of Employer Self Employed	Occupation Orthopaedic			M	emo l	tem					
	Receipt For:	•	Year-to-Date ▼									
	Primary General Other (specify) ▼	Aggregate	250.00									
_	Full Name (Last, First, Middle Initial)											
C.	Jeffrey C King MD			_	Date o		· .					
	Mailing Address 7665 Finnagen Dr	State	Zip Code		02		09	11	20	016	Y	
	Mattawan	MI	49071-9541	F				790149 Receipt 1		Period		
	FEC ID number of contributing federal political committee.	С					,	, j		500.0	0	
	Name of Employer	Occupation		_	Me	emo l	tem					
	Bronson Healthcare Group	Orthopaedi										
	Receipt For:		Year-to-Date ▼									
	Other (specify) ▼		500.00									
5	SUBTOTAL of Receipts This Page (optional)		······ •	 •						1125.0	0	

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

FOR LINE NUMBER:

PAGE 155 OF

350

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	ny information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	paedic SurgeonsPAC of AAOS							
Α.	Full Name (Last, First, Middle Initial) Alfred J Coppola MD Mailing Address 800 Vista Verde Way			Date of Receipt 02 09 2016							
	City Bakersfield	State CA	Zip Code 93309	Transaction ID : 7901495 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		250.00							
	Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Orthopaedia Aggregate	Memo Item								
в.	Full Name (Last, First, Middle Initial) Christopher W Olcott MD Mailing Address 104 Dairy Glen Rd			Date of Receipt							
	City Chapel Hill	State NC	Zip Code 27516	02 09 2016 Transaction ID : 7901496 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		250.00							
	Name of Employer University of North Carolina	Occupation Orthopaedic		Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
с.				Date of Receipt							
	Mailing Address 5N105 Burr Rd			M M / D D / Y Y Y Y 02 09 2016							
	City Saint Charles	State IL	Zip Code 60175	Transaction ID : 7901497 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		250.00							
	Name of Employer	Occupation		Memo Item							
	Fox Valley Orthopaedic Institute Receipt For: Primary General Other (specify) ▼	Orthopaedi Aggregate									
s	UBTOTAL of Receipts This Page (optional)		•	750.00							

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

FOR LINE NUMBER:

PAGE 156 OF

350

ITEMIZED R	ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check on X 11a 13	ly one) 11b 14	11c 15	12 16	17					
Any information co	pied from such Reports and S	Statements ma	y not be sold or used by any po ddress of any political committee	erson for the	purpose of	f soliciting	g contribut	ions					
	IMITTEE (In Full)												
	. ,	e America	an Association of Ortho	ppaedic S	Surgeon	sPA	C of AA	OS					
Full Name (Last A. Rodney Alar	t, First, Middle Initial) Miller MD			Date of Receipt									
Mailing Address	1776 W Highland Ave			02	/ D 09		2016	Y					
City Wooster		State OH	Zip Code 44691-9070	Trans	Transaction ID : 7901498 Amount of Each Receipt this Period								
FEC ID number federal political	0	С				7	250.0	00					
Name of Emplo Wooster Orthop	-	Occupation Orthopaedic		— Me	emo ltem								
Receipt For:			Year-to-Date ▼										
Primary Other (spe	General ecify) ▼		250.00										
Full Name (Lasi B. Thomas O (t, First, Middle Initial) Clanton MD			Date o	of Receipt								
Mailing Address	181 W Meadow Dr Suite 200			M M 02	/ D 09		ү ү 2016	Y					
City								7901499					
Vail		CO	81657	Amoun	it of Each F	Receipt th	nis Period						
FEC ID number federal political	nber of contributing ical committee.					7	500.0	00					
Name of Emplo Self Employed	yer	Occupation Orthopaedic		— [] Me	emo ltem								
Receipt For:		•	Year-to-Date ▼	_									
Other (spe	General ecify) ▼		500.00	1									
Full Name (Las	t, First, Middle Initial) ars MD			Date o	of Receipt								
Mailing Address	4301 W Markham St			02	/ D 09		2016	Y					
City		State	Zip Code	Tran	saction ID :	7901500)						
Little Rock		AR	72205	Amoun	nt of Each F	Receipt th	nis Period						
FEC ID number federal political	0	С				7	1000.0	00					
Name of Emplo	yer	Occupation			emo Item								
UAMS		Orthopaedic	c Surgeon	_									
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	Year-to-Date ▼ 1000.00										
SUBTOTAL of Re	eceipts This Page (optional)		•				1750.0	00					

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

7

Use separate schedule(s)

S	CHEDULE A (FEC Form 3X)		lloo opporate askadula(s)	FOR LINE NUMBER: PAGE 157 OF 350				
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)				
			Detailed Summary Page	$\begin{array}{ c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$				
Ar	y information copied from such Reports and Sta	atements ma	ay not be sold or used by any pe	erson for the purpose of soliciting contributions				
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to solicit contributions from such committee.				
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS				
<u>к</u>	Full Name (Last, First, Middle Initial) Joseph W Pullekines MD			Date of Receipt				
	Mailing Address 408 Cedar Ridge Drive	M = M / D = D / Y = Y = Y = Y Y 02 09 2016						
	City	State	Zip Code	Transaction ID : 7901501				
	London	KY	40744	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer	Occupation	1	Memo Item				
	Baptist Health Corbin	Orthopaedi	c Surgeon					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify)		250.00					
			1 1					
в.	Full Name (Last, First, Middle Initial) Timothy Charles Fitzgibbons MD			Date of Receipt				
	Mailing Address 9824 Nottingham Dr			M = M / D = D / Y = Y = Y				
				02 09 2016				
	City Omaha	State NE	Zip Code 68114	Transaction ID : 7901504				
			00114	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		500.00				
	Name of Employer	Occupation		Memo Item				
	GIKK Orthopaedic Specialists	Orthopaedie						
	Receipt For:		Year-to-Date ▼					
	Primary General	Aggregate						
	Other (specify) V		, 500.00					
	Full Name (Last, First, Middle Initial)							
C.	Michael E Ayers MD			Date of Receipt				
	Mailing Address 10 Crescent Ave			02 10 _2016 _				
	City	State	Zip Code	Transaction ID : 7901635				
	Scituate	MA	02066	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.			500.00				
	Name of Employer	Occupation	1	Memo Item				
	South Shore Orthopaedics	Orthopaedi	c Surgeon					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify)		500.00					
			gg					
s	UBTOTAL of Receipts This Page (optional)		•	1250.00				

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

FOR LINE NUMBER:

PAGE 158 OF

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and Si for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Full Name (Last, First, Middle Initial) Stephen William SameIson MD Mailing Address 365 Timberlane Rd	name and a	ddress of any political committee	
	City Pike Road FEC ID number of contributing federal political committee. Name of Employer Southern Ortho Surgeons Receipt For: Primary General Other (specify) ▼	State AL Occupation Orthopaedia Aggregate		02 11 2016 Transaction ID : 7901636 Amount of Each Receipt this Period 250.00 Memo Item
В.	Full Name (Last, First, Middle Initial) Kurre Thomas Luber MD Mailing Address 106 Rayner Rd City Oxford FEC ID number of contributing federal political committee. Name of Employer Oxford Orthopaedics & Sports Medicine Receipt For: Primary General Other (specify) ▼	State MS C Occupation Orthopaedic Aggregate		Date of Receipt 02 11 2016 Transaction ID : 7902429 Amount of Each Receipt this Period 1000.00 Memo Item
C.	Full Name (Last, First, Middle Initial) Jay E Jolley II, MD Mailing Address 2707 Citico Ave City Chattanooga FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State TN C Occupation Orthopaedia Aggregate		Date of Receipt 02 11 2016 Transaction ID : 7902545 Amount of Each Receipt this Period 500.00 Memo Item
	UBTOTAL of Receipts This Page (optional)			1750.00
Т	OTAL This Period (last page this line number of	only)	••••••	

FOR LINE NUMBER:

PAGE 159 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and s or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of th	e American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) Fred C Redfern MD Mailing Address 2218 Chatsworth Court City Henderson FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code NV 89074 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
Full Name (Last, First, Middle Initial) Michael A Rauh MD Mailing Address 46 Middlebury Rd City Orchard Park FEC ID number of contributing federal political committee. Name of Employer University Orthopedic Specialists Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14127 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt 02 13 2016 Transaction ID : 7904115 Amount of Each Receipt this Period 250.00 Memo Item
Full Name (Last, First, Middle Initial) Craig W Goodhart MD Mailing Address 2708 Creek View Dr City Flower Mound FEC ID number of contributing federal political committee. Name of Employer OrthoTexas Receipt For: Primary General Other (specify) ▼	State Zip Code TX 75022 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt 02 14 2016 Transaction ID : 7904517 Amount of Each Receipt this Period 500.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		1750.00

Detailed Summary rage 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. 10 14 15 16 NAME OF COMMITTEE (in Full) Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAO A. Craig Dunwody Cameron DO Mailing Address 717 Big Holley Drive Date of Receipt City State Zip Code Transaction ID : 7904519 Matinez GA 30907 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. 0 0 0 0 Name of Employer Occupation 0	SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(for each category of the	
any information copied from such Reports and Statements may not be sold or used by any person for the purposes, other than using the name and address of any political committee to solid contributions from such committee. NAME: OF COMMITTEE (in Full) Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAO Actring Dunwody Cameron DO Address 717 Big Holey Drive City State Pell Name (Last, First, Middle Initial) Pecifical committee. City State Pecifical committee. City State City General Other (specify) Pecifical committee. City General Other (specify) Primary General Other (specify) Aggregate Year-to-Date ▼ Other (specify) Cocupation Primary General Other (specify) State Primary General Other (specify) State Pirmary General Other (specify) Aggregate Year-to-Date ▼ Primary General Other (specify) State Primary <th></th> <th>Detailed Summary Page</th> <th></th>		Detailed Summary Page	
A. Crigig Durwedy Cameron DO Date of Receipt Mailing Address 717 Big Holley Drive GA 30907 City State Zip Code Martinez GA 30907 FEC ID number of contributing federal political committee. Occupation 1000.00 Name of Employer Occupation 1000.00 Department of the Army Onthopsedic Surgeon Memo Item Receipt For: Other (specify) ♥ 1000.00 Memo Item B. Victor R Kalman DO Mailing Address 9 Summerknoll Circle Date of Receipt City State Zip Code Transaction ID : 7904523 Name of Employer Occupation Date of Receipt 1000.00 Mailing Address 9 Summerknoll Circle C 14 / 2016 2016 City State Zip Code Transaction ID : 7904523 Newark DE 19711 Primary 1000.00 FEC ID number of contributing federal political committee. C 1000.00 Memo Item Receipt For: Primary General 0000.00 Memo Item 1000.00 Mailing Address 1770 Springview Drive C <th>or for commercial purposes, other than using NAME OF COMMITTEE (In Full)</th> <th>the name and address of any political com</th> <th>mmittee to solicit contributions from such committee.</th>	or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political com	mmittee to solicit contributions from such committee.
A. Crigig Durwody Cameron DO Date of Receipt Mailing Address 717 Big Holley Drive GA 30907 City State Zip Code Marinez GA 30907 FEC ID number of contributing federal political committee. C 1000.00 Name of Employer Occupation 1000.00 Department of the Army Onthopsedic Surgeon Memo Item Primary General 1000.00 Memo Item Primary General 000.00 Memo Item B. Victor R Kalman DO Mailing Address 9 Summerknoll Circle Date of Receipt City State Zip Code Transaction ID : 7904523 Name of Employer Occupation Transaction ID : 7904523 Amount of Each Receipt Ibin Period FEC ID number of contributing federal political committee. C Transaction ID : 7904523 Amount of Each Receipt Ibin Period Receipt For: Primary General Orthopsedic Surgeon Memo Item 1000.00 Receipt For: Primary General Other (specify) I Date of Receipt Transaction ID : 7904576 Making Address 1770 Springview Drive C <t< td=""><td>Full Name (Last First Middle Initial)</td><td></td><td></td></t<>	Full Name (Last First Middle Initial)		
federal political committee. C 1000.00 Name of Employer Occupation Memo Item Department of the Army Orthopaedic Surgeon Aggregate Year-to-Date ▼ Receipt For: Other (specify) ▼ 1000.00 B. Victor R Kalman DO Date of Receipt Mailing Address 9 Summerknoll Circle 02 14 2016 City State Zip Code 1000.00 Memo Item Make of Employer Occupation Occupation 1000.00 Memo Item Self Employed Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00 Name of Employer Occupation Occupation Memo Item 1000.00 Name of Employer Occupation Orthopaedic Surgeon Memo Item 1000.00 Receipt For: Aggregate Year-to-Date ▼ 1000.00 Memo Item 1000.00 Mailing Address 1770 Springview Drive C Transaction ID : 7904676 Amount of Each Receipt His Period City State Zip Code 1000.00 Memo Item 1000.00 Mailing Address 1770 Springview Drive C Transaction ID : 7	A. Craig Dunwody Cameron DO Mailing Address 717 Big Holley Drive City Martinez		02 14 2016 Transaction ID : 7904519
B. Victor R Kalman DO Date of Receipt Mailing Address 9 Summerknoll Circle 02 14 2016 City State Zip Code Transaction ID : 7904523 Newark DE 19711 FEC ID number of contributing federal political committee. 1000.00 Name of Employer Occupation Orthopaedic Surgeon Memo Item Receipt For: Aggregate Year-to-Date ▼ 1000.00 Memo Item FUI Name (Last, First, Middle Initial) C Transaction ID : 7904676 Transaction ID : 7904676 Mailing Address 1770 Springview Drive C 15 2016 Transaction ID : 7904676 Mailing Address 1770 Springview Drive C 15 2016 Transaction ID : 7904676 Mason City State Zip Code 15 2016 Transaction ID : 7904676 Mason City Clinic Orthopaedic Surgeon Memo Item 1000.00 Memo Item Mason City Clinic Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00 Memo Item Primary General Other (specify) ▼ 1000.00 Memo Item 1000.00 <td>federal political committee. Name of Employer Department of the Army Receipt For: Primary General Other (specify) ▼</td> <td>Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼</td> <td>Memo Item</td>	federal political committee. Name of Employer Department of the Army Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Memo Item
City State Zip Code Newark DE 19711 FEC ID number of contributing federal political committee. C Name of Employer Occupation Self Employed Orthopaedic Surgeon Receipt For:	B. Victor R Kalman DO		M = M / D = D / Y = Y = Y = Y
Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Image: Constraint of the specify of the specific o	Newark FEC ID number of contributing	DE 19711	Transaction ID : 7904523 Amount of Each Receipt this Period
C. Timothy Allen Gibbons MD Date of Receipt Mailing Address 1770 Springview Drive Date of Receipt City State Zip Code Mason City IA 50401-2926 FEC ID number of contributing federal political committee. C 1000.00 Name of Employer Occupation 1000.00 Mason City Clinic Orthopaedic Surgeon Memo Item Primary General 1000.00 Other (specify) Image: Clinic Surgeon 1000.00	Self Employed Receipt For: Primary General	Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Mason City IA 50401-2926 FEC ID number of contributing federal political committee. C 1000.00 Name of Employer Occupation Memo Item Mason City Clinic Orthopaedic Surgeon Memo Item Receipt For: Aggregate Year-to-Date ▼ 1000.00 Primary General 1000.00 Other (specify) ▼ 2000.00	C. Timothy Allen Gibbons MD Mailing Address 1770 Springview Drive	State Zin Code	M = M / D = D / Y = Y = Y Y 02 15 2016
Marine of Employer Occupation Mason City Clinic Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1000.00	Mason City FEC ID number of contributing	IA 50401-2926	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	Mason City Clinic Receipt For: Primary General	Orthopaedic Surgeon Aggregate Year-to-Date ▼	
	SUBTOTAL of Receipts This Page (optional)	3000.00

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 161 OF

350

IТ.			Use separate schedule(s)	(C	heck onl	y on	e)					
11			for each category of the Detailed Summary Page		X 11a	\square	11b 14	11c		12 16	□ 1	7
	ny information copied from such Reports and S				n for the		ose of	solicitin		ntributi	ons	1
\square	NAME OF COMMITTEE (In Full)											
	Political Action Committee of the	e America	an Association of Ortho	opa	edic S	Surç	geon	sPA	Сo	of AA	OS	
А.					Date o	f Re	ceipt					
	Mailing Address 300 Fairhill Rd				м м 02	/	16			016	Y	
	City	State	Zip Code		Trans	sacti	on ID :	790532	0			
	Wynnewood	PA	19096-1804	_	Amoun	t of	Each R	leceipt t	his P	'eriod		
	FEC ID number of contributing federal political committee.	С					,			250.0	0]
	Name of Employer	Occupation		_	Me	mo lt	em					
	Univ of Maryland School of Med	Orthopaedic	Surgeon									
	Receipt For:		Year-to-Date ▼									
	Primary General	Aggregate		11								
	Other (specify)	L	250.00									
в.	Full Name (Last, First, Middle Initial) Michael Edward Pollack MD				Date o	f Re	ceipt					
	Mailing Address 8100 Wescott Drive Suite 101				02	/	12) / Y) 16	Y	
	City	State	Zip Code			actio		7905522				
	Flemington	NJ	08822					Receipt t		'eriod		
	FEC ID number of contributing federal political committee.	С					,			1000.0	0]
	Name of Employer	Occupation			Me	emo li	tem					
	MidJersey Orthopaedics	Orthopaedic										
	Receipt For:			_								
	Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		1000.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) Martin Boublik MD				Date o	f Re	ceipt					
	Mailing Address 614 Cliffgate Lane				м м 02		12) 16	Y	
	City	State	Zip Code	\neg		sacti		790552				
	Castle Rock	CO	80108				-	Receipt t	-	eriod		
	FEC ID number of contributing federal political committee.	С					,			1000.0	0	1
	Name of Employer	Occupation			Me	mo lt	tem					
	Self Employed	Orthopaedi			_							
	Receipt For:		5	-								
	Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		1000.00									
Γ	UBTOTAL of Receipts This Page (optional)				_	-			2	2250.0	0	1
L S	age (optional)		•••••••••••••••••••••••••••••••••••••••	•	- Internet	_	7			- 1		- I.

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

.

.. dulo(a)

FOR LINE NUMBER:

PAGE 162 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	Check only one) X 11a 11b 11c 12 13 14 15 16 17
	Statements may not be sold or used by any pe ne name and address of any political committee	
NAME OF COMMITTEE (In Full) Political Action Committee of the set	he American Association of Ortho	paedic SurgeonsPAC of AAOS
A. Young Jo Kim MD, PhD Mailing Address Hunnewell 2 300 Longwood Ave		Date of Receipt 02 12 2016
City Boston	StateZip CodeMA02115	Transaction ID : 7905524 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Boston Children's Hospital Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	— Memo Item
B. Bryan D Den Hartog MD Mailing Address 6001 Westown Parkway		Date of Receipt
City West Des Moines	State Zip Code IA 50266-7702	02 12 2016 Transaction ID : 7905525 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	750.00
Name of Employer Des Moines Ortho Surgeons	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) C. John A Lombardi MD		Date of Receipt
Mailing Address 312 Big Rail Dr		M M / D D / Y Y Y Y Y 02 12 2016
City Naperville	StateZip CodeIL60540	Transaction ID : 7905526 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	— Memo Item
DuPage Medical Group Receipt For: Primary General Other (specify) v	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	·	1750.00

TOTAL This Period (last page this line number only)...... 1.

.... odulo(e)

FOR LINE NUMBER:

PAGE 163 OF

350

IT	EMIZED RECEIPTS		ose separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) Shepard R Hurwitz MD			Date of Receipt
	Mailing Address 400 Silver Cedar Ct Ste 100			M M / D D / Y Y Y Y Y 02 12 2016
	City Chapel Hill	State NC	Zip Code 27514-1585	Transaction ID : 7905527 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopaedi		— Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
в.	Full Name (Last, First, Middle Initial) Geoffrey A Wright MD			Date of Receipt
	Mailing Address 4229 Foxxglen Run			02 12 2016
	City Chesapeake	State VA	Zip Code 23321	Transaction ID : 7905529
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer US Navy	Occupation Orthopaedic		Memo Item
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Jeffrey R Ginther MD, FACS			Date of Receipt
	Mailing Address 13827 Driftwood Dr			02 12 Y Y Y Y 02 12 2016
	City Carmel	State IN	Zip Code 46033-8511	Transaction ID : 7905530 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer	Occupation		Memo Item
	Riverview Hospital Receipt For:	Orthopaedi	c Surgeon Year-to-Date ▼	_
	Primary General Other (specify)	Aggregate	1000.00	
s	UBTOTAL of Receipts This Page (optional)			1800.00

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

10

Use separate schedule(s)

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 164 OF 350
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and for commercial purposes, other than using t	Statements manufactors manufactors by the statements of the statements of the statements and a statements of the stateme	ay not be sold or used by any pe address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of t	he Americ	an Association of Ortho	paedic SurgeonsPAC of AAOS
<u> </u>	Full Name (Last, First, Middle Initial) Daniel E Matthews MD			Date of Receipt
Mailing Address 134 Augusta Ct				02 12 2016
	City Fairhope	State AL	Zip Code 36532	Transaction ID : 7905542 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation		Memo Item
	Alabama Orthopaedic Sports Medicine Receipt For: Primary General Other (specify) ▼	Orthopaedi Aggregate	c Surgeon Year-to-Date ▼ 500.00	
в.	Full Name (Last, First, Middle Initial) David L Wiest MD			Date of Receipt
	Mailing Address 3200 11th Street South #209			02 12 Y Y Y Y 02 12 2016
	City	State ND	Zip Code 58104	Transaction ID : 7905543
	Fargo FEC ID number of contributing federal political committee.	C	30104	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Orthopaedi		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
— c.	Full Name (Last, First, Middle Initial) James D Capozzi MD			Date of Receipt
	Mailing Address 14 Meadow Lane			02 12 2016
	City East Williston	State NY	Zip Code 11596	Transaction ID : 7905544
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	Memo Item
	Winthrop University Hospital	Orthopaedi	c Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional).			1250.00

TOTAL This Period (last page this line number only)...... 1.

Use separate schedule(s)

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 165 OF 350
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of t	he Americ	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) John G Birch MD			Date of Receipt
	Mailing Address 9107 Brady Drive			02 16 2016
	City Dallas	State TX	Zip Code 75243	Transaction ID : 7905551 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer	Occupation		Memo Item
	Retired Receipt For: Primary General Other (specify) ▼	Orthopaedi Aggregate	c Surgeon Year-to-Date ▼ 1000.00	_
в.	Full Name (Last, First, Middle Initial) Kevin E Coates MD	l		Date of Receipt
	Mailing Address 9344 Ingleside Farm N			02 16 Y Y Y Y Y 02 16 2016
	City	State	Zip Code	Transaction ID : 7905552
	Germantown	TN	38139	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer MSK Group	Occupation Orthopaedi		— Memo Item
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
— c.	Full Name (Last, First, Middle Initial) Joseph T Moskal MD			Date of Receipt
-	Mailing Address 4940 FawnDell Rd			02 16 2016
	City Roanoke	State VA	Zip Code 24018	Transaction ID : 7905553
	FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period
	Name of Employer	Occupation	1	Memo Item
	Carilion Clinic	Orthopaedi	ic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)	<u> </u>		3000.00

TOTAL This Period (last page this line number only)...... 1.

Use separate schedule(s)

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 166 OF 350	
TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)	
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and State	ements may not be sold or used by any pe		
or for commercial purposes, other than using the na	me and address of any political committee	to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)			
Political Action Committee of the A	American Association of Ortho	paedic SurgeonsPAC of AAOS	
Full Name (Last, First, Middle Initial)			
A. Jeffrey R Ginther MD, FACS		Date of Receipt	
Mailing Address 13827 Driftwood Dr		M = M / D = D / Y = Y = Y = Y	
City	State Zip Code	02162016 Transaction ID : 7905554	
Carmel	IN 46033-8511	Amount of Each Receipt this Period	
FEC ID number of contributing			
federal political committee.	C	1000.00	
Name of Employer C	Occupation	— Memo Item	
	rthopaedic Surgeon		
	Aggregate Year-to-Date ▼		
Primary General	2000.00		
Other (specify)	7 7 7		
Full Name (Last, First, Middle Initial)			
B. Gregory B Krivchenia II, MD		Date of Receipt	
Mailing Address 800 Grand Central Ave. Suite 6	Mailing Address 800 Grand Central Ave. Suite 6		
City	State Zip Code	02162016 Transaction ID : 7905556	
Vienna	WV 26105	Amount of Each Receipt this Period	
FEC ID number of contributing			
federal political committee.	C	1000.00	
Name of Employer C	Occupation	Memo Item	
Self Employed O	rthopaedic Surgeon		
	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	1000.00		
	, , , , , , , , , , , , , , , , , , , ,		
Full Name (Last, First, Middle Initial)			
c. John J Callaghan MD		Date of Receipt	
Mailing Address Dept of Orthopaedics 200 Hawkins Dr / 01029 JPP		02 16 _2016 _	
City	State Zip Code	Transaction ID : 7905557	
lowa City	IA 52242-1088	Amount of Each Receipt this Period	
FEC ID number of contributing	C	5000.00	
federal political committee.		Mama Itar	
	Occupation	Memo Item	
Bosoint For:	Orthopaedic Surgeon	_	
Primary General	Aggregate Year-to-Date ▼		
Other (specify) V	5000.00		
		7000.00	
SUBTOTAL of Receipts This Page (optional)	•••••	1000.00	

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

FEC Schedule A (Form 3X) Rev. 12/2015

.

Lise senarate schedule(s)

FOR LINE NUMBER:

PAGE 167 OF

350

ITEMIZED RECE	PTS	for each category of the Detailed Summary Page	(cneck only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied fr or for commercial purpos	om such Reports and Statements ma es, other than using the name and a	y not be sold or used by any poddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTE Political Action	. ,	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, A. Kevin James Kulv			Date of Receipt
Mailing Address 540 F		Zin Oode	02 16 / Y Y Y Y 2016
City Lantana	State TX	Zip Code 76226	Transaction ID : 7905558 Amount of Each Receipt this Period
FEC ID number of con federal political commi	e e e e e e e e e e e e e e e e e e e		250.00
Name of Employer Self Employed	Occupation Orthopaedic		Memo Item
Receipt For: Primary Other (specify)	General	Year-to-Date ▼ 250.00	
Full Name (Last, First, B. Baron Lonner MI)		Date of Receipt
Mailing Address 820 S	econd Avenue Suite 7A	02 16 2016 Transaction ID : 7905571	
New York	NY	Zip Code 10017	Amount of Each Receipt this Period
FEC ID number of con federal political commi	e e e e e e e e e e e e e e e e e e e		500.00
Name of Employer Self Employed	Occupation Orthopaedic		Memo Item
Receipt For: Primary Other (specify)	General	Year-to-Date ▼ 1000.00	
Full Name (Last, First, C. Dante A Brittis			Date of Receipt
Mailing Address 212 (02 16 / Y Y Y Y Y 2016
City Southport	State CT	Zip Code 06890	Transaction ID : 7905572 Amount of Each Receipt this Period
FEC ID number of con federal political commi	U U U U U U U U U U U U U U U U U U U		500.00
Name of Employer OSG	Occupation Orthopaedi		Memo Item
Receipt For: Primary Other (specify)	General	Year-to-Date ▼ 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) for each category of the	FOR LINE NUMBER: PAGE 168 OF 350 (check only one) I1a
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma he name and a	ay not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	he America	an Association of Ortho	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) Vincent K McInerney MD Mailing Address 504 Valley Road Suite 200 City Wayne FEC ID number of contributing federal political committee. Name of Employer New Jersey Orthopaedic Institute Receipt For: Primary General Other (specify) ▼	State NJ C Occupation Orthopaedic Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) Alexandre Barbosa de Moura MD Mailing Address 761 Merrick Ave City Westbury FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State NY C Occupation Orthopaedic Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) Jeffrey Todd Brodie MD Mailing Address 12 Hambleton Court City Baltimore FEC ID number of contributing federal political committee. Name of Employer University of Maryland Medical System Receipt For: Primary General Other (specify) ▼	State MD C Occupation Orthopaedid Aggregate		Date of Receipt 02 16 2016 Transaction ID : 7905577 Amount of Each Receipt this Period 500.00 Memo Item
SUBTOTAL of Receipts This Page (optional)			2500.00

SCHEDULE A (FEC Form 3X) ľ

odulo(c)

FOR LINE NUMBER:

PAGE 169 OF

350

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 13 14 15 16 17					
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pe ddress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS								
Α.	A. Robert D Haar MD Mailing Address 880 5th Ave Apt 9B			Date of Receipt 02 16 2016					
	City New York	State NY	Zip Code 10021	Transaction ID : 7905578 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		500.00					
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedia Aggregate		— Memo Item					
Full Name (Last, First, Middle Initial) Donn A Fassero MD Mailing Address 1409 E. Briggsmore Avenue				Date of Receipt 02 16 2016					
	City Modesto FEC ID number of contributing	State CA	Zip Code 95355-4201	Transaction ID : 7905579 Amount of Each Receipt this Period					
	federal political committee.	Occupation							
	Sutter Gould Med Foundation Receipt For:	Orthopaedic	Surgeon	_					
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 250.00						
<u>с</u> .	Full Name (Last, First, Middle Initial) Ana K Palmieri MD			Date of Receipt					
	Mailing Address 9716 Legends Dr			02 12 2016					
	City Germantown	State TN	Zip Code 38139	Transaction ID : 7905596 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		250.00					
	Name of Employer Self Employed	Occupation Orthopaedi		— Memo Item					
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00						
s	UBTOTAL of Receipts This Page (optional)			1000.00					

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

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 170 OF

350

IT.			Use separate schedule(s) (c		(check only one)					
11	TEMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a	11b			12	
Δ.	ny information populat from such Departs and	Ototomonto	whethe old or word her service		13	14	15		16	17
	ny information copied from such Reports and for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full)									
	Political Action Committee of the	ne America	an Association of Ortho	opa	edic S	urgeo	onsP	AC	of AA	NOS
•	Full Name (Last, First, Middle Initial) Jeffrey B Burnette MD				Data of	Dessin				
Α.	Mailing Address 8252 Seven Mile Dr			Date of Receipt						
					02		12 /		2016	T
	City	State	Zip Code		Trans	action I	D : 7905			
	Ponte Vedra	FL	32082	_	Amount	of Eac	h Receip	t this	Period	
	FEC ID number of contributing federal political committee.	С				7	,		1000.0	00
	Name of Employer	Occupation			Mer	no Item				
	HCA	Orthopaedi	c Surgeon							
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Other (specify) ▼		1000.00	11						
			7 7	11						
в.	Full Name (Last, First, Middle Initial) R Scott Oliver MD	I			Date of	Receip	t			
	Mailing Address Plymouth Bay Orthopedic As	sociates			M M	/ D	D /	Y Y	Y Y	Y
	95 Tremont Ste One	Ctoto	Zin Codo	_	02		12		016	
	City Duxbury	State MA	Zip Code 02332	\vdash			D:79055		Poriod	
			02332		Amount	or Eac	h Receip	t this i	Period	_
	FEC ID number of contributing federal political committee.	С			L.				1000.0	00
		Occupation			Mer	no Item	,			
	Name of Employer Self Employed	Orthopaedic								
	Receipt For:		-	_						
	Primary General	Aggregate	Year-to-Date ▼	11						
	Other (specify)	_ <u></u>	1000.00	4						
- C	Full Name (Last, First, Middle Initial) Patrick J Halpin MD	•			Date of	Recein	t			
	Mailing Address 3125 Anchor Ln NW				M M		• D /	Y	Y Y Y	Y
					02		12	2	2016	
	City	State WA	Zip Code 98502				D : 7905			
	Olympia	VVA	90302		Amount	of Eac	h Receip	t this	Period	
	FEC ID number of contributing federal political committee.	С							1000.0	00
	Name of Employer	Occupation			L wer	no Item				
	Self Employed	Orthopaedi	c Surgeon							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		1000.00							
			/5							
					_	_		_	_	_
s	UBTOTAL of Receipts This Page (optional)		•			- 7	,		3000.0	0
\vdash				_				_		_

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

9

.. dulo(a)

FOR LINE NUMBER:

PAGE 171 OF

350

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	Check only one) X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	paedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) William F Tucker Jr, MD Mailing Address 3533 Southwestern Blvd.			Date of Receipt
	City Dallas	State TX	Zip Code 75225	02 12 2016 Transaction ID : 7905600 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) v	Occupation Orthopaedia Aggregate		Memo Item
в.	Full Name (Last, First, Middle Initial) Stephen Cunningham Robinson MD Mailing Address 5824 Widewaters Parkway)		Date of Receipt
	City East Syracuse FEC ID number of contributing	State Zip Code NY 13057		02 12 2016 Transaction ID : 7905603 Amount of Each Receipt this Period 250.00
	federal political committee. Name of Employer Syracuse Orthopedic Specialists	Occupation Orthopaedic		Memo Item
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 250.00	
<u>с</u> .				Date of Receipt
	Mailing Address 80 Grand Ave #600	State	Zip Code	02 12 2016 Transaction ID : 7905606
	Oakland	CA	94612	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation		Memo Item
	Self Employed Receipt For: Primary General Other (specify) v		c Surgeon Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)		•••••	1500.00

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

FOR LINE NUMBER:

PAGE 172 OF

350

for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	person for the purpose of soliciting contributions
of the American Association of Orth	opaedic SurgeonsPAC of AAOS
State Zip Code TX 77005-2304 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt
State Zip Code OK 74137 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00 500.00	Date of Receipt
State Zip Code MI 48108 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt 02 / 16 / 2016 Transaction ID : 7905923 Amount of Each Receipt this Period 250.00 Memo Item
	for each category of the Detailed Summary Page s and Statements may not be sold or used by any p sing the name and address of any political committe of the American Association of Orth 349 349 349 349 349 349 C C C C C C C C C C C C C C C C C C C

Use separate schedule(s)

S	SCHEDULE A (FEC Form 3X)		Lise separate soledulo(a)	FOR LINE NUMBER: PAGE 173 OF 350
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of t	he Americ	an Association of Orthe	opaedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) William E Carlson MD Mailing Address 3 SE Tuscan Ln			Date of Receipt
		Otata	Zin Oada	02 17 _ 2016 _
	City Stuart	State FL	Zip Code 34996	Transaction ID : 7906171
				Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	Memo Item
	South Florida Orthopaedics	Orthopaedi	c Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_
	Other (specify) ▼		250.00]
в.	Full Name (Last, First, Middle Initial) John Paul Houde MD			Date of Receipt
	Mailing Address P. O. Box 175			02 17 2016
	City	State	Zip Code	Transaction ID : 7906527
	Meriden	NH	03770	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation	1	Memo Item
	Alice Peck Day Hospital	Orthopaedi	c Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00]
<u>с</u> .	Full Name (Last, First, Middle Initial) Andre H Johnson MD			Date of Receipt
	Mailing Address 25 Willowbrook Road Suite 2			M = M / D = D / Y = Y = Y Y 02 17 2016
	City Queensbury	State NY	Zip Code 12804	Transaction ID : 7906867 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer	Occupation	1	Memo Item
	Self Employed	Orthopaedi	ic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		375.00]
s	UBTOTAL of Receipts This Page (optional)			1125.00

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

1.

Use separate schedule(s)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 174 OF 350
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e Americ	an Association of Ortho	paedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) Stephen R Goll MD			Date of Receipt
	Mailing Address 711 Pinetree Rd			02 16 Y Y Y Y Y
	City Winter Park	State FL	Zip Code 32789	Transaction ID : 7908301 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation		— Memo Item
	Orlando Orthopaedic Center Receipt For:	Orthopaedi	5	_
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
			7 7	
в.	Full Name (Last, First, Middle Initial) Randy Steven Schwartzberg MD			Date of Receipt
	Mailing Address 111 Arrowhead Court			02 16 Y Y Y Y Y 02 16 2016
	City	State	Zip Code	Transaction ID : 7908302
	Winter Springs	FL	32708	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation	1	Memo Item
	Orlando Orthopaedic Center	Orthopaedie	c Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
— c.	Full Name (Last, First, Middle Initial) Samuel S Blick MD			Date of Receipt
	Mailing Address 8707 Southern Breeze Dr			02 16 Y Y Y Y 02 16 2016
	City Orlando	State FL	Zip Code 32836	Transaction ID : 7908303 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	— Memo Item
	Orlando Orthopaedic Center	Orthopaedi	c Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00

TOTAL This Period (last page this line number only)...... _____ 1.

FOR LINE NUMBER:

PAGE 175 OF

350

		Use separate schedule(s)	(check only one)					
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12					
Any information copied from such Report	s and Statements ma	av not be sold or used by any p	13 14 15 16 erson for the purpose of soliciting contributions					
			e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
Political Action Committee	of the Americ	an Association of Orth	ppaedic SurgeonsPAC of AAO					
Full Name (Last, First, Middle Initial) A Steven Weber DO			Deta of Dessist					
Mailing Address 25 West Crystal Lake	St Sto 200		Date of Receipt					
	51 516 200		02 16 2016					
City	State	Zip Code	Transaction ID : 7908304					
Orlando	FL	32806	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		500.00					
Name of Employer	Occupation		Memo Item					
Orlando Orthopaedic Center	Orthopaedi	c Surgeon						
Receipt For:	Aggregate	Year-to-Date 🔻						
Primary General Other (specify)		500.00	1					
			1					
Full Name (Last, First, Middle Initial) B. Eric Gunn Bonenberger MD			Date of Receipt					
Mailing Address 10539 Emerald Chase	e Dr							
City State Zip Code			02 16 2016 Transaction ID : 7908305					
Orlando	FL	32836-5862	Amount of Each Receipt this Period					
FEC ID number of contributing	0							
federal political committee.	C		500.00					
Name of Employer	Occupation	1	Memo Item					
Orlando Orthopaedic Center	Orthopaedi	c Surgeon						
Receipt For:		Year-to-Date ▼	-					
Primary General			1					
Other (specify)		, 500.00	1					
Full Name (Last, First, Middle Initial) C. Bradd Burkhart MD			Date of Receipt					
Mailing Address 1600 Legion Drive								
			02 16 2016					
City	State	Zip Code	Transaction ID : 7908306					
Winter Park	FL	32789	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		500.00					
Name of Employer	Occupation	1	Memo Item					
Orlando Orthopaedic Clinic	Orthopaedi	c Surgeon						
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		500.00	1					
			1					
SUBTOTAL of Receipts This Page (opti	onal)	······)	1500.00					

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

18

FOR LINE NUMBER:

PAGE 176 OF

	DECEIDTE		Use separate schedule(s)	(check on	(check only one)				
	RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12		
A		0		13	14	15	16	17	
Any informatio or for commer	n copied from such Reports and cial purposes, other than using th	Statements ma e name and a	ay not be sold or used by any pendoress of any political committee	erson for the e to solicit co	purpose c ntributions	f soliciting from sucl	g contribut	tions ee.	
NAME OF	COMMITTEE (In Full)								
Politica	Action Committee of th	ne America	an Association of Ortho	opaedic S	Surgeor	nsPA	C of AA	AOS	
Full Name A. Craig P.	(Last, First, Middle Initial) Jones MD			Date o	f Receipt				
Mailing Add	Iress 1345 Spring Lake Dr			M M 02	16		2016	Y	
City		State	Zip Code		saction ID				
Orlando		FL	32804	Amoun	t of Each	Receipt th	nis Period		
	nber of contributing tical committee.	С					500.0	00	
				Ma	emo ltem	7			
Name of E	mployer	Occupation			ino item				
	hopaedic Center	Orthopaedi	c Surgeon						
Receipt For		Aggregate	Year-to-Date ▼						
Prima Other	ıry General ⊂ (specify) _		500.00						
	(Last, First, Middle Initial)			_					
	ee Reuss MD			_	f Receipt				
Mailing Add	lress 476 Sylvan Dr		02	/ D		2016	Y		
City	City State Zip Code				saction ID				
Winter Parl	(FL	32789-3975		it of Each				
	mber of contributing tical committee.	С		900				00	
Name of E	mplover	Occupation		— Me	emo ltem				
	hopaedic Center	Orthopaedic							
Receipt For	· :	· · · ·	Year-to-Date ▼						
Prima	ary General	Ayyreyale							
Other	r (specify) ▼		900.00						
	(Last, First, Middle Initial) y McBride MD	1		Date o	f Receipt				
	lress 1530 Palmer Ave			02			2016	Y	
City		State	Zip Code		saction ID				
Winter Par	k	FL	32789-2751	Amoun	t of Each	Receipt th	nis Period		
	nber of contributing tical committee.	С					500.0	00	
Name of E	mployer	Occupation		— Me	emo Item				
Orlando Or	thopaedic Center	Orthopaedi	c Surgeon						
Receipt For			Year-to-Date ▼						
Prima			500.00						
Other	(specify) ▼		500.00						
SUPTOTAL	of Receipts This Page (optional)	1					1900.(00	
JUDIUIAL (
TOTAL This	Period (last page this line number	r only)		· L_					

SCHE	DULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 177 OF 350
TEMIZED RECEIPTS		for each category of the	(check only one)	
			Detailed Summary Page	13 14 15 16 17
				rson for the purpose of soliciting contributions to solicit contributions from such committee.
、 、	E OF COMMITTEE (In Full)			to solicit contributions none such committee.
		e America	an Association of Ortho	paedic SurgeonsPAC of AAOS
	lame (Last, First, Middle Initial) rence S Halperin MD			Date of Receipt
	g Address 408 Spring Valley Ln			02 16 / Y Y Y Y Y 02 16
City Altam	nonte Springs	State FL	Zip Code 32714	Transaction ID : 7908310 Amount of Each Receipt this Period
	D number of contributing al political committee.	С		500.00
Name	of Employer	Occupation		— Memo Item
	do Orthopaedic Center	Orthopaedic	c Surgeon	
	pt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
	lame (Last, First, Middle Initial) hley J Kupiszewski MD			Date of Receipt
Mailin	g Address 1651 Apache Trail			02 16 2016
City		State FL	Zip Code	Transaction ID : 7908363
Maitla		FL	32751	Amount of Each Receipt this Period
	D number of contributing al political committee.	С		250.00
	of Employer do Health	Occupation		Memo Item
	pt For:	Orthopaedic	.	_
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
	lame (Last, First, Middle Initial) dley Christopher Daily MD			Date of Receipt
Mailin	g Address 6 Red Fox Lane			M M / D D / Y Y Y Y 02 16 2016
City	_	State	Zip Code	Transaction ID : 7908367
Salin		KS	67401	Amount of Each Receipt this Period
	D number of contributing al political committee.	С		500.00
	of Employer	Occupation		Memo Item
	Bassint For:		c Surgeon	_
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTO	TAL of Receipts This Page (optional)			1250.00
TOTAL	This Period (last page this line number o	nly)		

FOR LINE NUMBER:

PAGE 178 OF

350

ITEMIZED RE	CEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17			
			erson for the purpose of soliciting contributions to solicit contributions from such committee.			
	/ITTEE (In Full)		ppaedic SurgeonsPAC of AAOS			
A. Dennis P Rive	First, Middle Initial) ero MD 8177 S Harvard St #533		Date of Receipt 02 16 2016			
City Tulsa	State OK	Zip Code 74137	Transaction ID : 7908369 Amount of Each Receipt this Period			
FEC ID number of federal political co	ş		250.00			
Name of Employed Self Employed Receipt For: Primary Other (spec	Orthopae General Aggregat	on dic Surgeon e Year-to-Date ▼ 250.00	Memo Item			
B. Steven Arthu	First, Middle Initial) r Herbst MD 3620 S County Rd 560 E		Date of Receipt			
City	State	Zip Code	02 16 2016 Transaction ID : 7908371			
Selma FEC ID number of federal political co	ş	47383	Amount of Each Receipt this Period			
Name of Employe Central Indiana O	thonodico	on dic Surgeon	Memo Item			
Receipt For: Primary Other (spec	General	e Year-to-Date ▼ 500.00				
c. Peter C Ama			Date of Receipt			
Mailing Address			02 / D D / Y Y Y Y 16 2016			
City Rochester	State MN	Zip Code 55905	Transaction ID : 7908374 Amount of Each Receipt this Period			
FEC ID number of federal political co	ş		500.00			
Name of Employe			Memo Item			
Mayo Clinic	Orthopae	dic Surgeon				
Receipt For: Primary Other (spec	General	e Year-to-Date ▼ 500.00				
SUBTOTAL of Rec	eipts This Page (optional)	•	1250.00			

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

7

FOR LINE NUMBER:

PAGE 179 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may not be sold or used by any p name and address of any political committe	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the	e American Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) George E Lewinnek MD Mailing Address 6 Trillium Ct City Lunenburg FEC ID number of contributing federal political committee. Name of Employer UMass Memorial Receipt For: Primary General Other (specify) Full Name (Last First Middle Initial)	State Zip Code MA 01462 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Randall L Davidson Jr, MD Mailing Address Ste 200 1050 N James Campbell Blvd City Columbia FEC ID number of contributing federal political committee. Name of Employer Middle Tennessee Bone & Joint Receipt For: Primary General Other (specify) ▼	State Zip Code TN 38401 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250,00	Date of Receipt 02 17 2016 Transaction ID : 7909041 Amount of Each Receipt this Period 250.00 Memo Item
Full Name (Last, First, Middle Initial) Gregory M Hrasky MD Mailing Address P.O. Box 2767 City Scottsdale FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code AZ 85252-2767 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1016.00	Date of Receipt 02 / 18 / 2016 Transaction ID : 7910333 Amount of Each Receipt this Period 1016.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		1516.00
TOTAL This Period (last page this line number of	only) J	

FOR LINE NUMBER:

PAGE 180 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by an he name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association of Or	thopaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Benjamin James Hackett MD Mailing Address 7808 Bluebell Ln City Wausau FEC ID number of contributing federal political committee. Name of Employer Bone & Joint Clinic Receipt For: Primary General Other (specify) ▼	State Zip Code WI 54401-8444 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
Full Name (Last, First, Middle Initial) Donald A Hackbarth Jr, MD Mailing Address N70 W14567 Terrace Drive City Menomonee Falls FEC ID number of contributing federal political committee. Name of Employer Medical College of Wisconsin Receipt For: Primary General Other (specify)	State Zip Code WI 53051 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, First, Middle Initial) Brian A Murphy MD Mailing Address 3803 Highknob Circle City Naperville FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group Receipt For: Primary General Other (specify) ▼	State Zip Code IL 60564 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 02 19 2016 Transaction ID : 7911430 Amount of Each Receipt this Period 1000.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	1	
TOTAL This Period (last page this line number	er only)	• •
FOR LINE NUMBER:

PAGE 181 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
Any information copied from such Reports an or for commercial purposes, other than using	d Statements manual and a	A not be sold or used by any puddress of any political committee	13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee						
NAME OF COMMITTEE (In Full)									
	the Americ	an Association of Ortho	opaedic SurgeonsPAC of AAOS						
Full Name (Last, First, Middle Initial) A. Vermon Sims Esplin MD			Date of Receipt						
Mailing Address Suite B 560 Memorial Dr			02 19 2016						
City	State	Zip Code	Transaction ID : 7911606						
Pocatello	ID	83201	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		500.00						
Name of Employer	Occupation	1	Memo Item						
Idaho Hand Institute	Orthopaedi	c Surgeon							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General		500.00	1						
Other (specify)		500.00	1						
Full Name (Last, First, Middle Initial) B. Greg T Jones MD			Date of Receipt						
Mailing Address 3 Berry Hill Road									
			02 19 2016						
City	State	Zip Code	Transaction ID : 7911608						
Fort Smith	AR	72903-3501	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		250.00						
Name of Employer	Occupation	1	Memo Item						
Self Employed	Orthopaedi	c Surgeon							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		, 250.00]						
Full Name (Last, First, Middle Initial) C. Robert A Bartosh MD			Date of Receipt						
Mailing Address 3 Magnolia Ct			02 19 2016						
City	State	Zip Code	Transaction ID : 7911610						
Moultrie	GA	31768-6764	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		500.00						
Name of Employer	Occupation	1	Memo Item						
Self Employed	Orthopaedi	c Surgeon							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General		E00.00	1						
Other (specify)		500.00	1						
SUBTOTAL of Receipts This Page (optional)			1250.00						
TOTAL This Period (last page this line numb	per only)								

FOR LINE NUMBER:

PAGE 182 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
or for commercial purposes, other than using t	Statements may not be sold or used by any public he name and address of any political committee	
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association of Ortho	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) John J Callahan Jr, MD Mailing Address 10 Braunview Way		Date of Receipt
City Orchard Park	State Zip Code NY 14127	02 19 2016 Transaction ID : 7911611 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Excelsior Orthopaedics Receipt For:	Occupation Orthopaedic Surgeon	Memo Item
Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	1
Full Name (Last, First, Middle Initial) B. Anthony R Marino MD Mailing Address to Mit to be		Date of Receipt
Mailing Address 12 Misty Lane	02 19 _2016 _	
City	State Zip Code	Transaction ID : 7911615
Londonderry	NH 03053-2675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer New Hampshire Orthopedic Center	Occupation	Memo Item
Receipt For:	Orthopaedic Surgeon	
Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	1
Full Name (Last, First, Middle Initial) C. John M Olsewski MD		Date of Receipt
Mailing Address 16 Rivers Edge Drive #407		02 / D D / Y Y Y Y 02 19 2016
City Tarrytown	State Zip Code NY 10591	Transaction ID : 7911638 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	Memo Item
Self Employed	Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional).		2500.00

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

7

.

FOR LINE NUMBER:

PAGE 183 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the	e American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. David Turner Jones MD Mailing Address Bone and Joint Surgery Clinic 3410 Executive Dr Ste 103 City Raleigh FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code NC 27609 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt 02 19 2016 Transaction ID : 7911639 Amount of Each Receipt this Period 1000.00 Memo Item
U Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Peter O Newton MD	1000.00	Date of Receipt
Mailing Address 3030 Children's Way Ste 410 City San Diego FEC ID number of contributing federal political committee. Name of Employer	State Zip Code CA 92123-4228	02 19 2016 Transaction ID : 7911640 Amount of Each Receipt this Period 500.00 Memo Item
CSSD Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) Mailing Address 7575 Five Mile Rd		Date of Receipt 02 19 2016
City Cincinnati FEC ID number of contributing federal political committee.	State Zip Code OH 45255	Transaction ID : 7911642 Amount of Each Receipt this Period 1000.00
Name of Employer Wellington Orthopedics Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Memo Item
SUBTOTAL of Receipts This Page (optional)	-	2500.00

.. dulo(a)

FOR LINE NUMBER:

PAGE 184 OF

350

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check onl X 11a 13	y one) 11b 14	11c	12 16 17			
	y information copied from such Reports and St for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) Political Action Committee of the									
Α.	Full Name (Last, First, Middle Initial) Ricardo J Reina-Sanabria MD				f Receipt					
	Mailing Address 100 Grand Boulevard Paseos Suite 112 MSC 313			м м 02	/ D 19		2016			
	City San Juan	State PR	Zip Code 00926		saction ID : t of Each F					
	FEC ID number of contributing federal political committee.	С					250.00			
	Name of Employer Self Employed	Occupation Orthopaedic	Surgeon	— Me	mo ltem					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)	L	250.00							
в.	Full Name (Last, First, Middle Initial) Wayne Anthony Johnson MD				f Receipt					
	Mailing Address 8212 NW Stonebridge Ct		02 19 2016							
	City Lawton	State OK	Zip Code 73505	Transaction ID : 7911656 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С					1000.00			
	Name of Employer Southwestern Medical Center	Occupation Orthopaedic	Surgeon		mo ltem					
	Receipt For:	Aggregate	Year-to-Date ▼ 1000.00							
<u> </u>	Full Name (Last, First, Middle Initial) Karen H Knight MD			Date o	f Receipt					
	Mailing Address 660 Golden Ridge Road, Ste 2	250		02	/ D 19		2016			
	City Golden	State CO	Zip Code 80401-9541		saction ID t of Each F					
	FEC ID number of contributing federal political committee.	С			, , , , , , , , , , , , , , , , , , ,		250.00			
	Name of Employer	Occupation		Me	mo ltem					
	Panorama Ortho & Spine Center Receipt For:	Orthopaedic		_						
	Primary General Other (specify) ▼		Year-to-Date ▼ 250.00							
s	UBTOTAL of Receipts This Page (optional)		•				1500.00			

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

separate schedule(s) 1100

FOR LINE NUMBER:

PAGE 185 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	Check only one) 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	d Statements may not be sold or used by any p the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of t	the American Association of Ortho	ppaedic SurgeonsPAC of AAOS
A. Full Name (Last, First, Middle Initial) Mark J Conklin MD Mailing Address 1702 Sand Lily Dr		Date of Receipt
City Golden	StateZip CodeCO80401	Transaction ID : 7911762 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Panorama Ortho & Spine Center Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Memo Item
B. Full Name (Last, First, Middle Initial) Mailing Address 2635 Vivian St	State Zip Code	Date of Receipt 02 19 2016 Transaction ID : 7911763
Lakewood FEC ID number of contributing federal political committee.	CO 80215	Amount of Each Receipt this Period
Name of Employer Panorama Ortho & Spine Center Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Memo Item
C. Full Name (Last, First, Middle Initial) Mailing Address 831 Uinta Way		Date of Receipt
City Denver	StateZip CodeCO80230-6824	02 19 2016 Transaction ID : 7911764 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Panorama Ortho & Spine Center Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Memo Item
SUBTOTAL of Receipts This Page (optional).		750.00

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

1.

SCHEDULE A (FEC Form 3	, Us	e separate schedule(s)	FOR LINE NUMBEF (check only one)	R: PAGE 186 OF 350
ITEMIZED RECEIPTS		each category of the tailed Summary Page	X 11a 11b 13 14	11c 12 15 16 17
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not ng the name and address	be sold or used by any p s of any political committe	person for the purpose of the solicit contributions	of soliciting contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee (of the American A	ssociation of Orth	opaedic Surgeor	nsPAC of AAOS
Full Name (Last, First, Middle Initial) Amit Agarwala MD			Date of Receipt	
Mailing Address 660 Golden Ridge Rd S	uite 250		02 19	
City Golden		ip Code 30401	Transaction ID Amount of Each	: 7911765 Receipt this Period
FEC ID number of contributing federal political committee.	С			250.00
Name of Employer	Occupation		Memo Item	
Panorama Ortho & Spine Center	Orthopaedic Surg	eon		
Receipt For:	Aggregate Year-t	o-Date ▼		
Other (specify)		250.00]	
Full Name (Last, First, Middle Initial) 3. Bharat M Desai MD			Date of Receipt	
Mailing Address 7955 Spirit Ranch Rd				
City		Cip Code	Transaction ID	
Golden	CO 8	30403	Amount of Each	Receipt this Period
FEC ID number of contributing federal political committee.	С			250.00
Name of Employer Panorama Ortho & Spine Center	Occupation Orthopaedic Surg	eon	Memo Item	
Receipt For:	Aggregate Year-t	o-Date ▼		
Primary General Other (specify) ▼		250.00]	
Full Name (Last, First, Middle Initial) C. Premjit Deol DO			Date of Receipt	
Mailing Address 4145 Utica Street			02 1	
City Denver		ip Code 30212-2248	Transaction ID Amount of Each	: 7911772 Receipt this Period
FEC ID number of contributing federal political committee.	С			250.00
Name of Employer	Occupation		Memo Item	
Panorama Ortho & Spine Center	Orthopaedic Surg	jeon		
Receipt For:	Aggregate Year-t	o-Date ▼		
Primary General Other (specify) ▼		250.00]	
SUBTOTAL of Receipts This Page (option	nal)			750.00

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

10

7

FOR LINE NUMBER:

PAGE 187 OF

350

IT.	EMIZED RECEIPTS		Use separate schedule(s)	(check or	nly one)	L					
11	LIVILED NEVEIFIJ		for each category of the Detailed Summary Page	X 11a	11b	11c	12				
	ny information copied from such Reports and										
or	for commercial purposes, other than using th	e name and a	ddress of any political committee	e to solicit c	ontributions	from sucr		ee.			
	NAME OF COMMITTEE (In Full) Political Action Committee of th	ne America	an Association of Ortho	opaedic	Surgeor	sPAC	C of A	AOS			
Α.	Full Name (Last, First, Middle Initial) Patrick McNair MD			Date	of Receipt						
	Mailing Address 10363 Carriage Club Drive			02		D / Y	у у 2016	Y			
	City Lone Tree	State CO	Zip Code 80124		nsaction ID nt of Each I						
	FEC ID number of contributing federal political committee.	С				7	250.	00			
	Name of Employer Panorama Ortho & Spine Center	Occupation Orthopaedi		— M	lemo ltem						
	Receipt For:	· ·	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00								
в.	Full Name (Last, First, Middle Initial) Jared R H Foran MD			Date	of Receipt						
	Mailing Address 1735 19th Street 4A			02			ү ү 2016	Y			
	City Denver	State CO	Zip Code 80202-1946	Transaction ID : 7911774 Amount of Each Receipt this Period							
	FEC ID number of contributing			Amou	nt of Each i	Receipt in					
	federal political committee.	С					250.	00			
	Name of Employer Panorama Ortho & Spine Center	Occupation		—	lemo ltem						
	Receipt For:	Orthopaedi	-	_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼	L	250.00								
c.	Full Name (Last, First, Middle Initial) Douglas A Foulk MD			Date	of Receipt						
	Mailing Address 660 Golden Ridge Road Ste. 250			02			ү ү 2016	Y			
	City Golden	State CO	Zip Code 80401		nsaction ID nt of Each I						
	FEC ID number of contributing federal political committee.	С					250.	00			
	Name of Employer	Occupation	I		lemo Item						
	Panorama Ortho & Spine Center Receipt For:	Orthopaedi		_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		250.00								
s	UBTOTAL of Receipts This Page (optional)						750.	00			

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

10

FOR LINE NUMBER:

PAGE 188 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	he American Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) Michael Brian Ellman MD Mailing Address 11646 E Maplewood Ave City Englewood FEC ID number of contributing federal political committee. Name of Employer Panorama Ortho & Spine Center Receipt For: Primary General Other (specify) ▼	State Zip Code C 80111-5826 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Mark F Mills MD Mailing Address 67 West Ranch Trail City Morrison FEC ID number of contributing federal political committee. Name of Employer Panorama Ortho & Spine Center Receipt For: Primary General Other (specify) ▼	State Zip Code C 80465 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250,00	Date of Receipt 02 19 2016 Transaction ID : 7911777 Amount of Each Receipt this Period 250.00 Memo Item
Full Name (Last, First, Middle Initial) Lonnie E Loutzenhiser MD Mailing Address 1745 Foothills Dr S City Golden FEC ID number of contributing federal political committee. Name of Employer Panorama Ortho & Spine Center Receipt For: Primary General Other (specify) ▼	State CO Zip Code 80401-9167 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt 02 19 2016 Transaction ID : 7911782 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe		750.00

Use separate schedule(s)

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 189 OF 350
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	ne America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Sameer J Lodha MD			Date of Receipt
Mailing Address 2538 W 36th Ave 	State	Zip Code	02 19 2016
Denver	CO	80211-2849	Transaction ID : 7911783 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation		Memo Item
Panorama Ortho & Spine Center Receipt For:	Orthopaedic	-	
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. Timothy James Lehman MD			Date of Receipt
Mailing Address 7050 S. Polo Ridge Dr.			02 19 2016
City	State	Zip Code	Transaction ID : 7911784
	со	80128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Panorama Ortho & Spine Center	Occupation		Memo Item
Receipt For:	Orthopaedic	•	
Primary General	Aggregate	Year-to-Date ▼	1
Other (specify) v		250.00	
Full Name (Last, First, Middle Initial) C. Thomas Joseph Puschak MD			Date of Receipt
Mailing Address 5275 Dunraven Circle			02 19 _2016 _
City	State	Zip Code	Transaction ID : 7911785
Golden	CO	80403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation	0	
Panorama Ortho & Spine Center Receipt For:	Orthopaedic	-	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number	r only)		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 190 OF

350

IТ	EMIZED RECEIPTS	Use separate schedule(s)					(check only one)						
			for each category of the Detailed Summary Page	X 11a	3 _	11b 14	11c		12 16	17			
	hy information copied from such Reports and for commercial purposes, other than using the			erson for th		rpose of	soliciting	g cont	tributio	ons			
	NAME OF COMMITTEE (In Full) Political Action Committee of the	ne Americ	an Association of Ortho	paedic	Su	rgeon	sPA	C of	AA	OS			
Α.	Full Name (Last, First, Middle Initial) William Joseph Peace MD Mailing Address 18968 W 54th Ln			Date	e of R	eceipt) / Y	Ý	Y				
	City Golden	State CO	Zip Code 80403-2182		ansac		7911786 Receipt th						
	FEC ID number of contributing federal political committee.	С				7	,		250.00)			
	Name of Employer Panorama Ortho & Spine Center Receipt For:	Occupation Orthopaedi			Memo	ltem							
	Primary General Other (specify) ▼		250.00										
В.	Full Name (Last, First, Middle Initial) Nimesh Patel MD	1		_	e of R	eceipt							
	Mailing Address 570 Eagle Nest Ct	01.1.1.	7.0.1	0	_	19) / Y	201	6	ſ			
	City Golden	State CO	Zip Code 80401-0907				7911787 Receipt th		riod				
	FEC ID number of contributing federal political committee.	С				1			250.00)			
	Name of Employer Panorama Ortho & Spine Center	Occupation Orthopaedi			Memo	ltem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
<u>с</u> .	Full Name (Last, First, Middle Initial) Roger E Murken MD			Date	of R	eceipt							
	Mailing Address 660 Golden Ridge Rd Ste 2	50		м 0	™ 2	19		201		ſ			
	City Golden	State CO	Zip Code 80401				7911788 Receipt th		eriod				
	FEC ID number of contributing federal political committee.	С			Memo	J		2	250.00)			
	Name of Employer	Occupation			viento	nem							
	Panorama Ortho & Spine Center Receipt For:	Orthopaedi	5	_									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
s	SUBTOTAL of Receipts This Page (optional)		······ •			3		7	750.00)			

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

18

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 191 OF

350

ıт.		Use separate schedule(s)				(check only one)						
11			for each category of the Detailed Summary Page	X 11a		11b	11c	12				
	ny information copied from such Reports and S											
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to solicit c	ontrib	outions f	rom such	n commit	tee.			
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Ortho	opaedic	Sur	geon	sPA(C of A	AOS			
Α.	Full Name (Last, First, Middle Initial) Craig Alan Zeman MD			Date	of Re	eceipt						
	Mailing Address 3525 Loma Vista Rd			02		19) / Y	2016	Y			
	City	State	Zip Code				7911817	20.0				
	Ventura	CA	93003	Amou	int of	Each R	leceipt th	is Period	I			
	FEC ID number of contributing federal political committee.	С				7		250	.00			
	Name of Employer	Occupation		N	lemo l	tem						
	Ventura Orthopaedics	Orthopaedi	c Surgeon									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		250.00									
В.	Full Name (Last, First, Middle Initial) Robert M O'Hollaren MD			Date	of Re	eceipt						
	Mailing Address 3525 Loma Vista Rd			02		19	/ Y	2016	Y			
	City	State	Zip Code	Trai	Transaction ID : 7911819							
	Ventura	CA	93003-3101	Amou	int of	Each R	leceipt th	is Period	l			
	FEC ID number of contributing federal political committee.	С				7	9	250	.00			
	Name of Employer	Occupation			lemo	ltem						
	Ventura Orthopaedics	Orthopaedie	c Surgeon									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		250.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) Harry C Eschenroeder Jr, MD			Date	of Re	eceipt						
	Mailing Address 1946 Royal Oak Dr			M 02		19) / Y	у у 2016	Y			
	City	State	Zip Code	Tra	nsact	ion ID :	7911820					
	Lynchburg	VA	24503	Amou	int of	Each R	leceipt th	is Period	I			
	FEC ID number of contributing federal political committee.	С				7	7	500	.00			
	Name of Employer	Occupation			lemo l	ltem						
	OrthoVirginia	Orthopaedi	c Surgeon									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		500.00									
5	UBTOTAL of Receipts This Page (optional)							1000	00			
\vdash							,					

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

10

.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 192 OF

350

IT.		Use separate schedule(s)				(check only one)							
11			for each category of the Detailed Summary Page		X 11a	11		11c	12				
Δr	ny information copied from such Reports and	Statements ma	av not be sold or used by any pe	erson	13 for the	14 Durpos		15 olicitina	16 contribu	tions			
\setminus	NAME OF COMMITTEE (In Full)							_					
	Political Action Committee of th	ne America	an Association of Ortho	opa	edic S	urge	ons	PAC	C of A	AOS			
Α.	Full Name (Last, First, Middle Initial) Gautham Gondi MD				Date of	Recei	pt						
					M M	_		/ Y	Y Y	Y			
					02	L	19		2016				
	Political Action Committee of the A Full Name (Last, First, Middle Initial) Gautham Gondi MD Mailing Address 2405 Atherholt Rd City Lynchburg FEC ID number of contributing federal political committee. Name of Employer Octoor Othovirginia Or Receipt For: Action (Specify) ▼ Primary General Other (specify) ▼ C Full Name (Last, First, Middle Initial) Action (Specify) ▼ Full Name (Last, First, Middle Initial) Action (Specify) ▼ Full Name (Last, First, Middle Initial) Action (Specify) ▼ Full Name (Last, First, Middle Initial) Action (Specify) ▼ Mailing Address 1628 Holts Grove Cr C City Specipt For: Or Winter Park C C FEC ID number of contributing federal political committee. C Name of Employer Octoor Or Jowett Orthopaedic Clinic Or C Receipt For: Action (Specify) ▼ C Full Name (Last, First, Middle Initial) D Action (Specify) ▼ Full Name (Last, Fi	State VA	Zip Code 24501	\vdash				911821	s Period				
		0			Anount								
	A. Gautham Gondi MD Mailing Address 2405 Atherholt Rd City S Lynchburg V FEC ID number of contributing federal political committee. Name of Employer Occ OrthoVirginia Ortt Receipt For: Age Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) 5. Kenneth A Krumins MD Mailing Address 1628 Holts Grove Cr City S Winter Park F				<u></u>			- 7	500.	00			
	r information copied from such Reports and Sta for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) Political Action Committee of the Full Name (Last, First, Middle Initial) Gautham Gondi MD Mailing Address 2405 Atherholt Rd City Lynchburg FEC ID number of contributing federal political committee. Name of Employer OrthoVirginia Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Kenneth A Krumins MD Mailing Address 1628 Holts Grove Cr City Winter Park FEC ID number of contributing federal political committee. Name of Employer Lewett Orthopaedic Clinic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) David J Schneider MD Mailing Address 711 Skywalker Point City Lafayette FEC ID number of contributing federal political committee. Name of Employer Panorama Ortho & Spine Center Receipt For: Primary General Other (specify) ▼	Occupation	I	\neg	Mer	no Item	۱						
		Orthopaedi	c Surgeon										
		Aggregate	Year-to-Date ▼										
			500.00										
	Full Manage (Last Flast Middle 1 1911)		, , , , , , , , , , , , , , , , , , , ,	-									
В.					Date of	Recei	pt						
	Mailing Address 1628 Holts Grove Cr		M M	/ [D D	/ Y	Y Y	Y					
-	City	State	Zip Code		02		19		2016				
		FL	32789	\vdash				911822 ceipt thi	s Period				
		0			. anount	51 20		solpt till		_			
	federal political committee.	С							250.	00			
	Name of Employer	Occupation	I	_	Mer	no lten	ı						
	Jewett Orthopaedic Clinic	Orthopaedic	c Surgeon										
	Receipt For:	Aggregate	Year-to-Date ▼										
			250.00	11.									
	Other (specify) V		, 250.00	11									
~	Full Name (Last, First, Middle Initial)				Data of	Rocci:	nt						
0.				\neg	Date of		ρι	/	Y Y	Y			
C.					02	Ľ	19		2016				
	City	State	Zip Code					911824					
		CO	80026	-	Amount	of Ea	ch Re	ceipt thi	s Period				
	FEC ID number of contributing federal political committee.	ů – – – – – – – – – – – – – – – – – – –						5	250.	00			
	Name of Employer	Occupation	1	\neg	Mer	no Iten	۱						
	Panorama Ortho & Spine Center	Orthopaedi	c Surgeon										
	Receipt For:	Aggregate	Year-to-Date ▼										
			250.00	11									
			7										
		1			_		-			_			
s	SUBTOTAL of Receipts This Page (optional)		••••••					7	1000.	00			
				_	1.1.1								

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

7

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 193 OF

350

Т	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	\`	eck only	/ one)		_	_		
			Detailed Summary Page		11a		- H	11c		12	47
	ny information copied from such Reports and S for commercial purposes, other than using the						e of		g cont		
	NAME OF COMMITTEE (In Full)		duress of any pointear committee	10 30		inibunc	5113 11	oni suc			0.
	Political Action Committee of the	e America	an Association of Ortho	pae	dic S	urge	ons	sPA	C of	ⁱ AA	OS
Α.	Full Name (Last, First, Middle Initial) Robert L Thomas MD				Date of	Recei	pt				
	Mailing Address 5200 Sunset Drive				02 19 2016						
	City Littleton	State CO	Zip Code 80123-1440					791182 eceipt tl		eriod	
	FEC ID number of contributing federal political committee.	С							2	250.0	0
	Name of Employer	Occupation Orthopaedic		- 1	Mer	no lterr	า				
	Panorama Ortho & Spine Center Receipt For:										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00								
В.	Full Name (Last, First, Middle Initial) Douglas Cabot Wong MD				Date of	Recei	pt				
	Mailing Address 23769 Shooting Star Dr				м м 02	/ [19	/ Y	201	6	Y
	City	State	Zip Code					7911826			
	Golden	CO	80401	_ /	Amount	of Ea	ch Re	eceipt tl	his Pe	eriod	
	FEC ID number of contributing federal political committee.	С				7			2	250.0	0
	Name of Employer Panorama Ortho & Spine Center	Occupation Orthopaedic			Mei	no lten	n				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		250.00								
<u> </u>	Full Name (Last, First, Middle Initial) James T Johnson MD				Date of	Recei	pt				
	Mailing Address 4901 S Franklin St				м м 02	/	19	/ Y	201		Y
	City Englewood	State CO	Zip Code 80113-7032					791182 eceipt tl		eriod	_
	FEC ID number of contributing federal political committee.	С				7			2	250.0	0
	Name of Employer	Occupation			Mei	no lten	n				
	Panorama Ortho & Spine Center	Orthopaedi	c Surgeon								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_							
	Other (specify)		250.00								
s	UBTOTAL of Receipts This Page (optional)		••••••			- 7		-7	7	750.0)

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

- -

FOR LINE NUMBER:

PAGE 194 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may not be sold or used by any pename and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) Peter Lammens MD Mailing Address 660 Golden Ridge Rd Ste 250 City Golden FEC ID number of contributing federal political committee. Name of Employer Panorama Ortho & Spine Center Receipt For: Primary General Other (specify) ▼	State CO Zip Code 80401-9522 C C Occupation C Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00 250.00	Date of Receipt 02 19 2016 Transaction ID : 7911828 Amount of Each Receipt this Period 250.00 Memo Item
Full Name (Last, First, Middle Initial) Mitchel S Robinson MD Mailing Address 660 Golden Ridge Road Suite 250 City Golden FEC ID number of contributing federal political committee. Name of Employer Panorama Ortho & Spine Center Receipt For: Primary General Other (specify) ▼	State Zip Code CO 80401 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt 02 19 2016 Transaction ID : 7911829 Amount of Each Receipt this Period 250.00 Memo Item
Full Name (Last, First, Middle Initial) Walter G Robinson Jr, MD Mailing Address 3042 Nelson Dr City Lakewood FEC ID number of contributing federal political committee. Name of Employer Panorama Ortho & Spine Center Receipt For: Primary General Other (specify) ▼	State Zip Code CO 80215 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00 250.00	Date of Receipt 02 / 19 / 2016 Transaction ID : 7911830 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		750.00

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

FEC Schedule A (Form 3X) Rev. 12/2015

7

.

Use separate schedule(s)

	FOR LINE NUMBER: PAGE 195 OF 350
	(check only one)
Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
nts may not be sold or used by any pe	
and address of any political committee	e to solicit contributions from such committee.
erican Association of Ortho	ppaedic SurgeonsPAC of AAOS
	Date of Receipt
	M = M / D = D / Y = Y = Y = Y
	02 19 2016
-	Transaction ID : 7911831
5 00433-3737	Amount of Each Receipt this Period
	250.00
Ipation	Memo Item
	1
250.00	
	Date of Receipt
	M = M / D = D / Y = Y = Y
ate Zin Code	02 19 2016
	Transaction ID : 7911832 Amount of Each Receipt this Period
	250.00
Ipation	Memo Item
ppaedic Surgeon	
regate Year-to-Date ▼	
250.00	1
, , , , , , , , , , , , , , , , , , , ,	1
	Date of Receipt
	02 19 _2016 _
ate Zip Code	Transaction ID : 7911837
D 80127-6106	Amount of Each Receipt this Period
	250.00
ipation	Memo Item
opaedic Surgeon	_
regate Year-to-Date ▼	
250.00	
	750.00
•	750.00
	nts may not be sold or used by any p and address of any political committee nerican Association of Ortho ate Zip Code D 80439-3797 upation opaedic Surgeon regate Year-to-Date ▼ 250.00 ate Zip Code D 80401-9522 250.00 ate Zip Code D 80401-9522 250.00 250.00 ate Zip Code D 80401-9522 250.00

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

7

.

FOR LINE NUMBER:

PAGE 196 OF

350

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17			
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any p the name and address of any political committe	e to solicit contributions from such committee.			
	the American Association of Orth	opaedic SurgeonsPAC of AAOS			
Full Name (Last, First, Middle Initial) A. Charles Adam Gottlob MD		Date of Receipt			
Mailing Address Panorama Orthopedics					
660 Golden Ridge Rd #25 City	State Zip Code	02 19 2016 Transaction ID : 7911838			
Golden	CO 80401	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer	Occupation	Memo Item			
Panorama Ortho & Spine Center					
Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date ▼ 250.00]			
Full Name (Last, First, Middle Initial) B. William C Andrews Jr, MD		Date of Receipt			
Mailing Address 4717 John Scott Dr	02 19 _ 2016 _				
City	City State Zip Code				
Lynchburg	VA 24503	Transaction ID : 7911866 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	850.00			
Name of Employer	Occupation	Memo Item			
OrthoVirginia	Orthopaedic Surgeon				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00]			
Full Name (Last, First, Middle Initial) C. John Robert Prahinski MD		Date of Receipt			
Mailing Address 4016 Peakland Pl		02 / 19 / Y Y Y Y 2016			
City Lynchburg	State Zip Code VA 24503	Transaction ID : 7911867			
	21000	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer	Occupation				
OrthoVirginia Receipt For:	Orthopaedic Surgeon				
Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	1			
SUBTOTAL of Receipts This Page (optiona)	1600.00			

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

10

FOR LINE NUMBER:

PAGE 197 OF

350

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of th	e America	an Association of Ortho	paedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) Robert Wingfield Sydnor MD			Date of Receipt
	Mailing Address 2405 Atherholt Rd			02 19 2016
	City	State	Zip Code	Transaction ID : 7911868
	Lynchburg	VA	24501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	l	Memo Item
	OrthoVirginia	Orthopaedi	c Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		250.00	
			/y	
в.	Full Name (Last, First, Middle Initial) Jesse L Stem MD			Date of Receipt
	Mailing Address 1110 Trents Ferry Rd			02 19 2016
	City	State	Zip Code	Transaction ID : 7911869
	Lynchburg	VA	24503-1128	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation	I	Memo Item
	OrthoVirginia	Orthopaedic	c Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		, 500.00	
с.	Full Name (Last, First, Middle Initial) Robert R Burger MD			Date of Receipt
	Mailing Address 5150 Michael Anthony Lane			02 19 / Y Y Y Y 02 19 2016
	City	State OH	Zip Code	Transaction ID : 7911870
	Cincinnati	Оп	45247-7944	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		375.00
	Name of Employer	Occupation	l	— Memo Item
	Beacon Orthopaedics & Sports Med	Orthopaedi	c Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		375.00	
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			1125.00

FOR LINE NUMBER:

PAGE 198 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. James A Slough MD Mailing Address 236 Rivermist Drive		Date of Receipt
City	State Zip Code	02 19 2016 Transaction ID : 7911871
Buffalo FEC ID number of contributing federal political committee.	NY 14202	Amount of Each Receipt this Period
Name of Employer Excelsior Orthopaedics Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Memo Item
B. Full Name (Last, First, Middle Initial) Milliam F Webb MD Mailing Address 135 F Country Center Dr #	251	Date of Receipt
City Pagosa Springs	StateZip CodeCO81147	02 19 2016 Transaction ID : 7911872 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Pagosa Springs Medical Center	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. John Minoru Itamura MD		Date of Receipt
Mailing Address 921 Monterey Rd	State Zip Code	02 / D D / Y Y Y Y 02 20 2016
City South Pasadena	State Zip Code CA 91030	Transaction ID : 7911895 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	Memo Item
Kerlan-Jobe Orthopaedic Clinic Receipt For:	Orthopaedic Surgeon	_
Primary General Other (specify) v	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	·	2250.00

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

FEC Schedule A (Form 3X) Rev. 12/2015

.

Use separate schedule(s)

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 199 OF 350			
ITI	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)			
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
An	y information copied from such Reports and S	tatements ma	ay not be sold or used by any pe	erson for the purpose of soliciting contributions			
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to solicit contributions from such committee.			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS			
<u> </u>	Full Name (Last, First, Middle Initial)						
Α.	Joseph R Hsu MD			Date of Receipt			
	Mailing Address 2816 Hedgewyk Pl			M = M / D = D / Y = Y = Y			
	City	State	Zip Code	02 20 2016 Transaction ID : 7911899			
	Charlotte	NC	28211-1663	Amount of Each Receipt this Period			
	FEC ID number of contributing	C		250.00			
	federal political committee.	С		230.00			
	Name of Employer	Occupation	l	Memo Item			
	Self Employed	Orthopaedi	c Surgeon				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_			
	Other (specify)		250.00				
			/y /y				
	Full Name (Last, First, Middle Initial) Daryll C Dykes MD, JD, Ph			Date of Receipt			
	Mailing Address 4840 Park Ave S.			M = M / D = D / Y = Y = Y			
	City	02 22 2016					
	Minneapolis	State MN	Zip Code 55417	Transaction ID : 7913486 Amount of Each Receipt this Period			
	FEC ID number of contributing	0					
	federal political committee.	С		1000.00			
	Name of Employer	Occupation	I	Memo Item			
	Twin Cities Spine Center	Orthopaedie	c Surgeon				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		1000.00				
			9 9 9				
	Full Name (Last, First, Middle Initial) Ronald G Hayter MD			Date of Receipt			
	Mailing Address 1660 Gulf to Bay Blvd			M = M / D = D / Y = Y = Y			
	City	State	Zip Code	02 22 2016			
	Clearwater	FL	33755-6423	Transaction ID : 7913488 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer	Occupation		— Memo Item			
	Florida Knee & Ortho Center	Orthopaedi					
	Receipt For:	-	Year-to-Date ▼				
	Primary General	00 - 0	250.00				
	Other (specify)		250.00				
s	UBTOTAL of Receipts This Page (optional)			1500.00			

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

SCHEDULE A (FEC Form 3X	Use separate s	schedule(s) (c	OR LINE NUMBER: PAGE 200 OF 350 check only one)			
ITEMIZED RECEIPTS	for each catego Detailed Summ		X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or u the name and address of any poli	used by any person tical committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association	on of Orthopa	aedic SurgeonsPAC of AAOS			
Full Name (Last, First, Middle Initial) A. Brian Jeffrey Bear MD Mailing Address 324 Roxbury Rd			Date of Receipt			
City	State Zip Code		02 22 2016 Transaction ID : 7914016			
Rockford	IL 61107		Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		250.00			
Name of Employer	Occupation		Memo Item			
Rockford Orthopaedic Associates	Orthopaedic Surgeon					
Receipt For:	Aggregate Year-to-Date ▼					
Other (specify)		250.00				
Full Name (Last, First, Middle Initial) B. Cassim M Igram MD			Date of Receipt			
Mailing Address 1755 NW 130th Street			02 22 2016			
City	State Zip Code		Transaction ID : 7914553			
Clive	IA 50325		Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer	Occupation		Memo Item			
Iowa Orthopaedic Center	Orthopaedic Surgeon					
Receipt For:	Aggregate Year-to-Date ▼					
Other (specify)		500.00				
Full Name (Last, First, Middle Initial) C. Paul Alan Kammerlocher MD			Date of Receipt			
Mailing Address 2907 NW 40th PI			02 22 2016			
City	State Zip Code OK 73065	_	Transaction ID : 7914555			
Newcastle	OK 73065		Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer	Occupation		Memo Item			
McBride Clinic Inc	Orthopaedic Surgeon					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	500.00				
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			1250.00			

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 201 OF

350

IT.	EMIZED RECEIPTS		Use separate schedule(s)	(check	only	one)			
			for each category of the Detailed Summary Page		-	11b	11c 15	12 16	17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for	the p	urpose of	soliciting	contribut	tions
	NAME OF COMMITTEE (In Full)		duress of any political committee	0 00 00101	cont	ibutions i		commu	
	Political Action Committee of th	e Americ	an Association of Ortho	opaedi	c Sı	irgeon	sPAC	of AA	AOS
Α.	Full Name (Last, First, Middle Initial) Nithin C Reddy MD			Dat	e of F	Receipt			
	Mailing Address 5436 Soledad Rd				02	/ 23		2016	Y
	City	State	Zip Code	Т	ansa	ction ID :	7914557		
	La Jolla	CA	92037-7042	Am	ount d	of Each F	Receipt this	s Period	
	FEC ID number of contributing federal political committee.	С				7	7	500.0	00
	Name of Employer	Occupation		- 0	Mem	o ltem			
	Self Employed	Orthopaedi							
	Receipt For:		Year-to-Date ▼						
	Primary General	Aggregate							
	Other (specify)	L	500.00						
в.	Full Name (Last, First, Middle Initial) Kyle James Jeray MD			Dat	e of F	Receipt			
	Mailing Address Dept. of Orthopedic Surgery			M	M	/ D D	7 / Y	Y Y	Y
	701 Grove Rd, 2nd FL Support Tower				02	23	ᅬᆫ	2016	
	City	State	Zip Code	Tr	ansa	ction ID :	7914560		
	Greenville	SC	29605	Am	ount o	of Each F	Receipt this	s Period	
	FEC ID number of contributing federal political committee.	С				7		250.0	00
	Name of Employer	Occupation		- 1	Mem	o ltem			
	Greenville Hospital System	Orthopaedie	c Surgeon						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General			1					
	Other (specify)		, 250.00						
c.	Full Name (Last, First, Middle Initial) Elliott H Leitman MD			Dat	e of F	Receipt			
	Mailing Address Ste 135 4745 Ogletown Stanton Rd				02	/ 23		y y 2016	Y
	City	State	Zip Code	Т	ransa	ction ID :	7914697		
	Newark	DE	19713-2074	Am	ount d	of Each F	Receipt this	s Period	
	FEC ID number of contributing federal political committee.	С				7		500.0	00
	Name of Employer	Occupation			Mem	o ltem			
	First State Orthopaedics	Orthopaedi							
	Receipt For:		Year-to-Date ▼	_					
	Primary General	, iggi ogale							
	Other (specify)	L	500.00						
s	UBTOTAL of Receipts This Page (optional)							1250.0	00

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

FOR LINE NUMBER:

PAGE 202 OF

ITEMIZED RECEI	PTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTE	. ,	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, John Arthur Steubs Mailing Address 7032 (City Bloomington FEC ID number of con federal political commit Name of Employer University of Minnesota Receipt For: Primary Other (specify)	s MD Dak Pointe Curve State MN tributing tee. Occupation Orthopaedic	Zip Code 55348 c Surgeon Year-to-Date ▼ 500.00	Date of Receipt 02 23 2016 Transaction ID : 7914698 Amount of Each Receipt this Period 500.00 Memo Item
Full Name (Last, First, B. Joshua S Dines M Mailing Address 39 Kin	1D		Date of Receipt
City Southampton	State NY	Zip Code 11968	Transaction ID : 7914699 Amount of Each Receipt this Period
FEC ID number of con federal political commit	tee.	500.00	
Name of Employer Self Employed	Occupation Orthopaedic	: Surgeon	
Receipt For: Primary Other (specify)		Year-to-Date ▼ 500.00	
C. Full Name (Last, First, Anthony Louis F	inuoli DO		Date of Receipt
Mailing Address 23 Le	gends Circle		02 23 2016
City Melville	State NY	Zip Code 11747-5301	Transaction ID : 7914709 Amount of Each Receipt this Period
FEC ID number of con federal political commit	ů.		
Name of Employer	Occupation		Memo Item
Self Employed Receipt For:	Orthopaedie	-	
Primary Other (specify)	General Aggregate	Year-to-Date ▼ 500.00	
	This Page (optional) page this line number only)	· · · · · · · · · · · · · · · · · · ·	1500.00

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 203 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	nd Statements may not be sold or used by any per g the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee o	f the American Association of Ortho	ppaedic SurgeonsPAC of AAOS
A. Full Name (Last, First, Middle Initial) Mark J Lemos MD Mailing Address 1164 Ocean Blvd		Date of Receipt
City Rye	State Zip Code NH 03870	02 23 2016 Transaction ID : 7914710 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Lahey Clinic Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Memo Item
B. Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 658		Date of Receipt
City Gainesville FEC ID number of contributing federal political committee.	State Zip Code GA 30503-0658	02 23 2016 Transaction ID : 7914711 Amount of Each Receipt this Period 250.00
Name of Employer Longstreet Clinic	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date ▼ 250.00	
C. Dante A Marra MD		Date of Receipt
Mailing Address 2000 Eoff St #602	State Zip Code WV 26003-6389	02 23 2016 Transaction ID : 7914713 Amount of Food Proceed this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer MKSC, Inc. Receipt For: Primary General Other (specify) v	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Memo Item
SUBTOTAL of Receipts This Page (optional	l)	750.00

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

1.

Use separate schedule(s)

S(CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 204 OF 350
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the	ne Americ	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) Mark P Madden MD			Date of Receipt
	Mailing Address 9463 Coral Crest Ln	02 23 2016		
	City Vienna	State VA	Zip Code 22182	Transaction ID : 7914715 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer	Occupation	1	Memo Item
	OrthoVirginia	Orthopaedi	c Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial)			
в.	Murray J Goodman MD Mailing Address 100 Highland Ave			Date of Receipt
	Suite 101			02 23 2016
	City	State	Zip Code	Transaction ID : 7914716
	Salem	MA	01970	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		450.00
	Name of Employer	Occupation		Memo Item
	Salem Orthopedic Surgeons, Inc Receipt For:	Orthopaedi	-	
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
<u> </u>	Full Name (Last, First, Middle Initial) Michael R Meisterling MD	l		Date of Receipt
	Mailing Address 12550 N. 72nd St			M = M / D = D / Y = Y = Y = Y 02 23 2016
	City Stillwater	State MN	Zip Code 55082	Transaction ID : 7914738 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation	1	— Memo Item
	Twin Cities Orthopaedics East	Orthopaedi	c Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			. 1950.00

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

separate schedule(s) 1100

FOR LINE NUMBER:

PAGE 205 OF

350

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11a 11b 13 14 15 16 17					
An or	y information copied from such Reports and Si for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pe ddress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	paedic SurgeonsPAC of AAOS					
Α.	Full Name (Last, First, Middle Initial) Gerald J Lang MD			Date of Receipt					
	Mailing Address 1309 Redan Drive	02 23 _ 2016 _							
	City Verona	State WI	Zip Code 53593	Transaction ID : 7914912 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		250.00					
	Name of Employer University of Wisconsin Receipt For: Primary General	Occupation Orthopaedic Aggregate		Memo Item					
	Other (specify) ▼		250.00						
в.	Full Name (Last, First, Middle Initial) Gregory Scott DiFelice MD Mailing Address 515 East 72nd Street Apt 28E City	Date of Receipt							
	New York FEC ID number of contributing federal political committee.	State NY	Zip Code 10021	Amount of Each Receipt this Period					
	Name of Employer Self Employed	Occupation Orthopaedic		Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00						
<u>с</u> .	Full Name (Last, First, Middle Initial) Dirk H Alander MD			Date of Receipt					
	Mailing Address 1302 W Adams Ave			M M / D D / Y Y Y Y 02 24 2016					
	City Kirkwood	State MO	Zip Code 63122	Transaction ID : 7915035 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		250.00					
	Name of Employer St Louis University	Occupation Orthopaedi		Memo Item					
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00						
s	UBTOTAL of Receipts This Page (optional)		••••••	700.00					

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

FOR LINE NUMBER:

PAGE 206 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stat or for commercial purposes, other than using the na		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Association of Ortho	paedic SurgeonsPAC of AAOS
Capital Region Orthopaedics 0 Receipt For:	State Zip Code NY 12206-1043 C C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 350.00 7	Date of Receipt 02 23 2016 Transaction ID : 7915049 Amount of Each Receipt this Period 350.00 Memo Item
Self Employed	State Zip Code OH 43222-1465 C C Doccupation Drthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt 02 / 23 2016 Transaction ID : 7915053 Amount of Each Receipt this Period 250.00 Memo Item
Avera Health System	State Zip Code SD 57401 C Description Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt 02 / 23 / 2016 Transaction ID : 7915054 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		850.00

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 207 OF

350

IT.			Use separate schedule(s)	(c	heck on	y one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a			11c		2	— . <i>_</i>	
	y information copied from such Reports and S						e of s		cont			
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to s	solicit co	ntributic	ons fro	om such	n com	mittee	э.	
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Ortho	ора	edic S	Surge	ons	PAC	C of	AA	OS	
Α.	Full Name (Last, First, Middle Initial) Evan K Bash MD				Date o	f Receij	pt					
	Mailing Address 113 Dauphin Drive		02 23 2016									
	City Media	Transaction ID : 7915055 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					7		250.00)		
	Name of Employer Premier Ortho & Sports Med Assoc	Occupation			Me	mo ltem	1					
	Receipt For:		Year-to-Date ▼									
	Primary General Other (specify)		250.00	1								
в.	Full Name (Last, First, Middle Initial) Sanford E Emery MD, MBA				Date o	f Receij	pt					
	Mailing Address 3958 Eastlake Dr						23	/ Y	201	ү ү 6	7	
	City	State	Zip Code		Trans	action	ID : 7	915056			_	
	Morgantown	WV	26508		Amoun	t of Ead	ch Re	ceipt th	is Pe	riod		
	FEC ID number of contributing federal political committee.	С			Ľ.				2	250.00)	
	Name of Employer West Virginia University	Occupation Orthopaedic			Me	mo ltem	1					
	Receipt For:		Year-to-Date ▼									
	Primary General Other (specify) ▼		, 250.00									
— c.	Full Name (Last, First, Middle Initial) John Robert Starynski MD				Date o	f Recei	pt					
	Mailing Address 8118 Northern Rd				02	/ [23	/ Y	201	ү ү 6		
	City Minocqua	State WI	Zip Code 54548-9103					915057 ceipt th		riod		
	FEC ID number of contributing federal political committee.	С				7				250.00)	
	Name of Employer		Me	mo Item	n							
	Self Employed	Orthopaedi	c Surgeon									
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00									
s	UBTOTAL of Receipts This Page (optional)		······					3	7	750.00)	

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

soparato schodulo(s)

FOR LINE NUMBER:

PAGE 208 OF

350

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma	ay not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) Frederick T Lohr MD			Date of Receipt
	Mailing Address 201 Talbot Blvd Suite W	02 23 _ 2016 _		
	City Chestertown	State MD	Zip Code 21620-1435	Transaction ID : 7915060 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Orthopaedi		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
в.	Full Name (Last, First, Middle Initial) Gregory S McDowell MD	Date of Receipt		
	Mailing Address 2900 12th Ave N Ste 140W	02 23 2016		
	City Billings	State MT	Zip Code 59101-7503	Transaction ID : 7915061 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer OrthoMontana	Occupation Orthopaedic		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Alan Dacre MD			Date of Receipt
	Mailing Address 141 Country Acres Road			02 23 _2016 _
	City Riverton	State WY	Zip Code 82501	Transaction ID : 7915062 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer	Occupation		— Memo Item
	OrthoMontana	Orthopaedi	c Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)			2250.00

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

SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 209 OF

350

IT.			Use separate schedule(s)	(ch	eck onl	y one)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a	11b	11c	12					
Δ,	ny information copied from such Reports and S	tatements mo	av not be sold or used by any m	arson	13 for the		15	16	17 Itions				
	for commercial purposes, other than using the												
\square	NAME OF COMMITTEE (In Full)												
$\left \right\rangle$	Political Action Committee of the	e America	an Association of Ortho	opae	edic S	Surgeo	nsPA	C of A	AOS				
_	Full Name (Last, First, Middle Initial) John S Jackson DO				Data								
Α.	Mailing Address 741 Gary Ln				Date of Receipt 02 23 2016 Transaction ID : 7915064								
	City	State	Zip Code										
	El Paso	TX	79922-2205		Amoun	t of Each	Receipt th	nis Period	I				
	FEC ID number of contributing federal political committee.	С						250.	.00				
	Name of Employer	Occupation			Me	mo ltem							
	El Paso Orthopaedic Surg Group	Orthopaedic	c Surgeon										
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Other (specify)		250.00	11									
			7										
в.	Full Name (Last, First, Middle Initial) Scott A Protzman MD				Date o	f Receipt							
	Mailing Address 1720 Murchison Drive				M M	/ D	D / Y	YY	Y				
					02	2	3	2016					
	City	State TX	Zip Code				: 7915065						
	El Paso		79902		Amoun	t of Each	Receipt th	his Period	1				
	FEC ID number of contributing federal political committee.	С						250.	.00				
	Name of Employer	Occupation			Me	mo ltem	,						
	El Paso Orthopaedic Surg Group	Orthopaedic											
	Receipt For:		Year-to-Date ▼	_									
	Primary General	Aggregate		11.									
	Other (specify)	L	250.00	4									
_	Full Name (Last, First, Middle Initial) Andrew J Palafox MD				Data -								
U.	Mailing Address 331 Crown Point Drive					f Receipt	D ()	Y Y					
	Maining Address 331 Clowin Point Drive				02		3 / Y	2016	Y				
	City	State	Zip Code		Trans	saction ID	: 791506						
	El Paso	TX	79912-4805		Amoun	t of Each	Receipt th	nis Perioc	1				
	FEC ID number of contributing federal political committee.	С						250.	.00				
	Name of Employer	Occupation		_	Me	mo ltem							
	El Paso Orthopaedic Surg Group	Orthopaedi											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General			1									
	Other (specify)		250.00										
					_		_		_				
s	UBTOTAL of Receipts This Page (optional)		•••••••					750.	00				

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

FOR LINE NUMBER:

PAGE 210 OF

350

		Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 13 14	11c 12	17							
Any information copied from su	ch Reports and Statements ma	y not be sold or used by any poddress of any political committee	erson for the purpose of	f soliciting contribution	17 ns							
NAME OF COMMITTEE (In		duress of any political committee										
		an Association of Ortho	paedic Surgeon	sPAC of AAC)S							
Full Name (Last, First, Middl A. E Bruce Bynum DO	le Initial)		Date of Receipt									
Mailing Address 4292 SW A	gate Ave		M = M / D = t	D / Y Y Y Y	1							
City	State	Zip Code	02 24 2016 Transaction ID : 7915140									
Corvallis	OR	97333-1178	Amount of Each F									
FEC ID number of contributi federal political committee.	ng		, .	1000.00								
Name of Employer	Occupation		Memo Item									
The Corvallis Clinic PC	Orthopaedie	c Surgeon										
Receipt For:		Year-to-Date 🔻										
Other (specify)		1000.00										
Full Name (Last, First, Middl B. Edward R McDevitt M	D		Date of Receipt									
Mailing Address 3116 Drogu	e Ct		02 25	2016	1							
City	State	Zip Code	Transaction ID :									
Annapolis	MD	21403	Amount of Each F	Receipt this Period								
FEC ID number of contributi federal political committee.	ng C			1000.00								
Name of Employer	Occupation		Memo Item									
Bay Area Orthopaedics	Orthopaedic	: Surgeon										
Receipt For:		Year-to-Date 🔻										
Other (specify)		, 1000.00										
Full Name (Last, First, Middl C. Kenneth R Catallozz			Date of Receipt									
Mailing Address 216 East St	nore Road		02 25		1							
City	State	Zip Code	Transaction ID :	7917280								
Jamestown	RI	02835	Amount of Each F	Receipt this Period								
FEC ID number of contributi federal political committee.	ng C			1000.00								
Name of Employer	Occupation		Memo Item									
Orthopaedic Associates	Orthopaedi	c Surgeon										
Receipt For:		Year-to-Date ▼										
Other (specify)		1000.00										
SUBTOTAL of Receipts This F	Page (optional)			3000.00	_							

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

10

chodulo(s)

FOR LINE NUMBER:

PAGE 211 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Political Action Committee of th	e American Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. James William Barber MD		Date of Receipt
Mailing Address 110 Shirley Avenue		02 26 2016
City Douglas	StateZip CodeGA31533-2211	Transaction ID : 7918085 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. Thomas C Barber MD	Date of Receipt	
Mailing Address 6 EL Caminito	02 26 2016	
City Orinda	State Zip Code CA 94563	Transaction ID : 7918687 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer Kaiser Permanente	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. K William Kumler MD, MBA		Date of Receipt
Mailing Address 903 Ridgewood Dr		M M / D D / Y Y Y Y Y 02 26 _2016 _
City Maysville	StateZip CodeKY41056	Transaction ID : 7919152 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	Memo Item
Lifepoint Hospitals, Inc. Receipt For:	Orthopaedic Surgeon	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	······ •	2500.00

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

. ____

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 212 OF

350

170			Use separate schedule(s)	(c	heck only	/ one	e)						
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		X 11a		11b	11c	12	<u> </u>			
	y information copied from such Reports and S					purpo							
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to s	solicit cor	ntribu	tions f	rom such	n commi	ttee.			
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Ortho	opa	edic S	urg	eon	sPA(C of A	AOS			
Α.	Full Name (Last, First, Middle Initial) Kenneth D. Polivy MD				Date of	Rec	eipt						
	Mailing Address 120 Gordon Rd		02 27 2016										
	City Waban	State MA	Zip Code 02468-1227	_				7919154 eceipt th		d			
	FEC ID number of contributing federal political committee.	С				. ,			1000	.00			
	Name of Employer Self Employed	Occupation Orthopaedi			Mer	no lte	em						
	Receipt For:		Year-to-Date ▼										
	Primary General Other (specify) ▼		1000.00										
в.	Full Name (Last, First, Middle Initial) Andrew David Bries MD				Date of	Rec	eipt						
	Mailing Address 3126 Westminster Rd					02 27 2016							
	City	State	Zip Code					7919155					
	Bettendorf	IA	52722	_	Amount	of E	ach R	eceipt th	is Perio	d			
	FEC ID number of contributing federal political committee.	С			<u> </u>	. ,		7	250	.00			
	Name of Employer Self Employed	Occupation Orthopaedic			Mer	no lte	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
<u> </u>	Full Name (Last, First, Middle Initial) Thomas S Muzzonigro MD				Date of	Rec	eipt						
	Mailing Address 5017 Karrington Dr				^M M 02	/	D D D 28	/ Y	2016	Y			
	City Gibsonia	State PA	Zip Code 15044	_				7919192 eceipt th		d			
	FEC ID number of contributing federal political committee.			. ,			1000	.00					
Name of Employer Occ		Occupation			Mer	no lte	em						
	Self Employed	Orthopaedi	c Surgeon										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00										
s	UBTOTAL of Receipts This Page (optional)		•			- 7		- 7	2250	.00			

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

FEC Schedule A (Form 3X) Rev. 12/2015

7

Use separate schedule(s)

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 213 OF 350
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
			Detailed Summary Page	13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the	e Americ	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
И А.	Full Name (Last, First, Middle Initial) Louis E Murdock MD			Date of Receipt
	Mailing Address 5012 N Quail Summit Way	02 29 2016		
	City	State	Zip Code	Transaction ID : 7919194
	Boise	ID	83703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	1	— Memo Item
	St. Luke's Regional Medical Center	Orthopaedi	c Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
в.	Full Name (Last, First, Middle Initial) Wayne Z Burkhead Jr, MD			Date of Receipt
	Mailing Address 9301 N Central Expy Ste 400	02 29 2016		
	City	State	Zip Code	Transaction ID : 7919197
	Dallas	ТХ	75231	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer The Carrell Clinic	Occupation Orthopaedic		— Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General Other (specify) ▼		1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) William B Stetson MD			Date of Receipt
	Mailing Address 429 24th St			02 29 _2016 _
	City Hermosa Beach	State CA	Zip Code 90254-2618	Transaction ID : 7919497 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	1	Memo Item
	Self Employed	Orthopaedi	ic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00

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

.

SCHEDULE A (FEC Form 3X) 11

Lise senarate schedule(s)

FOR LINE NUMBER:

PAGE 214 OF

350

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11a 11b 13 14 15 16 17						
	ny information copied from such Reports and S for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	paedic SurgeonsPAC of AAOS						
Α.	Full Name (Last, First, Middle Initial) Gerald R Williams Jr, MD Mailing Address 859 Lesley Rd	Gerald R Williams Jr, MD								
	City Villanova	State PA	Zip Code 19085	Transaction ID : 7919874 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		1000.00						
	Name of Employer Rothman Institute Receipt For: Primary General Other (specify)	Occupation Orthopaedia Aggregate		Memo Item						
В.	Full Name (Last, First, Middle Initial) David R Morawski MD Mailing Address assas Kawa illa Bal	Date of Receipt								
	Mailing Address 2525 Kaneville Rd City Geneva	State IL	Zip Code 60134-2578	02 26 2016 Transaction ID : 7920306 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		1000.00						
	Name of Employer Fox Valley Orthopaedic Associates	Occupation Orthopaedic		Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) David Huang MD			Date of Receipt						
	Mailing Address 3512 Harrison St			M M / D D / Y Y Y Y 02 26 2016						
	City Wichita Falls	State TX	Zip Code 76308	Transaction ID : 7920307 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		1500.00 Memo Item						
	Name of Employer Self Employed Receipt For:	off Employed Orthopaedic Surgeon								
	Primary General Other (specify) ▼		1500.00							
5	UBTOTAL of Receipts This Page (optional)			3500.00						

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

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 215 OF

350

17			Use separate schedule(s)	(che	eck onl	y one	e)				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12	Г	_
	ny information copied from such Reports and S					purp				outio	
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to so	olicit co	ntribu	itions f	rom suc	comn	hittee).
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	opae	dic S	Surg	geon	sPA	C of A	٩A	SC
Α.	Full Name (Last, First, Middle Initial) Michael A Mont MD				Date of	f Rec	ceipt				
	Mailing Address 3 Grenadier Ct				м м 02	/	26) / Y	2016		1
	City Owing Mills	Transaction ID : 7920341 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					,		100	0.00	
	Name of Employer Sinai Hospital of Baltimore	Occupation Orthopaedic			Me	mo lte	em				
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼		1000.00								
в.	Full Name (Last, First, Middle Initial) Paul Strawn Sherbondy MD				Date of	f Rec	ceipt				
	Mailing Address 507 Beaumont Drive						01	/ Y	2016	Y	1
	City	State	Zip Code		Trans	actic	on ID :	7920871	1		
	State College	PA	16801	'	Amoun	t of E	Each R	leceipt tl	his Perio	bc	
	FEC ID number of contributing federal political committee.	С			<u> </u>		,		8	4.00	
	Name of Employer Penn State Hershey	Occupation Orthopaedic			Me	mo lt	em				
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼		252.00								
— C.	Full Name (Last, First, Middle Initial) James L Rungee MD				Date of	f Rec	ceipt				
-	Mailing Address 2802 Pavilion Pl				м м 03	/	D D D) / Y	2016	Y	1
	City Murfreesboro	State TN	Zip Code 37129					7920872 leceipt tl	2	bd	
	FEC ID number of contributing federal political committee.	С					,			0.00	
	Name of Employer	Occupation			Me	mo lt	em				
	Tennessee Ortho Alliance	Orthopaedi	c Surgeon								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼	00 9.00	300.00								
5	SUBTOTAL of Receipts This Page (optional)			- -			7		118	4.00	

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

- -

Use separate schedule(s)

SCHEDULE A (FEC Form 3		FOR LINE NUMBER: PAGE 216 OF 350				
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)				
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports a	and Statements may not be sold or used by any pe	erson for the purpose of soliciting contributions				
or for commercial purposes, other than usin	g the name and address of any political committee	e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)		nandia Curranana DAC of AACC				
	f the American Association of Ortho	ppaedic SurgeonsPAC of AAUS				
Full Name (Last, First, Middle Initial)						
A. Richard C Mather III, MD		Date of Receipt				
Mailing Address 115 Watts St	Mailing Address 115 Watts St					
City	State Zip Code	03 01 2016 Transaction ID : 7920873				
Durham	NC 27701	Amount of Each Receipt this Period				
FEC ID number of contributing	0					
federal political committee.	C	85.00				
Name of Employer	Occupation	Memo Item				
Duke University Medical Center	Orthopaedic Surgeon					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	255.00					
Full Name (Last, First, Middle Initial)						
B. John S Early MD		Date of Receipt				
Mailing Address 8210 Walnut Hill Ln Ste	Mailing Address 8210 Walnut Hill Ln Ste 130					
City	State Zip Code	03 01 2016				
Dallas	TX 75231-4418	Amount of Each Receipt this Period				
FEC ID number of contributing	С	1000.00				
federal political committee.	C	1000.00				
Name of Employer	Occupation	Memo Item				
Texas Orthopaedic Associates	Orthopaedic Surgeon					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	1000.00					
Full Name (Last, First, Middle Initial)						
c. Louis M Kwong MD		Date of Receipt				
Mailing Address 1000 W Carson Street, E	3ox 422	03 02 _2016 _				
City	State Zip Code	Transaction ID : 7921425				
Torrance	CA 90509	Amount of Each Receipt this Period				
FEC ID number of contributing	C	250.00				
federal political committee.	0					
Name of Employer	Occupation	Memo Item				
Self Employed	Orthopaedic Surgeon					
Receipt For:	Aggregate Year-to-Date ▼	_				
Other (specify)	250.00					
↓ · · · · · · · · · · · · · · · · · · ·						
SUBTOTAL of Receipts This Page (optional	al) 🕨	1335.00				

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

5

9
FOR LINE NUMBER:

PAGE 217 OF

350

			Use separate schedule(s)	(check only one)				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	17			
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements may	l ay not be sold or used by any po ddress of any political committee	erson for the purpose of soliciting contrib	outions			
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,					
	Political Action Committee of th	e America	an Association of Ortho	ppaedic SurgeonsPAC of A	AOS			
Α.	Full Name (Last, First, Middle Initial) Renny Uppal MD			Date of Receipt				
	Mailing Address 1730 Sharpe Hill Circle			03 02 _ 2016				
	City	State	Zip Code	Transaction ID : 7921427				
	Reno	NV	89523-3924	Amount of Each Receipt this Perio	od			
	FEC ID number of contributing federal political committee.	С		8	4.00			
	Name of Employer	Occupation		Memo Item				
	Reno Orthopedic Clinic	Orthopaedi	c Surgeon					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Other (specify)		252.00					
в.	Full Name (Last, First, Middle Initial) Wagdy S Rizk MD			Date of Receipt				
	Mailing Address 3542 Smith Rd			03 02 2016	Y			
	City		Zip Code	Transaction ID : 7925998				
	Beaumont	TX	77713	Amount of Each Receipt this Peric	od			
	FEC ID number of contributing federal political committee.	С		50	0.00			
	Name of Employer	Occupation	I	Memo Item				
	Self Employed	Orthopaedie	c Surgeon					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Other (specify)		, 500.00					
<u> </u>	Full Name (Last, First, Middle Initial) Ronald W B Wyatt MD			Date of Receipt				
	Mailing Address 533 Carleton Way			03 03 2016	Y			
	City	State	Zip Code	Transaction ID : 7926222				
	Alamo	CA	94507	Amount of Each Receipt this Peric	d			
	FEC ID number of contributing federal political committee.	С			0.00			
	Name of Employer	Occupation	I	Memo Item				
	Self Employed	Orthopaedi	c Surgeon					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Other (specify)		300.00					
s	UBTOTAL of Receipts This Page (optional)		•••••	684	4.00			

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

1.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 218 OF 350 (check only one)
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	he name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
/		
Full Name (Last, First, Middle Initial) A. Stephen G J Eckrich MD Mailing Address 5511 Shooting Star Trail		Date of Receipt
City Rapid City	State Zip Code SD 57702	03 03 2016 Transaction ID : 7926223
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 83.50
Name of Employer Black Hills Orthopaedic & Spine	Occupation Orthopaedic Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	250.50	
Full Name (Last, First, Middle Initial) Chad A Krueger MD Mailing Address 208 Sundew Court		Date of Receipt
		03 03 2016
City Southern Pines	State Zip Code NC 28387	Transaction ID : 7926224 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer US Army	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	
Full Name (Last, First, Middle Initial) C. Erick Manuel Santos MD, PhD		Date of Receipt
Mailing Address 2638 Debra Ln		03 04 2016
City Corpus Christi	StateZip CodeTX78418-2704	Transaction ID : 7940715 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer South Central TX Bone & Joint Center, Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Memo Item
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional).		▶ 667.50
TOTAL This Period (last page this line number	ər only)	

senarate schedule(s) 1100

FOR LINE NUMBER:

PAGE 219 OF

350

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Ar or	y information copied from such Reports and s for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e Americ	an Association of Orthe	ppaedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) Elizabeth A Arendt MD			Date of Receipt
	Mailing Address Ortho Surgery 2512 S 7th St Ste 200			M M / D D / Y Y Y Y Y 03 04 2016
	City Minneapolis	State MN	Zip Code 55454	Transaction ID : 7941335 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Univ of Minnesota Physicians	Occupation Orthopaedi		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
в.	Full Name (Last, First, Middle Initial) Karl E Rathjen MD			Date of Receipt
	Mailing Address Dept of Orthopaedics 2222 Welborn St	Otata	Zin Onda	03 04 YYYY 2016
	City Dallas	State TX	Zip Code 75219-3993	Transaction ID : 7941364 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Texas Scottish Rite Hospital	Occupation Orthopaedic		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Neal D Lintecum MD			Date of Receipt
	Mailing Address 789 N 1500 Road			M = M / D = D / Y = Y = Y Y O3 05 2016<
	City Lawrence	State KS	Zip Code 66049-9194	Transaction ID : 7941607 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer	Occupation		Memo Item
	Ortho Kansas Receipt For:	Orthopaedi	0	
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)			1600.00

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

FOR LINE NUMBER:

PAGE 220 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	d Statements may not be sold or used by any per the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of t	the American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) Mark Michael Allard MD Mailing Address 3010 Cortney Circle City Siloam Springs FEC ID number of contributing federal political committee. Name of Employer Northwest Medical Center Receipt For: Primary General Other (specify)	State Zip Code AR 72761-4736 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 252.00	Date of Receipt 03 05 2016 Transaction ID : 7941608 Amount of Each Receipt this Period 84.00 Memo Item
Full Name (Last, First, Middle Initial) B. David A Abrutyn MD Mailing Address 20 Pltney Court City Basking Ridge FEC ID number of contributing federal political committee. Name of Employer Summit Medical Group Receipt For: Primary General Other (specify)	State Zip Code NJ 07920-2150 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 252.00	Date of Receipt 03 05 2016 Transaction ID : 7941609 Amount of Each Receipt this Period 84.00 Memo Item
Full Name (Last, First, Middle Initial) David J Mansfield MD Mailing Address 1720 Murchison City El Paso FEC ID number of contributing federal political committee. Name of Employer El Paso Orthopaedic Surg Group Receipt For: Primary General Other (specify)	State Zip Code TX 79902-2921 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 255.00	Date of Receipt
	er only)	253.00

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 221 OF

350

ITEMIZED RECEIPTS			Use separate schedule(s)		(check only one)					
11			for each category of the Detailed Summary Page		X 11a	11b	11c	12	17	
	ny information copied from such Reports and for commercial purposes, other than using th				n for the p	urpose o	f soliciting	contribu	tions	
	NAME OF COMMITTEE (In Full)									
$\left \right\rangle$	Political Action Committee of th	ne America	an Association of Ortho	opa	edic Su	urgeor	ISPAC	C of A	AOS	
Α.	Full Name (Last, First, Middle Initial) Robert H Brophy MD				Date of	Receipt				
	Mailing Address 7 Maryhill Dr				м м 03	/ 06	D / Y	ү ү 2016	Y	
	City St Louis	State MO	Zip Code 63124	-			7942046 Receipt thi	is Perioc		
	FEC ID number of contributing federal political committee.	С				7		250		
	Name of Employer	Occupation	l		Mem	o ltem				
	Self Employed	Orthopaedi	c Surgeon							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		250.00							
в.	Full Name (Last, First, Middle Initial) Paul Joseph Beauvais MD				Date of	Receipt				
	Mailing Address 86 Cedar Grove Road		Zip Code		03	/ D 06	D / Y	у у 2016	Y	
	City	State				7942048				
	Southbury	СТ	06488	_	Amount	of Each I	Receipt thi	is Perioc		
	FEC ID number of contributing federal political committee.	С				7	7	1000	00	
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon			— Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) Daniel William Green MD	l			Date of	Receipt				
	Mailing Address 535 E 70th St				03	/ D 07		2016	Y	
	City	State	Zip Code		Transa	ction ID	: 7942049			
	New York	NY	10021-4823	_	Amount	of Each I	Receipt thi	is Perioc		
	FEC ID number of contributing federal political committee.			175.0				00		
	Name of Employer	Occupation	1		Mem	o Item				
	Hospital for Special Surgery	Orthopaedi	c Surgeon							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00							
s	SUBTOTAL of Receipts This Page (optional)					7		1425.	00	

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

FEC Schedule A (Form 3X) Rev. 12/2015

7

FOR LINE NUMBER:

PAGE 222 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and St or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Christopher Zingas MD Mailing Address 23829 Little Mack Ste 100 City Saint Clair Shores FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code MI 48080 C C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Richard T Perry MD Mailing Address 23829 Little Mack Ste 100 City Saint Clair Shores FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code MI 48080 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. Christopher Lawrence Lee MD Mailing Address 23829 Little Mack Ste 100 City Saint Clair Shores FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code MI 48080 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		1500.00

FOR LINE NUMBER:

PAGE 223 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the	e American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Glenn J Minster MD Mailing Address, 22020 Little Mark Sta 400		Date of Receipt
Mailing Address 23829 Little Mack Ste 100		03 01 2016
City Saint Clair Shores	State Zip Code MI 48080	Transaction ID : 7944776 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupation	— Memo Item
Self Employed	Orthopaedic Surgeon	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. Eric M Stehly MD		Date of Receipt
Mailing Address 661 Knights Way		M M / D D / Y Y Y Y 03 01 2016
City	State Zip Code	Transaction ID : 7944779
Coppell	TX 75019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer North Texas Orthopedics	Occupation	Memo Item
Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. David P Rudman MD		Date of Receipt
Mailing Address 490 Clinton Ave		M M / D D / Y Y Y Y Y 03 01 _2016
City Wyckoff	State Zip Code NJ 07481	Transaction ID : 7944792 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Memo Item
Specialty Orthopedics of NJ	Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	•	1250.00

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

7

.

SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

SCHEDULE A (FEC Form	3X)		FOR LINE NUMBER: PAGE 224 OF 350			
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)			
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Report	s and Statements ma	I ay not be sold or used by any p	person for the purpose of soliciting contributions			
or for commercial purposes, other than u	sing the name and a	ddress of any political committe	e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Political Action Committee	of the America	an Association of Orth	opaedic SurgeonsPAC of AAOS			
Full Name (Last, First, Middle Initial) A. Barry S Kraushaar MD			Date of Receipt			
Mailing Address 3 Divot Pl	0	7. 0.1	03 / D D / Y Y Y Y 03 01 2016			
City Suffern	State NY	Zip Code 10901	Transaction ID : 7944795			
			Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer	Occupation		Memo Item			
Northeast Orthopaedics	Orthopaedi	c Surgeon				
Receipt For:	Aggregate	Year-to-Date ▼	_			
Other (specify)		250.00				
			-			
Full Name (Last, First, Middle Initial) B. Tarsem Garg MD			Date of Receipt			
Mailing Address 1929 E High St			03 01 2016			
City	State	Zip Code	Transaction ID : 7944796			
Springfield	OH	45505-1227	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		500.00			
Name of Employer	Occupation	1	Memo Item			
Self Employed	Orthopaedie	c Surgeon				
Receipt For:	Aggregate	Year-to-Date ▼				
Other (specify)		, 500.00]			
Full Name (Last, First, Middle Initial) C. Ayman Ahmad Daouk MD			Date of Receipt			
Mailing Address 1240 Poinsettia Ave			03 01 2016			
City Orlando	State FL	Zip Code 32804	Transaction ID : 7944797 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer	Occupation	1	Memo Item			
Physician Associates	Orthopaedi	c Surgeon				
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General		250.00	1			
Other (specify)		200.00	1			
SUBTOTAL of Receipts This Page (option	onal)		1000.00			

TOTAL	This F	Period	(last p	bage	this	line	number	only)		
-------	--------	--------	---------	------	------	------	--------	-------	--	--

soparato schodulo(s)

FOR LINE NUMBER:

PAGE 225 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any p ne name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association of Ortho	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Jeffery D Angel MD Mailing Address 501 Virginia Dr Ste C City Batesville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code AR 72501-7331 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 252.00	Date of Receipt 03 08 2016 Transaction ID : 7944916 Amount of Each Receipt this Period 84.00 Memo Item
Full Name (Last, First, Middle Initial) B. James P Jamison MD Mailing Address 7092 Killdeer Dr City Canfield FEC ID number of contributing federal political committee. Name of Employer Youngstown Orthopaedics Receipt For: Primary General	State Zip Code OH 44406-9181 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt 03 08 2016 Transaction ID : 7944918 Amount of Each Receipt this Period 84.00 Memo Item
Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Howard R Epps MD Mailing Address 1936 Wroxton Road City Houston FEC ID number of contributing federal political committee. Name of Employer Baylor College of Medicine Receipt For: Primary General Other (specify) ▼	State Zip Code TX 77005 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt 02 29 2016 Transaction ID : 7945098 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	•••••••••••••••••••••••••••••••••••••••	418.00

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

FEC Schedule A (Form 3X) Rev. 12/2015

Use separate schedule(s)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 226 OF 350
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11a 11b 13 14 15 16 17
	y information copied from such Reports and for commercial purposes, other than using the			rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the	ne Americ	an Association of Ortho	paedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) William J Maloney MD			Date of Receipt
	Mailing Address 450 Broadway Mail Code 6342	Otata	7. 0.1	02 / D D / Y Y Y Y Y 29 2016
	City Redwood City	State CA	Zip Code 94063	Transaction ID : 7945099 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	— Memo Item
	Stanford University	Orthopaedi	c Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Richard F Kyle MD			Date of Receipt
	Mailing Address Ortho Dept 701 Park Ave South G2			02 29 2016
	City	State	Zip Code	Transaction ID : 7945101
	Minneapolis FEC ID number of contributing federal political committee.	C	55415-1829	Amount of Each Receipt this Period
	Name of Employer	Occupation	1	Memo Item
	Hennepin County Med Ctr	Orthopaedi	c Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial)			
	John T Gill MD Mailing Address 4153 Hyer #7			Date of Receipt
	City Dallas	State TX	Zip Code 75205-1163	Transaction ID : 7945102 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	— Memo Item
	Dallas Sports Medicine	Orthopaedi	c Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	
s	UBTOTAL of Receipts This Page (optional)	<u> </u>		2010.00

FOR LINE NUMBER:

PAGE 227 OF

350

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	and Statements may not be sold or used by any p g the name and address of any political committe	
NAME OF COMMITTEE (In Full)		
Political Action Committee c	f the American Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Graham Newson		Date of Receipt
Mailing Address 317 Massachusetts Ave	NE	
1st Floor City	State Zip Code	02 29 2016 Transaction ID : 7945108
Washington	DC 20002-5769	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Memo Item
American Academy of Orthopaedic Surg	Director, Office of Goverment Relation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	250.00	1
		1
Full Name (Last, First, Middle Initial) B. Stephen R Southworth MD		Date of Receipt
Mailing Address 1080 Quail Creek		03 08 2016
City	State Zip Code	Transaction ID : 7945597
Tupelo	MS 38801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	—
Primary General		1
Other (specify)	1000.00	
Full Name (Last, First, Middle Initial) C. Patricia A Kolowich MD		Date of Receipt
Mailing Address 20570 Woodcreek Blvd		03 08 _2016 _
City	State Zip Code	Transaction ID : 7945598
Northville	MI 48167	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Memo Item
Henry Ford Hospital	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	500.00]
	al)	1750.00
I UTAL This Period (last page this line hur	nber only)	

FOR LINE NUMBER:

PAGE 228 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and or for commercial purposes, other than using th		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne American Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) Juliet M De Campos MD Mailing Address 9400 University Pkwy Ste 30 City Pensacola FEC ID number of contributing federal political committee. Name of Employer Baptist Hospital Receipt For: Primary General Other (specify) ▼	9 State Zip Code FL 32514 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 03 08 2016 Transaction ID : 7945599 Amount of Each Receipt this Period 1000.00 Memo Item
Full Name (Last, First, Middle Initial) B. Bonhomme Joseph Prud'homme M Mailing Address One Medical Center Drive P.O. Box 9196 City Morgantown FEC ID number of contributing federal political committee. Name of Employer West Virginia University Receipt For: Primary General Other (specify) ▼	State Zip Code WV 26508 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00 1000.00	Date of Receipt 03 08 2016 Transaction ID : 7945600 Amount of Each Receipt this Period 1000.00 Memo Item
Full Name (Last, First, Middle Initial) Kirk Hutton MD Mailing Address 2725 S 144th St Ste 212 City Omaha FEC ID number of contributing federal political committee. Name of Employer OrthoWest Receipt For: Primary General Other (specify) ▼	State Zip Code NE 68144 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt 03 / 08 / 2016 Transaction ID : 7945601 Amount of Each Receipt this Period 500.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	2500.00

FOR LINE NUMBER:

PAGE 229 OF

350

		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17					
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)	-		opaedic SurgeonsPAC of AAOS					
Full Name (Last, First, Middle Initial) A. Dudley S Burwell MD			Date of Receipt					
Mailing Address 2781 C T Switzer Sr Dr Ste 402			M M / D D / Y Y Y Y Y 03 08 _ 2016 _					
City Biloxi	State MS	Zip Code 39531	03 08 2016 Transaction ID : 7945603 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		250.00					
Name of Employer Advanced Orthopedic Centers	Occupation Orthopaedic	Surgeon	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00						
Full Name (Last, First, Middle Initial) Brian G Smith MD Mailing Address 41 N Farms Rd			Date of Receipt					
City	State	Zip Code	03 08 2016 Transaction ID : 7945604					
Avon	СТ	06001	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		1000.00					
Name of Employer Yale University	Occupation Orthopaedic	Surgeon	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]					
Full Name (Last, First, Middle Initial) C. Ronald A MacBeth Jr, MD			Date of Receipt					
Mailing Address P.O. Box 37 800 Austin Drive	01-1-1		03 / D D / Y Y Y Y Y 2016					
City Demorest	State GA	Zip Code 30535	Transaction ID : 7945607 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		250.00					
Name of Employer	Occupation		Memo Item					
Habersham County Medical Center	Orthopaedic	Surgeon						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]					
SUBTOTAL of Receipts This Page (optiona	I))	1500.00					

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

FEC Schedule A (Form 3X) Rev. 12/2015

10

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 230 OF

350

IТ			Use separate schedule(s)	(cł	(check only one)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		1b 4	11c		12	1 -7	
	ny information copied from such Reports and S for commercial purposes, other than using the				for the	purpo	se of		con			_
	NAME OF COMMITTEE (In Full)											-
\rangle	Political Action Committee of the	e America	an Association of Ortho	opa	edic S	urg	eons	sPA(C of	AA	OS	
Α.	Full Name (Last, First, Middle Initial) Joshua Aaron Urban MD				Date of	Rece	eipt					
	Mailing Address 9330 N 225th St				м м 03	/	0 D D D 08	/ Y		Y 16	Y	
	City	State	Zip Code			actio		7945629	20	10		
	Elkhorn	NE	68022-3600		Amount	of E	ach R	eceipt th	is Pe	riod		
	FEC ID number of contributing federal political committee.	С						7		500.00	0	
	Name of Employer	Occupation			Mei	mo lte	m					
	OrthoWest	Orthopaedic	c Surgeon									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		500.00									
в.	Full Name (Last, First, Middle Initial) Michael C Thompson MD				Date of	Rece	eipt					_
	Mailing Address 21925 Stanford Circle				м м 03	/	D D D	/ Y	201	16	Y	
	City	State	Transaction ID : 7945630									
	Elkhorn	NE	68022	Amount of Each Receipt this Period						eriod		
	FEC ID number of contributing federal political committee.	С			<u> </u>	,		7		500.00	0	
	Name of Employer	Occupation			Me	mo lte	m					
	OrthoWest	Orthopaedic	: Surgeon									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	.								
	Other (specify) ▼		500.00									
C.	Full Name (Last, First, Middle Initial) Thomas Patrick Ferlic MD				Date of	Rece	eipt					
	Mailing Address Nebraska Ortho Assoc 2725 S 144th St Ste 110				м м 03	/	0 0 08	/ Y	201	Y 16	Y	
	City	State	Zip Code		Trans	actio	n ID :	7945631				
	Omaha	NE	68144-5253		Amount	of E	ach R	eceipt th	is Pe	riod		
	FEC ID number of contributing federal political committee.	С				,		7		500.00	0	
	Name of Employer	Occupation			Me	mo lte	m					
	OrthoWest	Orthopaedie	c Surgeon									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		500.00									
s	UBTOTAL of Receipts This Page (optional)			•		. ,		7	1:	500.00	0	
-				-	1000							

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

FEC Schedule A (Form 3X) Rev. 12/2015

7

.

Use separate schedule(s)

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 231 OF 350 (check only one)
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
Ar or	y information copied from such Reports and for commercial purposes, other than using the	Statements mane and a	ay not be sold or used by any pe address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of t	he Americ	an Association of Ortho	paedic SurgeonsPAC of AAOS
Α.	Ŭ			Date of Receipt
	Mailing Address 555 S 166th St	M = M / D = D / Y = Y = Y = Y Y 03 08 2016		
	Omaha	State NE	Zip Code 68118	Transaction ID : 7945632 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation	1	— Memo Item
	OrthoWest	Orthopaedi	c Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
В.	Full Name (Last, First, Middle Initial) Mark E Goebel MD			Date of Receipt
	Mailing Address 409 South 251st Street			03 08 2016
	City	State	Zip Code	Transaction ID : 7945633
	Waterloo	NE	68069-4678	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation	1	Memo Item
	OrthoWest	Orthopaedi	c Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		, 500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Steven X Goebel MD			Date of Receipt
	Mailing Address 5316 Izard St			M = M / D = D / Y = Y = Y = Y Y O3 O8 2016 O3
	City Omaha	State NE	Zip Code 68132	Transaction ID : 7945634
	FEC ID number of contributing	_	00102	Amount of Each Receipt this Period
	federal political committee.	С		500.00
	Name of Employer	Occupation	1	Memo Item
	OrthoWest	Orthopaedi	ic Surgeon	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00

Use separate schedule(s)

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 232 OF 350
TEMIZED RECEIPTS	for each category of the	(check only one)
	Detailed Summary Page	
Any information copied from such Reports and or for commercial purposes, other than using the		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	he American Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Steven V Hagan MD		Date of Receipt
Mailing Address 2629 S 96 Circle		03 08 2016
City	State Zip Code NE 68124	Transaction ID: 7945635
Omaha		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Memo Item
OrthoWest	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) B. Craig Leonard Hansen MD		Date of Receipt
Mailing Address 21919 Meadowview Pkwy		03 08 _2016
City	State Zip Code	Transaction ID : 7945636
Council Bluffs	IA 51503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Memo Item
OrthoWest	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. Randall Dean Neumann MD		Date of Receipt
Mailing Address 2725 S 144th St Ste 212		03 08 _2016 _
City	State Zip Code	Transaction ID : 7945637
Omaha	NE 68144	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Memo Item
OrthoWest	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	I	1500.00

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

18

1

FOR LINE NUMBER:

PAGE 233 OF

350

ITEMIZED RECEIPT	S	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes,	other than using the name and a In Full)	ddress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
City Omaha FEC ID number of contrib federal political committee Name of Employer OrthoWest Receipt For:	a Ortho Assoc LLP 14th St Ste 110 State NE uting Occupation Orthopaedic		Date of Receipt
Full Name (Last, First, Mid B. Samar Kumar Ray M Mailing Address 2725 S 12 City Omaha FEC ID number of contrib federal political committee Name of Employer OrthoWest Receipt For: Primary Ge Other (specify) ▼	AD 44th St Ste 212 State NE uting Occupation Orthopaedic		Date of Receipt
Full Name (Last, First, Mid C. Scott B Reynolds M Mailing Address 1408 N. f City Elkhorn FEC ID number of contrib federal political committee Name of Employer OrthoWest Receipt For: Primary Get Other (specify) ▼ Other (specify) ▼	AD 187th St. Uting Uting Occupation Orthopaedia		Date of Receipt
SUBTOTAL of Receipts This	s Page (optional)		1500.00

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

schodulo(s)

FOR LINE NUMBER:

PAGE 234 OF

350

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11a 11b 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	paedic SurgeonsPAC of AAOS
Α.	Mailing Address 10410 N 84th St	State	Zin Code	Date of Receipt
	City Omaha	NE	Zip Code 68122	Transaction ID : 7945641 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer OrthoWest Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedia Aggregate		Memo Item
В.	Full Name (Last, First, Middle Initial) Charles F Burt MD Mailing Address 2725 S 144th St Ste 212 City	State	Zip Code	Date of Receipt
	Omaha	NE	68144-5253	Transaction ID : 7945642 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer OrthoWest	Occupation Orthopaedic		— Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
с.	Full Name (Last, First, Middle Initial) Jonathan E Buzzell MD			Date of Receipt
	Mailing Address 2725 S 144th St Ste 212	State	Zip Code	03 08 2016 Transaction ID : 7945643
	Omaha	NE	68144	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation		Memo Item
	OrthoWest Receipt For: Primary General Other (specify) ▼	Orthopaedi Aggregate	c Surgeon Year-to-Date ▼ 500.00	
	UBTOTAL of Receipts This Page (optional)			1500.00

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

FOR LINE NUMBER:

PAGE 235 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any per name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) James T Canedy MD Mailing Address 448 South 82nd St City Omaha FEC ID number of contributing federal political committee. Name of Employer OrthoWest Receipt For: Primary General Other (specify) ▼	State Zip Code NE 68114-4408 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Ian D Crabb MD Mailing Address 9737 Fieldcrest Dr		Date of Receipt
City Omaha FEC ID number of contributing federal political committee. Name of Employer OrthoWest Receipt For: □ Primary □ General Other (specify) ▼	State Zip Code NE 68114 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	03 08 2016 Transaction ID : 7945645 Amount of Each Receipt this Period 500.00 Memo Item
Full Name (Last, First, Middle Initial) C. David E Brown MD Mailing Address 15617 Woolworth Ave City Omaha FEC ID number of contributing federal political committee. Name of Employer OrthoWest Receipt For: Primary General Other (specify) ▼	State NE Zip Code 68130 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt 03 08 2016 Transaction ID : 7945646 Amount of Each Receipt this Period 500.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1500.00

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 236 OF

350

			Use separate schedule(s)	(chec	(check only one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c		12	<u> </u>
	ny information copied from such Reports and St for commercial purposes, other than using the			erson fo							
<u> </u>	NAME OF COMMITTEE (In Full)		, see e, pontear committee								
\rangle	Political Action Committee of the	e America	an Association of Ortho	paec	lic S	Sur	geon	ISPA	AC o	of AA	OS
Α.	Full Name (Last, First, Middle Initial) Nicholas Benjamin Bruggeman MD			D	ate of	Re	ceipt				
	Mailing Address 22626 Atwood Ave			F	M M	1	08	D /		Y 016	Y
	City	State	Zip Code		03 Trans	acti	08 : ion ID	794564		016	
	Elkhorn	NE	68022-3147	A	mount	t of	Each F	Receipt	this P	eriod	
	FEC ID number of contributing federal political committee.	С					,			500.0	0
	Name of Employer	Occupation		- C	Mer	mo l	tem				
	OrthoWest	Orthopaedic	Surgeon								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		750.00								
B.	Full Name (Last, First, Middle Initial) Patrick T McCulloch MD			D	ate of	Re	ceipt				
	Mailing Address 12 Caley Drive					M M / D D / Y Y Y Y Y 03 09 2016					
	City	State	Zip Code				-	794568			
	Canonsburg	PA	15317-5990	Ai	mount	t of	Each F	Receipt	this P	Period	_
	FEC ID number of contributing federal political committee.	С			Me	mo l	tem			84.0	00
	Name of Employer Advanced Orthopaedics & Rehabilitation	Occupation	Surroom		iviel		leill				
	Receipt For:	Orthopaedic	Year-to-Date ▼	_							
	Primary General	Ayyreyale									
	Other (specify) ▼		, 252.00								
C.				D	ate of	Re	ceipt				
	Mailing Address 9 Indian Head Rd				м м 03	/	D 09)16	Y
	City Riverside	State CT	Zip Code 06878-2403					: 79456			
	FEC ID number of contributing		00010 2400		mount	t of	⊢ach F	Receipt	this P	'eriod	_
	federal political committee.	С			Me	mo l	1			84.0	00
	Name of Employer	Occupation			wiel	101	leni				
	ONS Receipt For:	Orthopaedic	0	_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00								
	UBTOTAL of Receipts This Page (optional)				_				-	668.0	0
	OTAL This Period (last page this line number c						7				

Use separate schedule(s)

Detailed Summary Page 113 116 15 16 17 Any information copied from such Reports and Statements may not be solid or used by any person for the purpose of soliciting contributions from such committie. NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 2619 Seminole Ct 03 01 2016 City State Zip Code Transaction ID : 7946097 FEC ID number of contributing federal political committee. Occupation Memo item Sutter Medical Group Orthopaedic Surgeon Receipt B Bruce TF aure MD Mailing Address 6849 W Ridgeview Dr Oithopaedic Surgeon City State Zip Code Transaction ID : 7946097 B Bruce TF aure MD Date of Receipt Memo item Mailing Address 6849 W Ridgeview Dr Oithopaedic Surgeon Transaction ID : 7946098 Mequon Wi< 53092 Foll Name of Employer State Zip Code Meaquon Wi< 53092 Foll Name of Employer State Zip Code Meaquon General	SCI	HEDULE A (FEC Form 3X)				NUMBER:	PAGE 237 OF 350		
Ary Information cogied from such Reports and Statements may not be solution by any person for humose of colletting contributions from such committee. 13 14 15 16 17 Ary Information cogied from such Reports and Statements may not be solution and address of any political committee to solicit contributions from such committee. 18 humose of colletting contributions from such committee. NAME OF COMMITTEE (in Full) Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS Full Name (Last, First, Middle Initial) Date of Receipt A. John Charles Koloed MD C Malling Address 2619 Seminole Ct 01 City State Zip Code Fei ID number of contributing federal political committee. C Transaction 10: 2946997 Name of Employer Occupation Aggregate Year-to-Date ▼ Name of Employer Occupation Maing Address 6849 W Ridgeview Dr City State Zip Code Maling Address 6849 W Ridgeview Dr City State City State Zip Code Maling Address 1800 12m St Cocupation Receipt For: Aggregate Year-to-Date ▼ Primary General Occupation Name of Employer Occupation Name of Employer Occupation Receipt For: Aggre	ITEMIZED RECEIPTS			for each category of the					
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS A. John Charles Kofeed MD Mailing Address 2619 seminole Ct City Mailing Address 2619 seminole Ct City Fairfield CA 94534-7871 FEC ID number of contributing federal political committee. Ca 94534-7871 FEC ID number of contributing federal political committee. Receipt 7 Amount of Each Receipt 7 City Meauon WI 53992 FEC ID number of contributing federal political committee. C David AF First, Middle Initial) B. Bruce T Faure MD Mailing Address 6439 W Ridgeview Dr City Meauon WI 53992 FEC ID number of contributing federal political committee. C David AF Prest, Middle Initial) C Date of Receipt Ca 94534-7871 Cocupation City Meauon City City City City City				Detailed Summary Page					
NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS Full Name (Last, First, Middle Initial) A John Charles Kofced MD Mailing Address 2619 Seminole Ct City Faitfield Cher Charles Kofced MD Mailing Address 2619 Seminole Ct City Faitfield Cher Charles Kofced MD Mailing Address 2619 Seminole Ct City State McLast, First, Middle Initial) B. Bruce T Faure MD Mailing Address 6484 W Ridgeview Dr City Mailing Address 649 W Ridgeview Dr City State Zip Code Meequan Optopaedic Surgeon Receipt For: Optopaedic Surgeon Gregoti For: Aggregate Year-to-Date V Other (specify) General Other (specify	Any or fo	information copied from such Reports and S	tatements managed	ay not be sold or used by any political committee	erson for the	purpose of	soliciting contributions		
Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS A. John Charles Koloed MD Mailing Address 2c19 Seminole Ct City State Zp Code PEC ID number of contributing C Iderat Price Oncupation Receipt For: Oncupation Point (task, First, Middle Initial) Aggregate Year-to-Date ▼ Point (task, First, Middle Initial) C B. Bruce T Faure MD Aggregate Year-to-Date ▼ Mailing Address 6849 W Ridgeview Dr C City State Zip Code Mailing Address 6849 W Ridgeview Dr C One (specify) ▼ City State Zip Code Mailing Address 6849 W Ridgeview Dr C One (specify) ▼ City State Zip Code Mailing Address 6849 W Ridgeview Dr C One (specify) ▼ City State Zip Code Mailing Address 6849 W Ridgeview Dr C One (specify) ▼ City State Zip Code Mailing Address 1800 12th St One (specify) ▼ State Poll Name (Last, First, Middle Initial) C	<u> </u>						om such commute.		
A. John Charles Koloed MD Date of Receipt Mailing Address 2619 Seminole Ct 0 01 2016 City State Zip Code Transaction ID : 7946097 FEC ID number of contributing federal political committee. C 0 01 2016 Name of Employer Occupation Memount of Each Receipt His Period Memount of Each Receipt His Period B. Bruce T Faure MD Aggregate Year-to-Date ▼ Prinz 252.00 Date of Receipt B. Bruce T Faure MD Mailing Address 6849 W Ridgeview Dr C 00 01 2016 City State Zip Code Mount of Each Receipt His Period Mount of Each Receipt His Period FC ID number of contributing federal political committee. C Occupation Memou Hern Mount of Each Receipt His Period Receipt For: Pring/y General Occupation Memou Hern 500.00 Receipt For: Pring General Aggregate Year-to-Date ▼ Pring Sign Address 1800 12th St Date of Receipt City State Zip Code Memou Hern Memou Hern 72016 Mailing Address 1800 12th St C Aggregate Year-to-Dat			e Americ	an Association of Ortho	ppaedic S	Surgeons	SPAC of AAOS		
City State Zip Code Particid CA 94534-7871 FEC. ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Occupation Memount of Each Receipt this Period Suter Medical Group Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General 252.00 B. Bruce T Faure MD Aggregate Year-to-Date ▼ Date of Receipt Maiing Address 6849 W Ridgeview Dr 01 2016 City State Zip Code Mequon Wit 5392 FEU Name (Last, First, Middle Initial) Date of Receipt His Period B. Bruce T Faure MD C Occupation Maiing Address 6849 W Ridgeview Dr 01 2016 City State Zip Code Mequon Qit 5392 FEC ID number of contributing federal political committee. C Primary General Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ 93 Primary General 01 2016 Transaction ID: 7946093 Me	A	John Charles Kofoed MD			Date o	f Receipt			
Fairlield CA 94334-7871 Anount of Each Receipt this Period FEC: ID number of contributing federal political committee. Occupation Memo Item Sutter Medical Group Orthopaedic Surgeon Memo Item Primary General Other (specify) ✓ Date of Receipt B. Bruce T Faure MD Maling Address 684 9W Ridgeview Dr Other (specify) ✓ Date of Receipt Maling Address 684 9W Ridgeview Dr C Other specify For: Transaction ID : 794098 Mequon Wi 53092 FEC ID number of contributing federal political committee. Date of Receipt in the Period Self Employed Orthopaedic Surgeon Aggregate Year-to-Date ▼ Transaction ID : 794098 Receipt For: Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Transaction ID : 794098 Maling Address 1800 12th St Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Transaction ID : 7946099 Maling Address 1800 12th St Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Other (specify) ↓ Date of Receipt the Period City Maling Address 1800 12th St C Octopation Transaction ID : 7946099 Amount of Each Receipt th	_	,							
FEC ID number of contributing federal political committee. C 84.00 Name of Employer Occupation Memo item Stuter Medical Group Orthopaedic Surgeon Memo item B Bruce TFor:		-		•					
rederal political committee. 0 <t< td=""><td></td><td></td><td>_</td><td></td><td> Amoun</td><td>t of Each R</td><td>eceipt this Period</td></t<>			_		Amoun	t of Each R	eceipt this Period		
Name of Employer Docupation Suter Medical Group Orthoppaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ B. Bruce TFaure MD Date of Receipt Malling Address 6849 W Ridgeview Dr City City State Zip Code Mequon W1 53092 FEC ID number of contributing C Transaction ID: 1794098 Aggregate Year-to-Date ▼ 001 / 2016 Mequon W1 53092 FEC ID number of contributing C Son.00 Receipt For: Occupation Memo Item Other (specify) ▼ State Zip Code Malling Address 1800 12th St 01 / 2016 City State Zip Code Malling Address 1800 12th St 03 / 01 / 2016 City State Zip Code Malling Address 1800 12th St 03 / 01 / 2016 City State Zip Code Malling Address 1800 12th St 03 / 01 / 2016 City State Zip Code Malling Address 1800 12th St 500.00 FEC ID number of contributing C		8	С				84.00		
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 252.00 Full Name (Last, First, Middle Initial) B. B. Bruce T Faure MD Date of Receipt Mailing Address 6849 W Ridgeview Dr 03 City State Zip Code Mequon Will S3092 FEC ID number of contributing federal political committee. Occupation Orthopaedic Surgeon Occupation Receipt For: Other (specify) ▼ Primary General Other (specify) Transaction ID : 7946098 Aggregate Year-to-Date ▼ 500.00 Full Name (Last, First, Middle Initial) C C. David A Pomierski MD Aggregate Year-to-Date ▼ Mailing Address 1800 12h St City Mailing Address 1800 12h St City Gity State Zip Code Meridian MS 39301-4158 FEC ID number of contributing federal political committee. C Name of Employer Occupation Name of Employer Occupation Meridian MS 39301-4158			· ·			mo item			
Primary General Other (specify) ▼ 252.00 Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 6849 W Ridgeview Dr 01 City State Zip Code Mequon Wil 53092 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General State Zip Code Mailing Address 1800 12th St C 10 2016 City State Zip Code Memo Item Primary General Othor (specify) ▼ Date of Receipt City Mailing Address 1800 12th St 500,00 Image: State Zip Code Meridian MS 39301-4158 Amount of Each Receipt Image: State 500,00 FEC ID number of contributing federal political committee. C 500,00 Memo Item Name of Employed Othor (specify) ▼ Aggregate Year-to-Date ▼ 500,00 Memo Item Meridian MS 39301-4158 Memo Item 500,00 Memo Item <td></td> <td>•</td> <td>Orthopaedi</td> <td>c Surgeon</td> <td>_</td> <td></td> <td></td>		•	Orthopaedi	c Surgeon	_				
Other (specify) 252.00 Full Name (Last, First, Middle Initial) Date of Receipt B. Bruce T Faure MD 01 2016 Mailing Address 6849 W Ridgeview Dr 03 01 2016 City State Zip Code Transaction ID: 7946098 Mequon WI 53092 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation Memo Item Name of Employed Other (specify) Aggregate Year-to-Date ▼ Outon Primary General State Zip Code Transaction ID: 7946099 Mailing Address 1800 12th St C State Zip Code Transaction ID: 7946099 Meridian MS 33301-4158 Primascion ID: 7946099 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation Memo Item State State Zip Code Mailing Address 1800 12th St C Occupation Memo Item State			Aggregate	Year-to-Date ▼					
B. Bruce T Faure MD Date of Receipt Mailing Address 6849 W Ridgeview Dr 03 01 2016 City State Zip Code Transaction ID: 7946098 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation Occupation 500.00 Memo Item Name of Employed Octhopaedic Surgeon Aggregate Year-to-Date ▼ 500.00 Memo Item Full Name (Last, First, Middle Initial) C Date of Receipt Date of Receipt City State Zip Code State Zip Code Mailing Address 1800 12th St C State Zip Code City State Zip Code Mailing Address 1800 12th St Date of Receipt City State Zip Code Manount of Each Receipt this Period State Sig Code Meridian MS 39301-4158 FEC ID number of contributing federal political committee. State Sig Code State Sig Code Name of Employed Orthopaedic Surgeon Receipt For: State Sig Code State State Sig Code State State State <td< td=""><td></td><td></td><td></td><td>252.00</td><td></td><td></td><td></td></td<>				252.00					
City State Zip Code Mequon WI 53092 FEC ID number of contributing federal political committee. C 500.00 Name of Employer Self Employed Occupation Orthopaedic Surgeon Memo Item Receipt For: Aggregate Year-to-Date ▼ 500.00 Full Name (Last, First, Middle Initial) C Date of Receipt City State Zip Code Mailing Address 1800 12th St C 03 City State Zip Code Meridian MS 39301-4158 FEC ID number of contributing federal political committee. C 2016 Name of Employed Orthopaedic Surgeon Transaction ID : 7946099 Amount of Each Receipt His Period 500.00 01 2016 Transaction ID : 7946099 Amount of Each Receipt His Period 500.00 500.00 Meridian MS 39301-4158 Memo Item 500.00 FEC ID number of contributing federal political committee. Occupation Memo Item 500.00 Memo Item S00.00 Memo Item 500.00 Memo Item					Date o	f Receipt			
City State Zip Code Mequon WI 53092 FEC ID number of contributing federal political committee. C Name of Employer Occupation Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ State Zip Code Ms Mailing Address 1800 12th St C City State Zip Code Meridian Ms 39301-4158 FEC ID number of contributing federal political committee. C Name of Employed Occupation Mailing Address 1800 12th St C City State Zip Code Meridian Ms 39301-4158 FEC ID number of contributing federal political committee. C Name of Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Stot.00 Primary General Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Memo Item Primary General 500.00 Memo Item	M	Mailing Address 6849 W Ridgeview Dr					/ Y Y Y Y Y		
FEC ID number of contributing federal political committee. C 500.00 Name of Employer Occupation orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ 600.00 Primary General 500.00 Other (specify) Aggregate Year-to-Date ▼ 000.00 FUI Name (Last, First, Middle Initial) C Date of Receipt City State Zip Code Mailing Address 1800 12th St C 700.00 City State Zip Code Meridian MS 39301-4158 Transaction ID : 7946099 Amount of Each Receipt this Period 500.00 Primary General Orthopaedic Surgeon Receipt For: Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ 500.00 Memo Item S00.00 Memo Item	C	ity		Zip Code	Trans	action ID :			
federal political committee. C 500.00 Name of Employer Self Employed Occupation Orthopaedic Surgeon Memo Item Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Memo Item City Aggregate Year-to-Date Transaction ID : 7946099 Mailing Address 1800 12th St City State Zip Code Meridian MS 39301-4158 Transaction ID : 7946099 FEC ID number of contributing federal political committee. C State Zip Code Name of Employer Occupation Memo Item State State Self Employed Orthopaedic Surgeon Memo Item Memo Item Meriotical committee. C State	N	lequon	WI	53092	Amoun	t of Each R	eceipt this Period		
Self Employed Octupation Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ So0.00 Full Name (Last, First, Middle Initial) Date of Receipt C. David A Pomierski MD Mailing Address 1800 12th St City State Zip Code Meridian MS 39301-4158 FEC ID number of contributing federal political committee. Occupation Name of Employed Orthopaedic Surgeon Receipt For: Occupation Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Othopaedic Surgeon Memo Item		8	С				500.00		
Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Date of Receipt C. David A Pomierski MD Date of Receipt Mailing Address 1800 12th St 01 City State Zip Code Meridian MS 39301-4158 FEC ID number of contributing federal political committee. C Name of Employed Occupation Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼			Occupation	1	Me	mo ltem			
Primary General Other (specify) ✓ Full Name (Last, First, Middle Initial) Other (specify) C. David A Pomierski MD Date of Receipt Mailing Address 1800 12th St ✓ City State Zip Code Meridian MS 39301-4158 FEC ID number of contributing federal political committee. C 500.00 Name of Employed Orthopaedic Surgeon Aggregate Year-to-Date ▼ Self Employed Other (specify) ▼ S00.00			Orthopaedi	c Surgeon	_				
Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Date of Receipt C. David A Pomierski MD 01 2016 Mailing Address 1800 12th St 03 01 2016 City State Zip Code Transaction ID : 7946099 Meridian MS 39301-4158 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 500.00 Memo Item Name of Employed Orthopaedic Surgeon Memo Item Memo Item Self Employed Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00 Memo Item	R		Aggregate	Year-to-Date ▼	_				
C. David A Pomierski MD Date of Receipt Mailing Address 1800 12th St 01 2016 City State Zip Code Meridian MS 39301-4158 FEC ID number of contributing federal political committee. C Name of Employer Occupation Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00				, 500.00					
Mailing Address 1800 12th St Image: Constraint of the second					Date o	f Receipt			
Meridian MS 39301-4158 FEC ID number of contributing federal political committee. C 500.00 Name of Employer Occupation 500.00 Self Employed Orthopaedic Surgeon Memo Item Receipt For: Aggregate Year-to-Date ▼ 500.00 Other (specify) ▼ Source 500.00									
FEC ID number of contributing federal political committee. C 500.00 Name of Employer Occupation orthopaedic Surgeon Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00		-			Trans	saction ID :	7946099		
federal political committee. 0 500.00 Name of Employer Occupation Memo Item Self Employed Orthopaedic Surgeon Memo Item Receipt For: Aggregate Year-to-Date ▼ 0 Primary General 500.00		Meridian	MS	39301-4158	Amoun	t of Each R	eceipt this Period		
Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 500.00		5	С				500.00		
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00	N	ame of Employer	Occupation	1	— Me	mo Item			
Primary General Other (specify) ▼ 500.00			Orthopaedi	ic Surgeon					
	R	Primary General	Aggregate						
SUBTOTAL of Receipts This Page (optional)		Other (specify)							
	SUI	BTOTAL of Receipts This Page (optional)					1084.00		

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

FEC Schedule A (Form 3X) Rev. 12/2015

7

.

FOR LINE NUMBER:

PAGE 238 OF

		Use separate schedule(s)	(check only	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12			
	•		13	14	15	16	17		
Any information copied from such Reports and or for commercial purposes, other than using th	Statements mane and a	ay not be sold or used by any pound of any pound of any political committee	erson for the p to solicit con	ourpose of tributions f	soliciting from such	g contribu n committ	tions :ee.		
NAME OF COMMITTEE (In Full)									
Political Action Committee of t	he Americ	an Association of Ortho	opaedic S	urgeon	sPA(C of AA	AOS		
Full Name (Last, First, Middle Initial) A. Michael D Hossack MD			Date of	Receipt					
Mailing Address 80 Old Colony Rd			М М 03	/ D 0) / Y	2016	Y		
City	State	Zip Code		action ID :	7946101	2010			
Hartsdale	NY	10530	Amount	of Each F	leceipt th	is Period			
FEC ID number of contributing federal political committee.	С			7		250.	00		
Name of Employer	Occupation	1	Men	no Item					
Montefiore Medical Center	Orthopaedi								
Receipt For:	Aggregate	Year-to-Date ▼	_						
Primary General									
Other (specify)		250.00							
Full Name (Last, First, Middle Initial)									
B. Jeffrey A Mogerman MD			Date of	Receipt					
Mailing Address 206 Stevenson Road			03	01) / Y	2016	Y		
City	ty State			ction ID :	7946103				
Waverly	PA	18471	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer	Occupation	1	Mer	no Item					
Wayne Memorial Hospital	Orthopaedie	c Surgeon							
Receipt For:	Aggregate	Year-to-Date V							
Other (specify) ▼		, 250.00							
Full Name (Last, First, Middle Initial) C. Jamil Jacobs-El MD			Date of	Beceint					
Mailing Address P.O. Box 5110			03	/ D I) / Y	2016	Y		
City	State	Zip Code	Transa	action ID :	7946104				
River Forest	IL	60305	Amount	of Each F	Receipt th	is Period			
FEC ID number of contributing federal political committee.	С			7		1000.	00		
Name of Employer	Occupation	1	- Men	no Item					
Advocate Dreyer	Orthopaedi	c Surgeon							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General		1000.00							
Other (specify)		1000.00							
SUBTOTAL of Receipts This Page (optional)						1500.	00		
TOTAL This Period (last page this line number	r only)			,					

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 239 OF 350 (check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$					
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) Political Action Committee of	the Americ	an Association of Ortho	opaedic SurgeonsPAC of AAOS					
Full Name (Last, First, Middle Initial) Bryan T Edwards MD Mailing Address 17616 River Ford Drive			Date of Receipt					
City Davidson	State NC	Zip Code 28036	03 01 2016 Transaction ID : 7946105 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		250.00					
Name of Employer Novant Health Receipt For: Primary General	Occupation Orthopaedi Aggregate		Memo Item					
Other (specify)		250.00						
Full Name (Last, First, Middle Initial) B. Matthew John Weresh MD Mailing Address 6001 Westown Pkwy			Date of Receipt					
Attn: Mike Tebo City West Des Moines	State IA	Zip Code 50266-7702	03 01 2016 Transaction ID : 7946107 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		500.00					
Name of Employer Des Moines Ortho Surgeons Receipt For:	Occupation Orthopaedi	c Surgeon	— Memo Item					
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]					
Full Name (Last, First, Middle Initial) Gerard Mark Benecki MD Mailing Address 4388 Legarto Court			Date of Receipt					
City Silverdale	State WA	Zip Code 98315-9525	03 01 2016 Transaction ID : 7946108					
FEC ID number of contributing federal political committee.	C	30313-3323	Amount of Each Receipt this Period					
Name of Employer US Navy Receipt For:	Occupation Orthopaedi Aggregate		Memo Item					
Other (specify) ▼		250.00						
SUBTOTAL of Receipts This Page (optional)			1000.00					
TOTAL This Period (last page this line numb	er only)							

Use separate schedule(s)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 240 OF 350 (check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$				
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may he name and ad	not be sold or used by any ped	erson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Political Action Committee of t	he America	n Association of Ortho	ppaedic SurgeonsPAC of AAOS				
Full Name (Last, First, Middle Initial) A. Kathleen Anne Hogan MD			Date of Receipt				
Mailing Address P.O. Box 659			03 01 2016				
City _Windham	State NH	Zip Code 03087	Transaction ID : 7946109 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		500.00				
Name of Employer	Occupation		Memo Item				
NH Orthopaedic Center Receipt For:	Orthopaedic	-					
Primary General Other (specify) v	Aggregate	éar-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) B. Christopher George Furey MD			Date of Receipt				
Mailing Address 18900 South Woodland Roa	Mailing Address 18900 South Woodland Road						
City	State	Zip Code	03 012016 Transaction ID : 7946111				
Shaker Heights	ОН	44122	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		500.00				
Name of Employer Self Employed	Occupation	_	Memo Item				
Receipt For:	Orthopaedic	Surgeon ′ear-to-Date ▼					
Primary General	Aggregate						
Other (specify)		500.00					
Full Name (Last, First, Middle Initial) C. Jeffrey R Cusmariu MD			Date of Receipt				
Mailing Address 494 Lake Colony Way			03 01 _2016 _				
City	State	Zip Code	Transaction ID : 7946112				
Birmingham	AL	35242	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		500.00				
Name of Employer	Occupation	C					
Ortho Sports Associates Receipt For:	Orthopaedic	Surgeon ′ear-to-Date ▼					
Primary General Other (specify) ▼		500.00					
SUBTOTAL of Receipts This Page (optional)			1500.00				
TOTAL This Period (last page this line numbe	er only)						

FOR LINE NUMBER:

PAGE 241 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the	e American Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) Ariel Goldman MD Mailing Address 31 Woodbine Rd City Roslyn Heights FEC ID number of contributing federal political committee. Name of Employer Northwell Health Receipt For: Primary General Other (specify) ▼	State Zip Code NY 11577 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Christian T Royer MD Mailing Address 5159 Stillwater Trail City Frisco FEC ID number of contributing federal political committee. Name of Employer Health Texas Provider Network Receipt For: Primary General Other (specify)	State Zip Code TX 75034 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 750.00	Date of Receipt
Full Name (Last, First, Middle Initial) James Allen O'Leary MD Mailing Address 40 Rivermist Court City Irmo FEC ID number of contributing federal political committee. Name of Employer Midlands Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code SC 29063 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		2250.00

FOR LINE NUMBER:

PAGE 242 OF

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the	e Americ	an Association of Ortho	paedic SurgeonsPAC of AAOS
A .	Full Name (Last, First, Middle Initial) Daniel L Zimet MD Mailing Address 120 North Commerce Ave Ste City Front Royal FEC ID number of contributing federal political committee. Name of Employer Valley Health Receipt For: Primary General Other (specify)	State VA C Occupation Orthopaedi		Date of Receipt 03 01 2016 Transaction ID : 7946119 Amount of Each Receipt this Period 250.00 Memo Item
в.	Full Name (Last, First, Middle Initial) Christopher Langdon Ihle MD Mailing Address 343 N 130			Date of Receipt
	City Omaha FEC ID number of contributing federal political committee. Name of Employer	I committee.		Transaction ID : 7946120 Amount of Each Receipt this Period 250.00 Memo Item
	Community Hospital Receipt For: Primary General Other (specify) ▼	Orthopaedie	c Surgeon Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Andrew G Urquhart MD Mailing Address 9222 Northpointe Rd.				Date of Receipt
	City Brighton FEC ID number of contributing federal political committee. Name of Employer Univ of Michigan Receipt For:	State MI Occupation Orthopaedi Aggregate		Transaction ID : 7946121 Amount of Each Receipt this Period 500.00 Memo Item
	UBTOTAL of Receipts This Page (optional)			1000.00
Т	OTAL This Period (last page this line number of	only)	••••••	· · · · · · · · · · · · · · · · · · ·

FOR LINE NUMBER:

PAGE 243 OF

ITI	EMIZED RECEIPTS		for each category of the Detailed Summary Page	Check only one) X 11a 11a 11b 13 14 15 16 17
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements mana and a	ay not be sold or used by any pe address of any political committee	rson for the purpose of soliciting contributions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Ortho	paedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) Alan S Routman MD Mailing Address 1717 SE 9th St City Fort Lauderdale FEC ID number of contributing federal political committee. Name of Employer OrthoFlorida Receipt For: Primary General Other (specify) ▼	State FL Occupation Orthopaedia Aggregate		Date of Receipt 03 01 2016 Transaction ID : 7946122 Amount of Each Receipt this Period 1000.00 Memo Item
Β.	Full Name (Last, First, Middle Initial) Bruce J Sangeorzan MD Mailing Address Dept of Ortho 325 Ninth Ave Box 359798 City Seattle FEC ID number of contributing federal political committee. Name of Employer University of Washington Receipt For: Primary General Other (specify) ▼	State WA Occupation Orthopaedic Aggregate		Date of Receipt
C.	Full Name (Last, First, Middle Initial) Eugene B Pendleton MD Mailing Address 1115 parkview place City Smyrna FEC ID number of contributing federal political committee. Name of Employer Pediatric Orthopaedic Associates Receipt For: Primary General Other (specify) ▼	State GA C Occupation Orthopaedi Aggregate		Date of Receipt 03 / 08 / 2016 Transaction ID : 7946160 Amount of Each Receipt this Period 250.00 Memo Item
	UBTOTAL of Receipts This Page (optional)			1750.00
T	DTAL This Period (last page this line number of	nly)	····· •	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 244 OF 350 (check only one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page				
· · · · · · · · -						
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements mathe name and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)			opaedic SurgeonsPAC of AAOS			
Full Name (Last, First, Middle Initial) A. Mark J Ghilarducci MD			Date of Receipt			
Mailing Address 2221 Wankel Way	Ototo	Zin Oode	M = M / D = D / Y = Y = Y Y 03 08 2016			
City Oxnard	State CA	Zip Code 93030	Transaction ID : 7946188 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer	Occupation		Memo Item			
Ventura Orthopaedics Receipt For:	Orthopaedi		_			
Primary General	Aggregate	Year-to-Date ▼				
Other (specify)		250.00	1			
Full Name (Last, First, Middle Initial) B. Wilford K Gibson MD	1		Date of Receipt			
Mailing Address 4003 Arrowhead Point Ct			M M / D D / Y Y Y Y Y 03 08 _2016 _			
City	State	Zip Code	Transaction ID : 7946190			
Virginia Beach	VA	23455	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		1000.00			
Name of Employer Atlantic Orthopaedic Specialists	Occupation Orthopaedi		Memo Item			
Receipt For:	·	Year-to-Date ▼	—			
Primary General			1			
Other (specify)		, 1000.00	1			
Full Name (Last, First, Middle Initial) C. Johnathan Bernard MD, MPH			Date of Receipt			
Mailing Address 20843 Medix Run Pl			03 10 _2016 _			
City	State	Zip Code	Transaction ID : 7946230			
Ashburn	VA	20147-2861	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		85.00			
Name of Employer	Occupation	1	Memo Item			
Bossint For:		ic Surgeon	_			
Primary General	Aggregate	Year-to-Date ▼				
Other (specify)		255.00	1			
SUBTOTAL of Receipts This Page (optional).			1335.00			
TOTAL This Period (last page this line number	er only)	· · · · · · · · · · · · · · · · · · ·				

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 245 OF

350

ITEMIZED RECEIPTS			Use separate schedule(s)		(check only one)						
			for each category of the Detailed Summary Page		X 11a		11b	11c		12	_
	ny information copied from such Reports and S										
or	for commercial purposes, other than using the	name and a	doress of any political committee	0	SOLICIT COL	ntrip	outions	from suc	n cor	mmitte	e.
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	ppa	edic S	Sur	geon	sPA	Co	f AA	OS
Α.	Full Name (Last, First, Middle Initial) Jeff Eric Schulman MD				Date of	f Re	eceipt				
	Mailing Address 3851 Barcroft Ln				м м 03	1	10) / Y) 16	Y
	City Alexandria	State VA	Zip Code 22312	_				794671 Receipt t		eriod	
	FEC ID number of contributing federal political committee.	С					,			250.0	0
	Name of Employer Inova Fairfax Hospital	Occupation Orthopaedic			Me	mo l	ltem				
	Receipt For:		Year-to-Date ▼								
	Other (specify)		250.00								
в.	Full Name (Last, First, Middle Initial) Steven J Triantafyllou MD				Date of	f Re	eceipt				
	Mailing Address 1706 Country Manor Drive				03	/	11) / Y	20	ү 16	Y
	City	State	Zip Code		Trans	acti	ion ID :	7948564	4		_
	York	PA	17408	_	Amoun	t of	Each F	Receipt t	his P	eriod	
	FEC ID number of contributing federal political committee.	С								000.0	0
	Name of Employer OSS Health	Occupation Orthopaedic			Me	mo	ltem				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		1000.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Drew A Brady MD				Date of	f Re	eceipt				
	Mailing Address 6 North Buckridge Drive				03	/	12		20	ү 16	Y
	City Greenville	State DE	Zip Code 19807					794876 Receipt t		eriod	_
	FEC ID number of contributing federal political committee.						7		1	000.0	0
	Name of Employer	Occupation			Me	mol	ltem				
	Self Employed	Orthopaedi	c Surgeon								
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 1000.00								
s	SUBTOTAL of Receipts This Page (optional)		, , ,				7	7	2	250.00)

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

Use separate schedule(s)

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 246 OF 350
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
	winformation and from such Departs and O			13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	paedic SurgeonsPAC of AAOS
<u> </u>	Full Name (Last, First, Middle Initial) Bryan Scott Moon MD			Date of Receipt
	Mailing Address 1026 Split Elm Drive	03 13 2016		
	City	State	Zip Code	Transaction ID : 7948781
	Missouri City	ТХ	77459-7542	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer	Occupation	1	— Memo Item
	Self Employed	Orthopaedi	c Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		252.00	
в.	Full Name (Last, First, Middle Initial) Ryan Patrick Dunlay MD			Date of Receipt
	Mailing Address 2300 53rd Avenue #100	03 13 _2016 _		
	City	State	Zip Code	Transaction ID : 7948782
	Bettendorf	IA	52722-7565	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Self Employed	Occupation Orthopaedic		— Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		, 300.00	
— c.	Full Name (Last, First, Middle Initial) Francis G Alberta MD			Date of Receipt
	Mailing Address 539 Bennington Terrace			03 13 2016
	City Ridgewood	State NJ	Zip Code 07450-2001	Transaction ID : 7948783 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			84.00
	Name of Employer	Occupation	1	Memo Item
	Self Employed	Orthopaedi	c Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼ 252.00	
s	UBTOTAL of Receipts This Page (optional)		•••••	268.00

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

FEC Schedule A (Form 3X) Rev. 12/2015

5

Use separate schedule(s)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 247 OF 350 (check only one)
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Ar or	y information copied from such Reports and s for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any pe address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e Americ	an Association of Ortho	paedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) Frederick Suh Song MD			Date of Receipt
	Mailing Address 7 Beechtree Ln			03 13 2016
	City Princeton	State NJ	Zip Code 08540	Transaction ID : 7948785
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	Memo Item
	Princeton Orthopaedic Associates Receipt For:	Orthopaedi		_
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1000.00	
в.	Full Name (Last, First, Middle Initial) Suleman M Hussain MD			Date of Receipt
	Mailing Address 2300 53rd Street, Suite #100			03 14 2016
	City	State	Zip Code	Transaction ID : 7949262
	Bettendorf	IA	52722-7565	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer	Occupation		Memo Item
	Self Employed	Orthopaedi	c Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		, 252.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Fredrick Huang MD			Date of Receipt
	Mailing Address 4448 138th Ave SE			03 / D D / Y Y Y Y Y 03 11 2016
	City Bellevue	State WA	Zip Code 98006	Transaction ID : 7951501 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	— Memo Item
	Proliance Surgeons	Orthopaedi	ic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)		>	2084.00

TOTAL This Period (last page this line number only)...... 1.

FOR LINE NUMBER:

PAGE 248 OF

350

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c	12					
Any information copied from such Reports and or for commercial purposes, other than using t	Statements manual statements manual statements and a	A not be sold or used by any p address of any political committee	13 14 15 erson for the purpose of soliciting co to solicit contributions from such co	16 17 ntributions ommittee.					
NAME OF COMMITTEE (In Full)		······································							
Political Action Committee of t	he Americ	an Association of Ortho	paedic SurgeonsPAC c	of AAOS					
Full Name (Last, First, Middle Initial) A. William G DeLong Jr, MD			Date of Receipt						
Mailing Address 344 Kings Hwy East				Y Y					
City	State	Zip Code	03112 Transaction ID : 7951502	016					
Haddonfield	NJ	08033	Amount of Each Receipt this F	'eriod					
FEC ID number of contributing federal political committee.	С			500.00					
Name of Employer	Occupation	1	Memo Item						
St Lukes Hospital	Orthopaedi	c Surgeon							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		500.00							
Full Name (Last, First, Middle Initial) B. Guy Rutledge Fogel MD			Date of Receipt						
Mailing Address 142 Candelaria				016					
City	State	Zip Code	Transaction ID : 7951503 Amount of Each Receipt this Period						
Helotes	ТХ	78023							
FEC ID number of contributing federal political committee.	С		7 7 7	1000.00					
Name of Employer Self Employed	Occupation		Memo Item						
Receipt For:	Orthopaedi	•							
Primary General	Aggregate	Year-to-Date ▼							
Other (specify)		1000.00							
Full Name (Last, First, Middle Initial) C. Frank R Noyes MD			Date of Receipt						
Mailing Address 10663 Montgomery Rd 1st	FI) 16					
City	State OH	Zip Code	Transaction ID : 7951504						
	On	45242	Amount of Each Receipt this F	'eriod					
FEC ID number of contributing federal political committee.	C		Memo Item	1000.00					
Name of Employer	Occupation		Memo item						
Mercer Health Receipt For:	Orthopaed	-							
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00							
		.95. 1 1 .95. 1							
SUBTOTAL of Receipts This Page (optional).				2500.00					
TOTAL This Period (last page this line number	er only)								

dulo(e)

FOR LINE NUMBER:

PAGE 249 OF

350

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check onl X 11a 13	y one) 11b 14	11c	12 16 17		
	ation copied from such Reports and nercial purposes, other than using th								
	of COMMITTEE (In Full) cal Action Committee of th	he America	an Association of Ortho	opaedic S	Surgeon	sPA	C of AAOS		
	ne (Last, First, Middle Initial) Charles Lutta MD			Date o	Date of Receipt				
	Mailing Address 12561 Cerromar Place				/ D 11		2016		
City Fairfax		State VA	Zip Code 22030-6654		saction ID : t of Each F				
	number of contributing political committee.	С			, , , , , , , , , , , , , , , , , , ,		500.00		
Name of OrthoVir Receipt	0	Occupation Orthopaedic Aggregate		Me	mo ltem				
	imary General her (specify) ▼		500.00						
B. John \	ne (Last, First, Middle Initial) W Adkison MD			Date o	f Receipt				
	Mailing Address 1211 N 16th Ave				03 / D D / Y Y Y Y Y 2016				
City Yakima		State WA	Zip Code 98902		Transaction ID : 7951573 Amount of Each Receipt this Period				
	number of contributing political committee.	С		100 Memo Item			1000.00		
Orthoped	f Employer dics Northwest	Occupation Orthopaedic							
	For: imary General her (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00						
	ne (Last, First, Middle Initial) y M Nakano MD	L		Date o	f Receipt				
Mailing A	Address 699 Cascade Dr			03	/ D 11		2016		
City Grand J	lunction	State CO	Zip Code 81506		saction ID t of Each F				
	number of contributing political committee.			500.					
	f Employer Iountain Ortho Associates	Occupation Orthopaedi			mo Item				
Receipt Pri		_ · ·	Year-to-Date ▼ 500.00						
SUBTOTA	L of Receipts This Page (optional)		•	. [.			2000.00		

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

FOR LINE NUMBER:

PAGE 250 OF

	Use separate		(check only one)					
ITEMIZED RECEIPTS	for each categ Detailed Sumn		X 11a 11b 11c 12					
		,	13 14 15 16 17					
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may not be sold or the name and address of any pol	used by any pe litical committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
Political Action Committee of	the American Association	on of Ortho	ppaedic SurgeonsPAC of AAOS					
/ Full Name (Last, First, Middle Initial)								
A. Adolph J Yates Jr, MD			Date of Receipt					
Mailing Address 52 Mallard Dr			M = M / D = D / Y = Y = Y					
City	State Zip Code		03 11 2016 Transaction ID : 7951576					
Pittsburgh	PA 15238		Amount of Each Receipt this Period					
FEC ID number of contributing	0							
federal political committee.	C		1000.00					
Name of Employer	Occupation		— Memo Item					
Univ of Pittsburgh Med Ctr	Orthopaedic Surgeon							
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼		1000.00						
Full Name (Last, First, Middle Initial)	1							
B. Jerry W Van Meter MD			Date of Receipt					
Mailing Address 1010 Pensacola St			03 11 2016					
City	City State Zip Code							
Honolulu	HI 96814		Transaction ID : 7951577 Amount of Each Receipt this Period					
FEC ID number of contributing	С		1000.00					
federal political committee.								
Name of Employer	Occupation		Memo Item					
HPKG	Orthopaedic Surgeon							
Receipt For:	Aggregate Year-to-Date ▼							
Other (specify)		1000.00						
	5 5		1					
Full Name (Last, First, Middle Initial)								
C. Edward S Homan Jr, MD Mailing Address 329 St Augustine Ave			Date of Receipt					
Maning Address 329 St Augustine Ave			03 11 _2016 _					
City	State Zip Code		Transaction ID : 7951578					
Tampa	FL 33617		Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		500.00					
			Memo Item					
Name of Employer	Occupation							
Retired Receipt For:	Orthopaedic Surgeon		_					
Primary General	Aggregate Year-to-Date ▼		1					
Other (specify)		1000.00						
SUBTOTAL of Receipts This Page (optional			2500.00					
SOBTOTAL OF NECERDIS THIS FAYE (OPLICITAL]	•••••						
TOTAL This Period (last page this line num	per only)							

a schadula(s)

FOR LINE NUMBER:

PAGE 251 OF

350

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11a 11b 11b 11c 12 13 14 15 16 17				
	y information copied from such Reports and S for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	paedic SurgeonsPAC of AAOS				
Α.	Full Name (Last, First, Middle Initial) Jonathan L Chang MD Mailing Address 1456 Oak Crest Ave	Date of Receipt						
	City South Pasadena	State CA	Zip Code 91030	03 11 2016 Transaction ID : 7951581 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		500.00 Memo Item				
	Name of Employer Pacific Ortho Medical Group Receipt For: Primary General Other (specify)	Occupation Orthopaedi Aggregate						
В.	Full Name (Last, First, Middle Initial) Frederick C Flandry MD Mailing Address 6262 Veterans Pkwy P.O. Box 9517			Date of Receipt				
	City Columbus FEC ID number of contributing federal political committee.	State GA	Zip Code 31908-9517	Transaction ID : 7951582 Amount of Each Receipt this Period 1000.00				
	Name of Employer Hughston Clinic	Occupation Orthopaedic		Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00					
c.	Full Name (Last, First, Middle Initial) Roland H Winter MD Mailing Address 5660 E Acorn Ct			Date of Receipt				
	City Stockton	State CA	Zip Code 95212	03 11 2016 Transaction ID : 7951583 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С	1000.00					
	Name of Employer Alpine Orthopaedic Medical Group Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedi Aggregate		— Memo Item				
s	UBTOTAL of Receipts This Page (optional)		••••••	2500.00				

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

FOR LINE NUMBER:

PAGE 252 OF

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	Image: Concert only one) Image: X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and ac	y not be sold or used by any pe ddress of any political committee	to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	paedic SurgeonsPAC of AAOS
A.	Full Name (Last, First, Middle Initial) Warren R Bourgeois III, MD Mailing Address 10025 Hyde PI City River Ridge FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last First Middle Initial)	State LA C Occupation Orthopaedic Aggregate	Zip Code 70123 e Surgeon Year-to-Date ▼ 250.00	Date of Receipt
	Full Name (Last, First, Middle Initial) David Richmond Whiddon MD Mailing Address 724 Soundview Dr. City Palm Harbor FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Associates of West Florida Receipt For: Primary General Other (specify) ▼	State FL Occupation Orthopaedic Aggregate	Zip Code 34683 Surgeon Year-to-Date ▼ 500.00	Date of Receipt
с.	Full Name (Last, First, Middle Initial) George DeLoach DO Mailing Address 400 Bypass Ln Ste 112 City Livingston FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation Orthopaedic Aggregate	Zip Code 77351 c Surgeon Year-to-Date ▼ 1000.00	Date of Receipt
s	UBTOTAL of Receipts This Page (optional)		•	1750.00
т	OTAL This Period (last page this line number o	only)	••••••	
dulo(e)

FOR LINE NUMBER:

PAGE 253 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	and Statements may not be sold or used by any p ng the name and address of any political committe	
NAME OF COMMITTEE (In Full) Political Action Committee	of the American Association of Orth	opaedic SurgeonsPAC of AAOS
A. John H Chidester MD Mailing Address 254 W Lancaster Ave S	ite 2	Date of Receipt
City Malvern	State Zip Code PA 19355	03 11 2016 Transaction ID : 7951588 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 400.00	Memo Item
 Full Name (Last, First, Middle Initial) B. Samuel Edwin Murrell III, MD Mailing Address 3946 Grandview Avenu 	-	Date of Receipt
City Memphis	State Zip Code TN 38111	Transaction ID : 7951589 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer OrthoMemphis	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) C. Michael S Aronow MD		Date of Receipt
Mailing Address 36 Braintree Dr		03 11 2016
City West Hartford	StateZip CodeCT06117	Transaction ID : 7951590 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	900.00
Name of Employer	Occupation Orthopaedic Surgeon	Memo Item
Orthopedic Association of Hartford Receipt For: Primary General Other (specify) \checkmark	Aggregate Year-to-Date ▼ 1000.00]
SUBTOTAL of Receipts This Page (option	nal)	2100.00

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

. . .

.

Use separate schedule(s)

SC	HEDULE A (FEC Form 3X)		Line concrete askedula(s)	FOR LINE NUMBER: PAGE 254 OF 350
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and St	atements ma	ay not be sold or used by any pe	erson for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to solicit contributions from such committee.
\backslash	NAME OF COMMITTEE (In Full)	Amorio	an Association of Orthe	paedic SurgeonsPAC of AAOS
V				paeulo ourgeonsr AC OI AAOS
-	Full Name (Last, First, Middle Initial)			
Α.	Charles M Davis III, MD			Date of Receipt
	Mailing Address 30 Hope Dr EC089			03 11 _ 2016 _
	City	State	Zip Code	Transaction ID : 7951591
	Hershey	PA	17033	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1000.00
	federal political committee.	U		
	Name of Employer	Occupation	1	— Memo Item
	Milton S. Hershey Medical Center	Orthopaedi	c Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_
	Other (specify)		1000.00	
			/j / / /	
	Full Name (Last, First, Middle Initial) Daniel J Gallagher MD			Date of Receipt
	Mailing Address 4633 Wichers Dr Ste 100			
			03 11 2016	
	City	State	Zip Code	Transaction ID : 7951594
	Marrero	LA	70072-3096	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
				- Memo Item
	Name of Employer Bone & Joint Clinic	Occupation Orthopaedic		
	Receipt For:		Year-to-Date ▼	
	Primary General	Aggregate		
	Other (specify)	L	, 500.00	
	Full Name (Last, First, Middle Initial) John S Kirkpatrick MD			Date of Receipt
	Mailing Address 1416 Craftsman W Ave			
				03 11 2016
	Calebration	State FL	Zip Code	Transaction ID : 7951595
			34747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Occupation		— Memo Item	
	University of Florida	Orthopaedi		
	Receipt For:	-	Year-to-Date ▼	
	Primary General	, 199. oguto		
	Other (specify)		1000.00	
s	JBTOTAL of Receipts This Page (optional)		L	2500.00
Ĕ				

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

FEC Schedule A (Form 3X) Rev. 12/2015

7

.

.... dulo(a)

FOR LINE NUMBER:

PAGE 255 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Charles J Matuszak MD		Date of Receipt
Mailing Address 10473 Saint Andrews Road		03 11 2016
City Boynton Beach	StateZip CodeFL33436-4419	Transaction ID : 7951596 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. Ricardo J Rodriguez MD		Date of Receipt
Mailing Address 6666 Pikes Lane		03 11 2016
City Baton Rouge	State Zip Code LA 70808	Transaction ID : 7951624 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer Baton Rouge Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. William M Granberry MD		Date of Receipt
Mailing Address 3615 Bellefontaine		03 11 2016
City Houston	StateZip CodeTX77025	Transaction ID : 7951625 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Memo Item
Bone & Joint Clinic Receipt For:	Orthopaedic Surgeon	
Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	↓	1500.00

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

FEC Schedule A (Form 3X) Rev. 12/2015

7

.

dulo(e)

FOR LINE NUMBER:

PAGE 256 OF

350

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only 11a 13	/ one) 11b 14	11c	12 16 17	
	y information copied from such Reports and S for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Ortho	paedic S	urgeon	sPA	C of AAOS
Α.	Full Name (Last, First, Middle Initial) Joseph R Locker MD Mailing Address 2240 SW 76th Ln			Date of	Receipt	D / Y	Y Y Y Y
	City Ocala	State FL	Zip Code 34476	03 	11 action ID : of Each F	7951627	
	FEC ID number of contributing federal political committee.	С			7	, 1000ipt 1	1000.00
	Name of Employer The Orthopaedic Institute Receipt For: Primary General Other (specify)	Occupation Orthopaedid Aggregate		Mer	no Item		
В.	Full Name (Last, First, Middle Initial) William L Ritchie IV, MD Mailing Address 201 Cedar SE Ste 6600			Date of	Receipt / D 11		2016
	City Albuquerque FEC ID number of contributing federal political committee.	State NM	Zip Code 87106		action ID : of Each F		
	Name of Employer Self Employed	Occupation Orthopaedic		Mer	mo ltem		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00				
C.	Full Name (Last, First, Middle Initial) Amir Alex Jahangir MD Mailing Address 108 Loring Ct			M M	Receipt		Y Y Y Y
	City Nashville	State TN	Zip Code 37220		11 action ID of Each F	: 795163	
	FEC ID number of contributing federal political committee.	С			1000.00		
	Name of Employer Vanderbilt Medical Group Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedi Aggregate		Mer	no Item		
s	UBTOTAL of Receipts This Page (optional)		••••••				2250.00

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

Use separate schedule(s)

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 257 OF 350
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	ny information copied from such Reports and Si			
or	for commercial purposes, other than using the	name and a	address of any political committee	to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	paedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) James A Keeney MD			Date of Receipt
	Mailing Address 1100 Virginia Avenue			03 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State MO	Zip Code 65212	Transaction ID : 7951631
	Columbia	MO	65212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	1	— Memo Item
	University of Missouri	Orthopaedi	c Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		250.00	
			y	
в.	Full Name (Last, First, Middle Initial) Frank V Aluisio MD			Date of Receipt
	Mailing Address 6 Nolen Ct			M M / D D / Y Y Y Y
	<u></u>	Chata	Zin Onde	03 11 2016
	City Greensboro	State NC	Zip Code 27408-3184	Transaction ID : 7951632
			27400-3104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer	Occupation		- Memo Item
	Greensboro Orthopaedic Center	Occupation		
	Receipt For:	Orthopaedie	-	
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	L	1000.00	
с.	Full Name (Last, First, Middle Initial) Steven Bennett Weinfeld MD			Date of Receipt
	Mailing Address 1725 York Ave Apt 8B			03 11 2016
	City New York	State NY	Zip Code 10128-7809	Transaction ID : 7951638 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	1	Memo Item
	Mt. Sinai Medical Center	Orthopaedi	ic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)		•	1500.00

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

FEC Schedule A (Form 3X) Rev. 12/2015

.

FOR LINE NUMBER:

PAGE 258 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name	nts may not be sold or used by any pe and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the Am	nerican Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Andrew J Palafox MD Mailing Address 331 Crown Point Drive City El Paso FEC ID number of contributing federal political committee.	ate Zip Code (79912-4805	Date of Receipt 03 / 11 / 2016 Transaction ID : 7951641 Amount of Each Receipt this Period 500.00
Name of Employer Occu El Paso Orthopaedic Surg Group Orthopaedic Surg Group	upation opaedic Surgeon regate Year-to-Date ▼ 750.00	— Memo Item
Full Name (Last, First, Middle Initial) B. Mark A Snyder MD Mailing Address 7229 Overton Way City Sta	ate Zip Code	Date of Receipt 03 11 2016 Transaction ID : 7951642
TriHealth Ortho	upation opaedic Surgeon	Amount of Each Receipt this Period 1000.00 Memo Item
Primary General Agg Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Austin Thomas Fragomen MD	regate Year-to-Date ▼ 1000.00	Date of Receipt
Mailing Address 48-25 64th St City Sta	ate Zip Code	03 11 2016 Transaction ID : 7951646
Woodside N FEC ID number of contributing federal political committee. C Name of Employer Occur	Y 11377	Amount of Each Receipt this Period 500.00 Memo Item
Hospital for Special Surgery Orth	opaedic Surgeon regate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		2000.00

chodulo(s)

FOR LINE NUMBER:

PAGE 259 OF

350

ITEMIZED RECEIPTS	for each category of Detailed Summary	
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of	of Orthopaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Stephen W Rodrigue MD Mailing Address 26 Arborside Drive City Falmouth FEC ID number of contributing federal political committee. Name of Employer Group Practice Receipt For:	State Zip Code ME 04105 C Occupation Orthopaedic Surgeon	Date of Receipt Date o
Other (specify)	Aggregate Year-to-Date ▼	00.00
Full Name (Last, First, Middle Initial) Andrew Wilson Ryan MD Mailing Address 2537 Larkin Rd City	State Zip Code	Date of Receipt
Lexington FEC ID number of contributing federal political committee. Name of Employer OrthoKentucky	KY 40503-3201 C Occupation Orthopaedic Surgeon	Transaction ID : 7951654 Amount of Each Receipt this Period 500.00 Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00.00
C. Full Name (Last, First, Middle Initial) Henry A Backe Jr, MD Mailing Address Ste 100 75 Kings Highway Cutoff City	State Zip Code	Date of Receipt 03 / 11 2016 Transaction ID : 7951658
Fairfield	CT 06824-5358	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Specialty Group Receipt For:	C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 100	1000.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		

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

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 260 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and or for commercial purposes, other than using th		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	ne American Association of Orthe	opaedic SurgeonsPAC of AAOS
A. Gary T Brock MD Mailing Address 5 Pinehill Lane		Date of Receipt
City Houston	State Zip Code TX 77019	03 11 2016 Transaction ID : 7951660 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Memo Item
Full Name (Last, First, Middle Initial) B. Daniel Thomas Davis MD Mailing Address P.O. Box 4116		Date of Receipt
City Pawleys Island FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code SC 29585 C Occupation Orthopaedic Surgeon	03 11 2016 Transaction ID : 7951661 Amount of Each Receipt this Period 250.00 Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
C. Full Name (Last, First, Middle Initial) Mailing Address 5456 Grand Park Place	State Zip Code	Date of Receipt
Boca Raton FEC ID number of contributing federal political committee.	FL 33486	Amount of Each Receipt this Period
Name of Employer Self Employed Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Memo Item
SUBTOTAL of Receipts This Page (optional)	· ······	1500.00

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

1.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 261 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and s or for commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of th	e American Association of Ortho	ppaedic SurgeonsPAC of AAOS
A. Scott J Dunitz MD Mailing Address 4802 S 109 E Ave	Ctata Zin Cada	Date of Receipt
City Tulsa	State Zip Code OK 74146	Transaction ID : 7951666 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer Tulsa Bone & Joint Associates Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Memo Item
B. Joshua Port MD Mailing Address University Orthopedics 3000 Fairway Dr	State Zip Code	Date of Receipt 03 11 2016 Transaction ID : 7951668
Altoona FEC ID number of contributing federal political committee.	PA 16602	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
C. Full Name (Last, First, Middle Initial) Mailing Address 5867 Whisperwood Ct		Date of Receipt
City Naples	StateZip CodeFL34110	Transaction ID : 7951669 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Memo Item
SUBTOTAL of Receipts This Page (optional)	•	2500.00

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

1.

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

PAGE 262 OF

350

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any po ddress of any political committee	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) Hassan Riaz Mir MD, MBA, F			Date of Receipt
	Mailing Address 3619 W Cleveland St			03 11 2016
	City	State FL	Zip Code	Transaction ID : 7951670
	Tampa	FL	33609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation		— Memo Item
	Vanderbilt Medical Group	Orthopaedi	c Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
в.	Full Name (Last, First, Middle Initial) Wade P McAlister MD			Date of Receipt
	Mailing Address 4899 Montrose Blvd #1206			03 11 2016
	City	State	Zip Code	Transaction ID : 7951672
	Houston	ТХ	77006-6168	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer UT Health	Occupation		Memo Item
	Receipt For:	Orthopaedic	-	
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 150.00	
с.	Full Name (Last, First, Middle Initial) Wade P McAlister MD			Date of Receipt
	Mailing Address 4899 Montrose Blvd #1206			03 11 2016
	City Houston	State TX	Zip Code 77006-6168	Transaction ID : 7951673
			77000-0100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer	Occupation		Memo Item
		Orthopaedi	c Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
\vdash	UBTOTAL of Receipts This Page (optional)			750.00

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 263 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any phe name and address of any political committe	e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Alex B Bodenstab MD Mailing Address 105 Fawn Lane City Chadds Ford FEC ID number of contributing	State Zip Code PA 19317	Date of Receipt 03 11 2016 Transaction ID : 7951674 Amount of Each Receipt this Period
federal political committee. Name of Employer First State Orthopaedics Receipt For: Primary General Other (specify) ▼	C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) B. John Brian Sims MD Mailing Address 4100 Paramount Blvd City Amarillo FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Discussion	State Zip Code TX 79109 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Lawrence S Halperin MD Mailing Address 408 Spring Valley Ln City Altamonte Springs FEC ID number of contributing federal political committee. Name of Employer Orlando Orthopaedic Center Receipt For: Primary General Other (specify)	State Zip Code FL 32714 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 750.00	Date of Receipt 03 / 11 / 2016 Transaction ID : 7951676 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		750.00

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

odulo(c)

FOR LINE NUMBER:

PAGE 264 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	Check only one) X 11a 11b 11c 12 13 14 15 16 17
	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. William O Shaffer MD, BS		Date of Receipt
Mailing Address 100 Market St Unit 510		03 / D D / Y Y Y Y 03 11 2016
City Des Moines	StateZip CodeIA50309-4766	Transaction ID : 7951677 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer American Academy of Orthopaedic Surg	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. Jason L Koh MD		Date of Receipt
Mailing Address 308 Woodley Road		03 11 2016
City Winnetka	State Zip Code IL 60093	Transaction ID : 7951678 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer North Shore Orthopaedics	Occupation Orthopaedic Surgeon	— Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. J Bohannon Mason MD		Date of Receipt
Mailing Address 409 Hermitage Rd		03 / Y Y Y Y Y 2016
City Charlotte	StateZip CodeNC28207-1841	Transaction ID : 7951679 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Memo Item
OrthoCarolina Receipt For:	Orthopaedic Surgeon	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	▶	1500.00

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

7

.

dulo(e)

FOR LINE NUMBER:

PAGE 265 OF

350

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check only one) X 11a 11a 11b 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	paedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) Robert Allen Butler II, MD Mailing Address 900 Yorkshire Rd City	State	Zip Code	Date of Receipt
	Starkville	MS	39759	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) v	Occupation Orthopaedia Aggregate		Memo Item
В.	Full Name (Last, First, Middle Initial) Mark E Carlson MD Mailing Address 2912 Spring Creek Rd			Date of Receipt
	City Rockford	State IL	Zip Code 61107-1062	Transaction ID : 7951682 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Orthopaedic		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
с.	Full Name (Last, First, Middle Initial) Ronald Emilio Delanois MD			Date of Receipt
	Mailing Address 6 Brookfield Garth	0 1		M = M / D = D / Y = Y = Y Y 03 11 2016
	City Lutherville	State MD	Zip Code 21093	Transaction ID : 7951683 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation		Memo Item
	Sinai Medical Center	Orthopaedi	c Surgeon	_
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)		•••••	1750.00

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

Use separate schedule(s)

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 266 OF 350	
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)	
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$	
	ny information copied from such Reports and St			erson for the purpose of soliciting contributions	
	for commercial purposes, other than using the				
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	paedic SurgeonsPAC of AAOS	
<u>к</u>	Full Name (Last, First, Middle Initial) Herbert L Kunkle MD			Date of Receipt	
	Mailing Address 276 Hawksworth Dr			03 11 Y Y Y Y Y Y	
	City	State PA	Zip Code 19363-2524	Transaction ID : 7951688	
	Oxford	PA	19363-2524	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer	Occupation	1	— Memo Item	
	Self Employed	Orthopaedi	c Surgeon		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		250.00		
— B.	Full Name (Last, First, Middle Initial) Michael T Diment MD			Date of Receipt	
	Mailing Address 7448 Oak Hill Drive				
		03 11 2016			
	City	State	Zip Code	Transaction ID: 7951689	
	Sylvania	OH	43560	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		1000.00	
	Name of Employer	Occupation	1	Memo Item	
	Promedica Hospital	Orthopaedie	c Surgeon		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify) V		, 1000.00		
<u>с</u> .	Full Name (Last, First, Middle Initial) Robert H Blotter MD			Date of Receipt	
	Mailing Address 1414 W Fair Ave Ste 190	03 11 2016			
	City	State	Zip Code	Transaction ID : 7951690	
	Marquette	MI	49855-2693	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	250.00 Memo Item			
	Name of Employer	lame of Employer Occupation			
	Advanced Center for Orthopaedics	Orthopaedi	c Surgeon		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
s	UBTOTAL of Receipts This Page (optional)			1500.00	

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

FEC Schedule A (Form 3X) Rev. 12/2015

9

5

FOR LINE NUMBER:

PAGE 267 OF

			Use separate schedule(s) for each category of the	(check only one)
1			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any po ddress of any political committee	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	paedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) John Thomas Killian MD, BOC			Date of Receipt
Mailing Address 314 Sterrett Ave				03 11 2016
	City	State	Zip Code	Transaction ID : 7951731
	Birmingham	AL	35209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation		— Memo Item
	Self Employed	Orthopaedic	c Surgeon	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		250.00	
в.	Full Name (Last, First, Middle Initial) Brian R Hamlin MD			Date of Receipt
	Mailing Address 3169 Beechwood Drive			03 11 2016
	City	State	Zip Code	Transaction ID : 7952760
	Allison Park	PA	15101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer	Occupation		Memo Item
	UPMC	Orthopaedic	c Surgeon	
	Receipt For:	Aggregate	Year-to-Date V	
	Other (specify) ▼		1000.00	
C.	Full Name (Last, First, Middle Initial) Jonathan James Clabeaux MD			Date of Receipt
	Mailing Address 1413 3rd Ave West			03 / D D / Y Y Y Y 03 11 2016
	City	State WA	Zip Code	Transaction ID : 7952761
	Seattle	VVA	98119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation		— Memo Item
	VIrgina Mason Medical Center	Orthopaedi	c Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
т	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 268 OF 350 (check only one)		
		for each category of the Detailed Summary Page	X11a11b11c121314151617		
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any poddress of any political committee	erson for the purpose of soliciting contributions	
\rangle	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS	
Α.	Full Name (Last, First, Middle Initial) Jorge E Tijmes MD Mailing Address P.O. Box 6209			Date of Receipt	
	City Mc Allen	State TX	Zip Code 78502-6209	Transaction ID : 7952763 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		750.00	
	Name of Employer Southern Bone & Joint Center Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Aggregate		Memo Item	
в.	Full Name (Last, First, Middle Initial) John R Denton MD Mailing Address 1333A North Ave			Date of Receipt	
	PMB 434 City New Rochelle	State NY	Zip Code 10804-2120	03 11 2016 Transaction ID : 7952766 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		1000.00	
	Name of Employer Self Employed	Occupation Orthopaedic		Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00		
C.	Full Name (Last, First, Middle Initial) Thomas Griffin Taylor MD			Date of Receipt	
	Mailing Address Suite A 323 E Hawkins Parkway City	State	Zip Code	03 / D D / Y Y Y Y 03 11 2016 Transaction ID : 7952767	
	Longview FEC ID number of contributing	тх	75605-7905	Amount of Each Receipt this Period	
	federal political committee.	Occupation		250.00	
	Longview Orthopaedic Clinic Receipt For: Primary General Other (specify) ▼	Orthopaedi			
9	UBTOTAL of Receipts This Page (optional)			2000.00	
	OTAL This Period (last page this line number o				

FOR LINE NUMBER:

PAGE 269 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and s or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of th	e American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) Raymond W Liu MD Mailing Address 22925 Shelburne Road City Shaker Heights FEC ID number of contributing federal political committee. Name of Employer University Hospitals Medical Group Receipt For: Primary General Other (specify) ▼	State Zip Code OH 44122 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt 03 / 11 2016 Transaction ID : 7952768 Amount of Each Receipt this Period 250.00 Memo Item
Full Name (Last, First, Middle Initial) B. Bryan Scott Kamps MD Mailing Address 3741 Monarch Dr NE City Grand Rapids FEC ID number of contributing federal political committee. Name of Employer Spectrum Health Medical Group Receipt For: Primary General Other (specify) ▼	State Zip Code MI 49525 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 300.00	Date of Receipt 03 / 11 2016 Transaction ID : 7952769 Amount of Each Receipt this Period 100.00 Memo Item
Full Name (Last, First, Middle Initial) Joseph A Abboud MD Mailing Address 726 Conestoga Rd City Bryn Mawr FEC ID number of contributing federal political committee. Name of Employer Rothman Institute Receipt For: Primary General Other (specify) ▼	State Zip Code PA 19010 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 03 / 16 / 2016 Transaction ID : 7952954 Amount of Each Receipt this Period 1000.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		1350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		e separate schedule(s) each category of the	FOR LINE NUMBER: PAGE 270 OF 350 (check only one) X X 11a 11b 11c 12
	De	tailed Summary Page	13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	and Statements may not ing the name and addres	be sold or used by any p s of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Political Action Committee	of the American A	ssociation of Ortho	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) Milan M Patel MD Mailing Address 3836 Sidestreet			Date of Receipt
City Atlanta		Zip Code 30341	03 16 2016 Transaction ID : 7952969 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Resurgens Orthopaedics Receipt For:	Occupation Orthopaedic Surg Aggregate Year-		Memo Item
Other (specify)		1000.00]
Full Name (Last, First, Middle Initial) B. Scott Gunnar Quisling MD Mailing Address 3275 Bransley Way			Date of Receipt
City Duluth		Zip Code 30097	03 18 2016 Transaction ID : 7955278 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Resurgens Orthopaedics Receipt For:	Occupation Orthopaedic Surg		Memo Item
Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 1000.00	1
C. Hull Name (Last, First, Middle Initial) Mark Wesley Hanna MD Mailing Address 1193 Angelo Ct			Date of Receipt
City		Zip Code	03 18 2016 Transaction ID : 7955464
Atlanta FEC ID number of contributing federal political committee.	GA C	30319	Amount of Each Receipt this Period
Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surg	geon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 250.00	1
SUBTOTAL of Receipts This Page (optio	nal)		2250.00
TOTAL This Period (last page this line n	umber only)		

Use separate schedule(s)

	CHEDULE A (FEC Form 3X))	Use separate schedule(s)	FOR LINE NUMBER: PAGE 271 OF 350 (check only one)
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Ar or	y information copied from such Reports and for commercial purposes, other than using	d Statements m the name and a	ay not be sold or used by any peaddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of	the Americ	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) Glenn J Jonas MD			Date of Receipt
	Mailing Address 3155 Arden Rd			03 18 2016
	City Atlanta	State GA	Zip Code 30305	Transaction ID : 7955608
		_		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation		Memo Item
	Resurgens Orthopaedics Receipt For:	Orthopaed	5	
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1000.00	
в.	Full Name (Last, First, Middle Initial) Pierre Andre Bruneau MD			Date of Receipt
	Mailing Address 8 Cross River Road			03 20 2016
	City	State	Zip Code	Transaction ID : 7956153
	Mount Kisco	NY	10549	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	1	Memo Item
	US Navy	Orthopaedi	c Surgeon	
	Receipt For:	Aggregate	Year-to-Date V	
	Other (specify)		, 250.00	
— C.	Full Name (Last, First, Middle Initial) Wen Shen MD			Date of Receipt
	Mailing Address 33 Pond Hills Ct			03 20 2016
	City Pleasant Valley	State NY	Zip Code 12569	Transaction ID : 7956154 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupatior	1	— Memo Item
	Ortho Assoc of Dutchess County	Orthopaed	ic Surgeon	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)		>	1500.00

TOTAL This Period (last page this line number only)...... _____ 1.

FOR LINE NUMBER:

PAGE 272 OF

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only	<u> </u>				
			Detailed Summary Page	11a 13	11b 14	11c 15	12 16	17	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the	name and a	ddress of any political committee	to solicit cor	ntributions	from suc	h committ	ee.	
<u> </u>	Full Name (Last, First, Middle Initial) Michael Shay Womack MD			·	_				
Α.	Mailing Address 440 Oakmont Circle				Receipt		y y 2016	Y	
	City Marietta	State GA	Zip Code 30067	Trans	action ID : of Each F	7956285	i	_	
	FEC ID number of contributing federal political committee.	С				7	500.	00	
	Name of Employer Resurgens Orthopaedics Receipt For:	Occupation Orthopaedic	c Surgeon	Mer	no ltem				
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00						
в.	Full Name (Last, First, Middle Initial) Kaveh Robert Sajadi MD			Date of	Receipt				
	Mailing Address 2133 Woodmont Dr		03 / D D / Y Y Y Y 03 20 2016				Y		
	City Lexington	State KY	Zip Code 40502		Transaction ID : 7956287 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С			250.	00			
	Name of Employer Self Employed	Occupation Orthopaedic		Mer	mo ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00						
с.	Full Name (Last, First, Middle Initial) Todd A Schmidt MD			Date of	Receipt				
	Mailing Address 2865 Lake Park Drive			м м 03	/ D 21		у 2016	Y	
	City Jonesboro	State GA	Zip Code 30236		action ID of Each F				
	FEC ID number of contributing federal political committee.	С				7	84.	00	
	Name of Employer	Occupation		Mer	no ltem				
	Southern Orthopaedic Specialists	Orthopaedi	c Surgeon						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00						
s	UBTOTAL of Receipts This Page (optional)						834.	00	
т	OTAL This Period (last page this line number of	only)							

FOR LINE NUMBER:

PAGE 273 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Political Action Committee of th	e American Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. David R Chandler MD		Date of Receipt
Mailing Address 165 Middle Plantation Ln		M M / D D / Y Y Y Y 03 21 2016
City Gulf Breeze	State Zip Code FL 32561	Transaction ID : 7956289 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
Full Name (Last, First, Middle Initial) B. Jeffrey P Beckenbaugh DO		Date of Receipt
Mailing Address 5379 Scenic View Drive SW		03 21 2016
City	State Zip Code	Transaction ID : 7956290
Rochester	MN 55902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Olmsted Medical Center	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) C. Basil R Besh MD		Date of Receipt
Mailing Address 6135 Clubhouse Dr		03 21 Y Y Y Y 2016
City Pleasanton	StateZip CodeCA94566	Transaction ID : 7956291 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	85.00
Name of Employer	Occupation	— Memo Item
Self Employed Receipt For:	Orthopaedic Surgeon	_
Primary General Other (specify)	Aggregate Year-to-Date ▼ 255.00	
SUBTOTAL of Receipts This Page (optional)	••••••	270.00

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

FEC Schedule A (Form 3X) Rev. 12/2015

.

odulo(c)

FOR LINE NUMBER:

PAGE 274 OF

350

ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page) 1b 11c 12 4 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th				
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	ne American A	ssociation of Ortho	paedic Surge	eonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Michael J Taunton MD			Date of Rece	pipt
Mailing Address 5045 Connemara Drive NE			M M / / 03	21 2016
City Rochester		ip Code 55906		n ID : 7956293 ach Receipt this Period
FEC ID number of contributing federal political committee.	С			85.00
Name of Employer Mayo Foundation	Occupation Orthopaedic Surg	eon	Memo Itel	m
Receipt For: Primary General Other (specify) ▼	Aggregate Year-1			
Full Name (Last, First, Middle Initial) B. Angelo DiFelice Jr, MD			Date of Rece	sipt
Mailing Address 15410 Treyburn Manor View			03 /	21 2016
City Milton		ip Code 0004		n ID : 7956309
FEC ID number of contributing federal political committee.	C			ach Receipt this Period 250.00
Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surg	eon	Memo Ite	m
Receipt For: Primary General Other (specify) ▼	Aggregate Year-1	o-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) C. William H Spellman MD			Date of Rece	pipt
Mailing Address Central Montgomery Ortho 1011 S Broad St			03 /	D D / Y Y Y Y 18 2016
City Lansdale		lip Code 9446		n ID : 7957629 ach Receipt this Period
FEC ID number of contributing federal political committee.	С			250.00
Name of Employer	Occupation		- Memo Ite	m
Central Montgomery Orthopaedics Receipt For:	Orthopaedic Surg			
Primary General Other (specify) ▼	Aggregate Year-	o-Date V 250.00		
SUBTOTAL of Receipts This Page (optional)		••••••		585.00

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

7

.

FOR LINE NUMBER:

PAGE 275 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Gerard G Adler MD Mailing Address 305 Woodland Ln City State Oconomowoc WI FEC ID number of contributing	e Zip Code 53066-2734	Date of Receipt
Popoint For:	ation baedic Surgeon gate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. Robert S Adelaar MD Mailing Address 10414 Cherokee Rd City State Richmond VA FEC ID number of contributing federal political committee. C Name of Employer Occup Medical College of Virginia Orthor	23235	Date of Receipt 03 / 18 / 2016 Transaction ID : 7957637 Amount of Each Receipt this Period 375.00 Memo Item
Poppint For:	gate Year-to-Date ▼ 375.00	Date of Receipt
Mailing Address 200 Broken Rock Road	e Zip Code	03 / 18 / 2016 Transaction ID : 7957652
Hamilton GA FEC ID number of contributing federal political committee. C Name of Employer Occup Self Employed Orthop	31811	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		1375.00

SCHEDULE A (FEC Form 3X	() .	loo concrete cohedula(-)	-	NUMBER: PAGE 276 OF 35
ITEMIZED RECEIPTS	fo	Jse separate schedule(s) or each category of the Detailed Summary Page	(check onl X 11a 13	y one) 11b 11c 12 14 15 16 11
Any information copied from such Reports an or for commercial purposes, other than using				
NAME OF COMMITTEE (In Full) Political Action Committee of				
Full Name (Last, First, Middle Initial) David M Lindgren MD Mailing Address 8001 Chesshire Ln N			Date of	f Receipt
			03	18 2016
City Maple Creve	State MN	Zip Code 55311		action ID : 7957653
Maple Grove	IVIIN	55311	Amoun	t of Each Receipt this Period
FEC ID number of contributing federal political committee.	C			250.00
Name of Employer	Occupation		Me	mo Item
Fairview Health Services	Orthopaedic Su	rgeon		
Receipt For: Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. George V Russell Jr, MD			Date of	f Receipt
Mailing Address 102 Hawthorne Vale				/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Trans	action ID : 7957655
Ridgeland	MS	39157	Amoun	t of Each Receipt this Period
FEC ID number of contributing federal political committee.	С			85.00
Name of Employer UMMC	Occupation Orthopaedic Su	rgeon	Me	mo ltem
Receipt For:	Aggregate Yea	r-to-Date ▼		
Primary General Other (specify) ▼		255.00	1	
Full Name (Last, First, Middle Initial) C. John Patrick Reilly MD			Date of	f Receipt
Mailing Address 60 Copperflagg Ln			м м 03	/ D D / Y Y Y Y 18 2016
City Staten Island	State NY	Zip Code 10304		saction ID : 7957656 t of Each Receipt this Period
FEC ID number of contributing federal political committee.	С			1000.00
Name of Employer	Occupation		— Me	mo Item
Self Employed	Orthopaedic Su	rgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 1000.00]	
SUBTOTAL of Receipts This Page (optional)			1335.00

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

7

.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 277 OF 350 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Nicholas P Grosso MD Mailing Address 10113 Lakeside Ct			Date of Receipt
City	State	Zip Code	03 18 2016 Transaction ID : 7957658
Ellicott City	MD	21042	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation		Memo Item
Self Employed	Orthopaedic S	urgeon	
Receipt For:	Aggregate Ye	ar-to-Date ▼	
Other (specify)		500.00]
Full Name (Last, First, Middle Initial) B. Spiro N Papas MD			Date of Receipt
Mailing Address 200 Delafield Rd Ste 1040			M M / D D / Y Y Y Y 03 18 2016
City	State	Zip Code	Transaction ID : 7957660
Pittsburgh	PA	15215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation		Memo Item
Self Employed	Orthopaedic S	urgeon	
Receipt For:	Aggregate Ye	ar-to-Date ▼	
Other (specify)		, 500.00]
Full Name (Last, First, Middle Initial) C. F Thomas Davies Kaplan MD			Date of Receipt
Mailing Address 11542 Willow Springs Dr			03 22 2016
City	State	Zip Code	Transaction ID : 7963013
Zionsville	IN	46077	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation		Memo Item
Indiana Hand to Shoulder Center	Orthopaedic S	Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			1500.00

Use separate schedule(s)

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 278 OF 350
IТ 	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements mana and a	ay not be sold or used by any peaddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e Americ	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Α.	Full Name (Last, First, Middle Initial) Darrell Kevin Scales MD			Date of Receipt
	Mailing Address 2000 Tee Dr		7.0.1	03 / D D / Y Y Y Y 23 2016
	City Braselton	State GA	Zip Code 30517-4078	Transaction ID : 7963304 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer	Occupation	1	Memo Item
	Self Employed	Orthopaedi	c Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		300.00	
в.	Full Name (Last, First, Middle Initial) Langdon A Hartsock MD			Date of Receipt
	Mailing Address 188 Tradd Street			03 24 _2016 _
	City	State	Zip Code	Transaction ID : 7964394
	Charleston	SC	29401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer Medical University of South Carolina	Occupation		Memo Item
	Receipt For:	Orthopaedi	Year-to-Date ▼	—
	Primary General Other (specify) ▼		252.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) David R Schmidt MD			Date of Receipt
	Mailing Address 21 Spurs Ln Ste 300			03 23 _2016 _
	City San Antonio	State TX	Zip Code 78240-1545	Transaction ID : 7965032 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	°		
	Name of Employer	Occupation	1	Memo Item
	Sports Med Assoc of San Antonio	Orthopaedi	ic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)		•	1184.00

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

.. dulo(a)

FOR LINE NUMBER:

PAGE 279 OF

350

ITEMIZED RECEIPTS			Ose separate schedule(s) for each category of the Detailed Summary Page	(check only X 11a 13	v one) 11b 14	11c 15	12 16 17
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may	ay not be sold or used by any pe ddress of any political committee	erson for the person for the person for the person of the	purpose of s tributions fro	oliciting	contributions
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Ortho	opaedic S	urgeons	PA(C of AAOS
Α.	Full Name (Last, First, Middle Initial) Stephen O Berthelsen MD Mailing Address 2010 Knollwood Dr		7in Code	03			
	City Fairmont	State MN	Zip Code 56031		action ID : 7 of Each Re		
	FEC ID number of contributing federal political committee.	С					250.00
	Name of Employer Self Employed Receipt For: Primary General	Occupation Orthopaedic Aggregate		[] Men	no ltem		
	Other (specify)		250.00				
В.	Full Name (Last, First, Middle Initial) Wayne M Goldstein MD Mailing Address 2887 Lexington Ln			Date of	Receipt	/	VVV
	City State Zip Code				23		2016
	Highland Park	IL	60035		action ID : 79 of Each Re		
	FEC ID number of contributing federal political committee.	С			1000.00		1000.00
	Name of Employer Self Employed	Occupation Orthopaedic		Mer			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00				
с.	Full Name (Last, First, Middle Initial) Kathryn A Caulfield MD			Date of	Receipt		
	Mailing Address 409 Major Run			м м 03	/ D D 23	/ Y	2016
	City Cramerton	State NC	Zip Code 28032	Transaction ID : 790 Amount of Each Rece		j	
	FEC ID number of contributing federal political committee.	С			7	500.00	
	Name of Employer	Occupation		- Mer	no ltem		
	CaroMont Medical Group Receipt For: Primary General	Orthopaedi Aggregate	Year-to-Date ▼				
Γ	Other (specify)	L	500.00				1750.00
1 °	UBTOTAL of Receipts This Page (optional)		••••••	·			

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

1.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 280 OF 350 (check only one)		
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) Political Action Committee of	the Americ	an Association of Ortho	opaedic SurgeonsPAC of AAOS		
Full Name (Last, First, Middle Initial) A. Craig C Callewart MD			Date of Receipt		
Mailing Address 4911 Shadywood Ln	State	Zip Code	03 23 2016 Transaction ID : 7965054		
Dallas	TX	75209	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		750.00		
Name of Employer	Occupation	1	Memo Item		
Self Employed	Orthopaedi	c Surgeon			
Receipt For:	Aggregate	Year-to-Date ▼			
Other (specify) ▼		750.00]		
Full Name (Last, First, Middle Initial) B. Noah S Finkel MD	I		Date of Receipt		
Mailing Address 5 Bouton Rd			03 23 2016		
City	State NY	Zip Code	Transaction ID : 7965055		
		11743	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		300.00		
Name of Employer ProHealth Care	Occupation				
Receipt For:	Orthopaedi	-	_		
Primary General	Aggregate	Year-to-Date ▼	1		
Other (specify)		300.00	1		
Full Name (Last, First, Middle Initial) C. Jesse G Eisler MD			Date of Receipt		
Mailing Address 24 Sunset Farm Rd			M M / D D / Y Y Y Y 03 23 2016		
City West Hartford	State CT	Zip Code 06107-1314	Transaction ID : 7965056 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer	Occupation	1	Memo Item		
Self Employed	Orthopaedi	ic Surgeon			
Receipt For:	Aggregate	Year-to-Date ▼			
Other (specify)		500.00]		
SUBTOTAL of Receipts This Page (optional)			1550.00		
TOTAL This Period (last page this line numb	er only)				

FOR LINE NUMBER:

PAGE 281 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c} (Check only one) \\ \hline X 11a \\ 13 \\ 14 \\ 15 \\ 16 \\ 16 \\ 17 \\ 17 \\ 17 \\ 17 \\ 17 \\ 17$
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name	nts may not be sold or used by any pe and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Anthony V Mollano MD Mailing Address 163 Galloping Hill Rd City Sta Contoocook Ni FEC ID number of contributing federal political committee. C	H 03229-3401	Date of Receipt
Concord Orthopaedics Ortho	upation opaedic Surgeon regate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B. Luis M Espinoza MD Mailing Address 5 Savannah Ridge Lane City Sta	ate Zip Code	Date of Receipt 03 23 2016 Transaction ID : 7965069
Self Employed Ortho	a 70001 Inpation opaedic Surgeon regate Year-to-Date ▼	Amount of Each Receipt this Period
City City City City City Mailing Address 4101 Greenway	•	Date of Receipt 03 / 23 / 2016 Transaction ID : 7965070 Amount of Each Receipt this Period
Cohen & Pushkin, MD, PA Orth	upation opaedic Surgeon regate Year-to-Date ▼ 250.00	250.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X) ľ

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 282 OF 35 (check only one)
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and s or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address Suite 200 7301 Hennessy Blvd			03 / D D / Y Y Y Y Y 23 2016
City Boton Bourgo	State LA	Zip Code 70808	Transaction ID : 7965087
Baton Rouge FEC ID number of contributing	C	10000	Amount of Each Receipt this Period 500.00
federal political committee.	U		
Name of Employer	Occupation	1	Memo Item
Self Employed	Orthopaedi	c Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) . Edward Scott Yerger MD			Date of Receipt
Mailing Address 805 Woodvale Ave			03 23 _2016 _
City	State	Zip Code	Transaction ID : 7965088
LaFayette	LA	70503-4143	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Self Employed	Occupation Orthopaedic		Memo Item
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Malcolm J Stubbs MD			Date of Receipt
Mailing Address 118 English Gardens Pkwy			03 23 2016
City	State	Zip Code	Transaction ID : 7965089
LaFayette	LA	70503-5678	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation	1	Memo Item
Self Employed	Orthopaedi	c Surgeon	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		·····	1500.00

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

10

FOR LINE NUMBER:

PAGE 283 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) $\begin{array}{c c} \hline X \\ 11a \\ 13 \\ 14 \\ 15 \\ 16 \\ 17 \\ 16 \\ 17 \\ 17 \\ 17 \\ 17 \\ 16 \\ 17 \\ 17$
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of th	e American Association of Orthe	opaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Robert Easton MD Mailing Address 150 South Lakeshore Drive City Baton Rouge FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Evil Name (Last First Middle Initial)	State Zip Code LA 70808 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Frank P Giammattei MD Mailing Address 30 Woodbrook Rd City Swarthmore FEC ID number of contributing federal political committee. Name of Employer Premier Orthopaedics Receipt For: Primary General Other (specify) ▼	State Zip Code PA 19081 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 249.99	Date of Receipt
Full Name (Last, First, Middle Initial) Christopher A Wills MD Mailing Address 280 South Main Street Suite 200 City Orange FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code C 92868 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 252.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		1167.33
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER:

PAGE 284 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(Check only one) X 11a 11a 11b 13 14 15 16 17
	Statements may not be sold or used by any pe ne name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) Rafael M Fernandez MD Mailing Address P.O. Box 800809 City Coto Laurel FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code PR 00780-0809 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 300.00	Date of Receipt
Full Name (Last, First, Middle Initial) Michael Suk MD Mailing Address 1095 Limestoneville Road City Milton FEC ID number of contributing federal political committee. Name of Employer Geisinger Medical System Receipt For: Primary General	State Zip Code PA 17847 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt
City Marquette FEC ID number of contributing federal political committee. Name of Employer Advanced Center for Orthopaedics Receipt For: Primary General Other (specify) ▼	250.00 State Zip Code MI 49855-2693 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt 03 25 2016 Transaction ID : 7965779 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
		ay person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Political Action Committee of	f the American Association of Or	rthopaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Daniel E Gelb MD Mailing Address 3810 Greenway	Date of Receipt	
City Baltimore	State Zip Code MD 21218-1825	03 23 2016 Transaction ID : 7966698 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer University of Maryland Receipt For:	Occupation Orthopaedic Surgeon	Memo Item
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mark S Topolski MD Mailing Address 837 Olympic Drive		Date of Receipt
City	State Zip Code	03 23 2016 Transaction ID : 7966699
Onalaska	WI 54650	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Gunderson Lutheran	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Gregg A Ferrero MD		Date of Receipt
Mailing Address 8865 Locust Grove Drive		03 23 2016
City Port Tobacco	StateZip CodeMD20677	Transaction ID : 7966700 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optiona	l)	► 1000.00
TOTAL This Period (last page this line num	ber only)	··· •

SCHEDULE A (FEC Form 3	Use separate		DF 350
ITEMIZED RECEIPTS	for each cate Detailed Sum	gory of the	17
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or ng the name and address of any po	r used by any person for the purpose of soliciting contribu olitical committee to solicit contributions from such committ	itions tee.
NAME OF COMMITTEE (In Full) Political Action Committee of	of the American Associat	ion of Orthopaedic SurgeonsPAC of A	AOS
Full Name (Last, First, Middle Initial) A. Leslie P Dean MD		Date of Receipt	
Mailing Address 11556 Tanglewood Lak		03 23 2016	Y
City Anchorage	State Zip Code AK 99516	Transaction ID : 7966701 Amount of Each Receipt this Period	1
FEC ID number of contributing federal political committee.	С	1000.	
Name of Employer	Occupation	Memo Item	
Anchorage Fracture & Ortho Clinic Receipt For: Primary General Other (specify)	Orthopaedic Surgeon Aggregate Year-to-Date ▼	1000.00	
Full Name (Last, First, Middle Initial) B. Kenneth C Thomas MD		Date of Receipt	
Mailing Address 6021 Craig Creek Circle		03 23 2016	Y
City Anchorage	State Zip Code AK 99507-6904	Transaction ID : 7966703	1
FEC ID number of contributing federal political committee.	С	250.	.00
Name of Employer Anchorage Fracture & Ortho Clinic	Occupation Orthopaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00	
Full Name (Last, First, Middle Initial) C. Michael P Grant MD		Date of Receipt	
Mailing Address 75 Springdale Place		03 23 2016	Y
City Longmont	StateZip CodeCO80504	Transaction ID : 7966704 Amount of Each Receipt this Period	1
FEC ID number of contributing federal political committee.	C	250.	.00
Name of Employer	Occupation	Memo Item	
Estes Park Medical Center Receipt For: Primary General Other (specify)	Orthopaedic Surgeon Aggregate Year-to-Date ▼	250.00	
SUBTOTAL of Receipts This Page (option	al)		.00

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

10

7

FOR LINE NUMBER:

PAGE 287 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee (of the American Association of Or	thopaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Niels J Linschoten MD		Date of Receipt
Mailing Address 11428 Center Court Blv	d	03 25 2016
City	State Zip Code	Transaction ID : 7967068
Baton Rouge	LA 70810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Memo Item
Self Employed	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) B. Bert C Callahan MD		Date of Receipt
Mailing Address 705 S. University Ave. Suite 150		03 26 _2016 _
City	State Zip Code	Transaction ID : 7967069
Beaver Dam	WI 53916	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer	Occupation	Memo Item
Beaven Dam Community Hospital	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	252.00	
Full Name (Last, First, Middle Initial) C. Roshan P. Shah MD, JD		Date of Receipt
Mailing Address 610 West 110th Street Apt 3E		03 / D D / Y Y Y Y 27 2016
City New York	State Zip Code NY 10025	Transaction ID : 7967081
	10023	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer	Occupation	
Self Employed Receipt For:	Orthopaedic Surgeon	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) V	252.00	
SUBTOTAL of Receipts This Page (option	nal)	418.00
		, , , , , , , , , , , , , , , , , , , ,

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

FEC Schedule A (Form 3X) Rev. 12/2015

10

FOR LINE NUMBER:

PAGE 288 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Statements may not be sold or used by any pene name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	he American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Bernard G Kirol MD Mailing Address 106 Buckthorn Circle City Elgin FEC ID number of contributing federal political committee. Name of Employer Midlands Orthopaedics Receipt For: Primary General Other (specify) ▼	State Zip Code SC 29045 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 225.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Carolyn Hettrich MD, MPH Mailing Address 2983 Oliver Lane NE City Iowa City FEC ID number of contributing federal political committee. Name of Employer Univ of Iowa Receipt For: Primary General	State Zip Code IA 52240 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt 03 / 27 / 2016 Transaction ID : 7967083 Amount of Each Receipt this Period 250.00 Memo Item
C. Printary General Other (specify) ▼ C. Ronald Anthony Navarro MD Mailing Address 18 Wide Loop Rd City Rolling Hills FEC ID number of contributing federal political committee. Name of Employer Southern California Permanente Medical Receipt For: Primary General Other (specify) ▼	State Zip Code C 90274 Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 252.00	Date of Receipt 03 / 27 2016 Transaction ID : 7967085 Amount of Each Receipt this Period 84.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe	-	409.00
FOR LINE NUMBER:

PAGE 289 OF

17			Use separate schedule(s)	(check or	(check only one)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	1	11b	11c	12				
			Letanou cummury rugo	13	1	14	15	16	17			
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	y not be sold or used by any poddress of any political committee	erson for the	e purpo ontribut	ose of s tions fr	soliciting om such	contribu	tions tee.			
\setminus	NAME OF COMMITTEE (In Full)				-							
	Political Action Committee of the	e America	an Association of Ortho	opaedic	Surg	eons	PA	C of A	AOS			
/	Full Name (Last, First, Middle Initial)											
Α.				Date	of Rec	eipt						
	Mailing Address 51045 Erin Glen Dr			M	M /	D D	/ Y	Y Y	Y			
				03		28	L	2016				
	City	State IN	Zip Code 46530	Transaction ID : 7967088								
	Granger	IIN	40030	Amou	nt of E	ach Re	eceipt th	is Period				
	FEC ID number of contributing federal political committee.	С						85.	00			
	lederar politicar committee.				Jome Ite		7					
	Name of Employer	Occupation			lemo lte							
	Self Employed	Orthopaedic	Surgeon	_								
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		255.00									
			g									
	Full Name (Last, First, Middle Initial)											
В.	Eric Louis Smith MD			Date	of Rec	eipt						
	Mailing Address 1573 Beacon St			M M / D D / Y Y Y Y								
	City	State	Zip Code	03		28		2016				
	City Newton	MA	02468				967089					
			02400	Amou	nt of E	ach Re	eceipt tri	is Period				
	FEC ID number of contributing federal political committee.	С	84.00									
	Name of Employer	Occupation			lemo lte	em						
	Tufts Medical Center	Orthopaedic	Surgeon									
	Receipt For:	Aggregate	Year-to-Date V									
	Other (specify)		, 252.00									
_	Full Name (Last, First, Middle Initial) Joshua Layne Gary MD			Detr	of Dec	oint						
U .	Mailing Address 6400 Fannin St				of Rec		1	YY	V			
	Suite 1700			03		28		2016				
	City	State	Zip Code	Trai	nsactio	on ID : 7	7967090					
	Houston	ТХ	77030	Amou	nt of E	ach Re	eceipt th	is Period				
	FEC ID number of contributing federal political committee.	С					,	84.	00			
	Name of Employer	Occupation		— N	lemo lte	em						
	University of Texas	Orthopaedic	Surgeon									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		252.00	1								
	Other (specify)	L	202.00									
				_					_			
s	SUBTOTAL of Receipts This Page (optional)		••••••				- 1	253.	00			
Т	OTAL This Period (last page this line number of	only)	••••••				- 7					

FOR LINE NUMBER:

PAGE 290 OF

350

	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12								
		13 14 15 16 17								
Any information copied from such Reports and St or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full)										
Political Action Committee of the	American Association of Ortho	ppaedic SurgeonsPAC of AAOS								
Full Name (Last, First, Middle Initial) A. Mark E Easley MD		Date of Receipt								
Mailing Address Duke Medicine										
4709 Creekstone Drive	State Zip Code	03 28 2016 Transaction ID : 7967091								
Durham	NC 27703	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С	84.00								
Name of Employer	Occupation	Memo Item								
Self Employed	Orthopaedic Surgeon									
Receipt For:	Aggregate Year-to-Date ▼									
Primary General	252.00									
Other (specify)	232.00									
Full Name (Last, First, Middle Initial)										
B. A Philip Fontanetta MD		Date of Receipt								
Mailing Address 700 Hunt Ln		03 28 2016								
City	State Zip Code	Transaction ID : 7967092								
Manhasset	NY 11030	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С	250.00								
Name of Employer	Occupation	Memo Item								
Self Employed Receipt For:	Orthopaedic Surgeon									
Primary General	Aggregate Year-to-Date ▼									
Other (specify)	250.00									
Full Name (Last, First, Middle Initial) C. Gregory Francis Carolan MD		Date of Receipt								
Mailing Address 1806 Meadow Ridge Ct		03 28 _2016 _								
City	State Zip Code	Transaction ID : 7967093								
Bethlehem	PA 18015	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	84.00								
Name of Employer	Occupation	Memo Item								
Self Employed	Orthopaedic Surgeon									
Receipt For:	Aggregate Year-to-Date ▼									
Other (specify) ▼	252.00									
SUBTOTAL of Receipts This Page (optional)		418.00								
TOTAL This Period (last page this line number of										

FOR LINE NUMBER:

PAGE 291 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	nd Statements may not be sold or used by any put the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Akbar Aly Hussaini MD Mailing Address 3604 Balcones Drive City Austin FEC ID number of contributing federal political committee. Name of Employer Seton Medical Center Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78731-5804 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt 03 28 2016 Transaction ID : 7967807 Amount of Each Receipt this Period 500.00 Memo Item
Full Name (Last, First, Middle Initial) B. Richard F McKay MD Mailing Address 3203 S. Ong City Amarillo FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For:	State Zip Code TX 79109 C Occupation Orthopaedic Surgeon	Date of Receipt 03 29 2016 Transaction ID : 7969344 Amount of Each Receipt this Period 500.00 Memo Item
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Francis J Lamberta MD Mailing Address 1926 Clover Drive City Palatine FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General	Aggregate Year-to-Date ▼ 500.00 State Zip Code IL 60067 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt 03 30 2016 Transaction ID : 7970881 Amount of Each Receipt this Period 500.00 Memo Item
Other (specify))) ber only)	1500.00

FOR LINE NUMBER:

PAGE 292 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) Timothy A Garvey MD Mailing Address Twin Cities Spine Center 913 E 26th St Ste 600 City Minneapolis FEC ID number of contributing federal political committee. Name of Employer Twin Cities Spine Center Receipt For: Primary General Other (specify) ▼	State Zip Code MN 55404 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
Full Name (Last, First, Middle Initial) William A Tyndall MD Mailing Address 123 Brittany Ln City Hollidaysburg FEC ID number of contributing federal political committee. Name of Employer University Orthopedic Center Receipt For: Primary General Other (specify) ▼	State Zip Code PA 16648 C C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) Gary W Misamore MD Mailing Address 10430 Hickory Ridge City Zionsville FEC ID number of contributing federal political committee. Name of Employer Methodist Sports Medicine Receipt For: Primary General Other (specify) ▼	State Zip Code IN 46077 C C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt 03 / 2016 Transaction ID : 7970885 Amount of Each Receipt this Period 500.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		2000.00

FOR LINE NUMBER:

PAGE 293 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) $\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Si or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the	e American Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) Charles A Bush-Joseph MD Mailing Address 419 N Lincoln City Hinsdale FEC ID number of contributing federal political committee. Name of Employer Midwest Orthopaedics at Rush Receipt For: Primary General Other (specify) Full Name (Last, First, Middle, Initial)	State Zip Code IL 60521-3444 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Daniel R Orcutt MD Mailing Address 2670 Emerald Dr City Jonesboro FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code GA 30236-5232 C Occupation Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 300.00	Date of Receipt 03 30 2016 Transaction ID : 7970905 Amount of Each Receipt this Period 300.00 Memo Item
Full Name (Last, First, Middle Initial) Harry E Rubash MD Mailing Address Mailing Address Harry E Rubash MD Boston FEC ID number of contributing federal political committee. Name of Employer Massachusetts General Hospital Receipt For: Primary General Other (specify) ▼	State Zip Code MA 02114 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		1550.00
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER:

PAGE 294 OF

		Use separate schedule(s)	(check only o	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b 11c	12	_				
			13	14 15	16	17				
Any information copied from such Reports and or for commercial purposes, other than using th	Statements mane and a	ay not be sold or used by any p address of any political committee	erson for the pu e to solicit contri	irpose of soliciti ibutions from si	ing contribution uch committe	ons e.				
NAME OF COMMITTEE (In Full)										
Political Action Committee of the	he Americ	an Association of Ortho	opaedic Su	rgeonsP/	AC of AA	OS				
Full Name (Last, First, Middle Initial) A. William P Carney MD			Date of F	leceipt						
Mailing Address 260 The By Way			03	/ D D / 30	2016	Y				
City	State	Zip Code		tion ID : 79709						
Ridgewood	NJ	07450	Amount o	f Each Receipt	this Period					
FEC ID number of contributing federal political committee.	С				500.00	0				
Name of Employer	Occupatior	1	— Memo	ltem						
Self Employed	Orthopaedi	c Surgeon								
Receipt For:	Aggregate	Year-to-Date ▼	_							
Primary General										
Other (specify)		500.00								
Full Name (Last, First, Middle Initial)										
B. Joshua M Hickman MD	Date of F	leceipt								
Mailing Address 1551 S Renaissance Towne Ste 400			03 / D D / Y Y Y Y 2016							
City	State	Zip Code		tion ID : 79709	-					
Bountiful	UT	84010	Amount o	f Each Receipt	this Period					
FEC ID number of contributing federal political committee.	С		500.00							
Name of Employer	Occupation	1	- Memo) Item						
Self Employed	Orthopaedi	c Surgeon								
Receipt For:	Aggregate	Year-to-Date V								
Primary General Other (specify) ▼		500.00								
Full Name (Last, First, Middle Initial) C. Bradley J Nelson MD			Date of F	leceipt						
Mailing Address 6820 Valley View Road			03	/ D D / 30	_ 2016	Y				
City	State	Zip Code		ction ID : 79709						
Edina	MN	55439	Amount o	f Each Receipt	this Period					
FEC ID number of contributing federal political committee.	С			250.00						
Name of Employer	Occupation	1	- Memo	ltem						
University of Minnesota	Orthopaedi	c Surgeon								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		250.00	1							
Other (specify)		230.00								
SUBTOTAL of Receipts This Page (optional)					1250.00	0				
TOTAL This Period (last page this line numbe	r only)									

FOR LINE NUMBER:

PAGE 295 OF

350

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17				
	nd Statements may not be sold or used by any p g the name and address of any political committe					
NAME OF COMMITTEE (In Full) Political Action Committee of	f the American Association of Orth	opaedic SurgeonsPAC of AAOS				
Full Name (Last, First, Middle Initial) A. E Jeffrey Donner MD		Date of Receipt				
Mailing Address 1500 Linden Lake Road		M M / D D / Y Y Y Y Y 03 30 2016				
City Fort Collins	StateZip CodeCO80524	Transaction ID : 7970928 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]				
Full Name (Last, First, Middle Initial) B. Stefan Kreuzer MD Mailing Address 431 Pinehaven Dr	Date of Receipt					
City Houston	State Zip Code TX 77024	Transaction ID : 7970930 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	500.00				
Name of Employer Self Employed	Occupation	Memo Item				
Receipt For:	Orthopaedic Surgeon					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	1				
Full Name (Last, First, Middle Initial) C. Thomas M Florack MD		Date of Receipt				
Mailing Address 2083 Lost Dauphin Rd		03 30 2016				
City De Pere	StateZip CodeWI54115-1605	Transaction ID : 7971766 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer	Occupation	Memo Item				
Prevea Clinic	Orthopaedic Surgeon					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]				
SUBTOTAL of Receipts This Page (optional)	1250.00				

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

7

.

FOR LINE NUMBER:

PAGE 296 OF

ITEMIZED RECEIPTS	for	each category of the ailed Summary Page	Check only one) X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not l he name and address	be sold or used by any p of any political committee	erson for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American As	ssociation of Ortho	opaedic SurgeonsPAC of AAOS	
Full Name (Last, First, Middle Initial) S Glen Neale MD Mailing Address 31 Rams Roc Rd			Date of Receipt	
City Elmore		p Code 5661	Transaction ID : 7971768 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer North County Hospital Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surge Aggregate Year-to		Memo Item	
Full Name (Last, First, Middle Initial) Jeffrey R Ginther MD, FACS Mailing Address 13827 Driftwood Dr	Jeffrey R Ginther MD, FACS			
City Carmel		p Code 6033-8511	03 11 2016 Transaction ID : 8020279 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		0.00	
Name of Employer Riverview Hospital	Occupation Orthopaedic Surge	on	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	D-Date ▼ 1000.00	Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$1000.00	
Full Name (Last, First, Middle Initial) C. Eric J Lindberg MD			Date of Receipt	
Mailing Address 4700 E Hale Pkwy Ste 550			03 / D D / Y Y Y Y Y 16 2016	
City Denver		p Code 0220-3900	Transaction ID : 8020280 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		0.00	
Name of Employer	Occupation		Memo Item	
Orthopaedic Associates Receipt For:	Orthopaedic Surge			
Primary General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 0.00	Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$0.00	
SUBTOTAL of Receipts This Page (optional)			250.00	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 297 OF 350 (check only one)							
IT	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$						
	ny information copied from such Reports and St for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full)			ppaedic SurgeonsPAC of AAOS						
Α.	Full Name (Last, First, Middle Initial) Frank M Chang MD			Date of Receipt						
	Mailing Address 13123 E 16th Ave	State	Zip Code	03 16 2016						
	Aurora	CO	80045-7106	Transaction ID : 8020281 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		0.00						
	Name of Employer Children's Hospital	Occupation Orthopaedic		Memo Item						
Bossint For:			Year-to-Date ▼ 0.00	Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00						
в.	Full Name (Last, First, Middle Initial)			Date of Receipt						
	Mailing Address									
	City	State	Zip Code	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С								
	Name of Employer	Occupation		Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V							
с.	Full Name (Last, First, Middle Initial)			Date of Receipt						
	Mailing Address			M = M / D = D / Y = Y = Y = Y						
	City	State	Zip Code	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С								
Name of Employer Occupati		Occupation	l	Memo Item						
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼							
s	UBTOTAL of Receipts This Page (optional)			0.00						
т	OTAL This Period (last page this line number of	only)		450357.83						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

 (check only one)

PAGE 298 OF

			Detailed Summary	Page	11a 13	11b	11c X 15	12 16	17			
	mation copied from such Reports and St mmercial purposes, other than using the				on for the p	ourpose of	f soliciting	contributio	ons			
	OF COMMITTEE (In Full) tical Action Committee of the	e America	an Association (of Orthopa	aedic S	urgeon	sPAC	of AA	OS			
Full N	ame (Last, First, Middle Initial) rican Association of Orthopaedic	Surgeons			Date of	Receipt						
	g Address 9400 W. Higgins				01 / Y Y Y Y 01 21 2016							
City Rose	mont	State IL	Zip Code 60018	-		action ID :						
FEC I federa	D number of contributing I political committee.	C				of Each F	Receipt this	s Period 1629.51				
Name	of Employer	Occupation				io item						
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 16	29.51	Refund o	f bank fee	s from affili	ated orgar	nization			
	ame (Last, First, Middle Initial) prican Association of Orthopaedi	c Surgeon	S		Date of	Receipt						
	g Address 9400 W. Higgins				M M 02	/ D 19		2016				
City		State	Zip Code	-		action ID :						
Rose	nont	IL	60018		Amount	of Each F	Receipt this	s Period				
	D number of contributing I political committee.	С			3287.46							
Name	of Employer	Occupation			Men	no ltem						
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 49	116.97	Refund of	f bank fees	s from affilia	ated orgar	ization			
	ame (Last, First, Middle Initial) erican Association of Orthopae	dic Surae	ons		Date of	Receipt						
	g Address 9400 W. Higgins				03	/ D		2016				
City Rose	mont	State IL	Zip Code 60018	-			: 7966716					
FEC I	D number of contributing I political committee.	С	00018		Amount	of Each F	Receipt this	s Period 3441.03	3			
Name	of Employer	Occupation			Men	no ltem						
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 83	58.00	Refund o	f bank fee	s from affili	iated orgar	nization			
SUBTO	TAL of Receipts This Page (optional)			····· ►		,		8358.00)			
TOTAL	This Period (last page this line number o	only)		•••••• ►		,		8358.00)			

S	CHEDULE B (FEC Form 3X)			F) R I		UMBER:	,		P	AGE 2	299 ()F 350	
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			heck	only	lly one)							
		Detailed	Summary Page			21b 27	22 28a		23 28b	24	,	25 29	26 30b	
	ny information copied from such Reports and Stater for commercial purposes, other than using the nam													
	NAME OF COMMITTEE (In Full)													
	Political Action Committee of the A	merican	Association	of (Ortl	hopa	edic S	Surg	jeor	ารP	4C o	of A/	AOS	
Α.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date of	f Disk	ourse	ment				
	Mailing Address 50 S La Salle St						M M / D D / Y Y Y Y Y 01 06 2016 2016 Transaction ID : 7639576							
	City S Chicago	State IL	Zip Code 60603											
	Purpose of Disbursement Bank fees deducted from account			C	01		Amoun	t of E	Each	Disburs	ement	this F	Period	
	Candidate Name				egory ype	y/						61.5	54	
	Office Sought: House Disburser Senate President	nent For: Primary Other (spe	General cify) ▼		<u>, , , , , , , , , , , , , , , , , , , </u>		Mei Bank fe	mo lte es de		ed from	accour	nt		
	State: District:		., .											
в.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date of	f Dist						
	Mailing Address 50 S La Salle St						01	/	D 1			016	Ŷ	
	Chicago	State IL	Zip Code 60603				Transaction ID : 7800622							
	Purpose of Disbursement Bank fees deducted from account				001		Amount of Each Disbursement this Period 350.28							
	Candidate Name			Cate	egory	y/								
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General				Memo Item Bank fees deducted from account							
	State: District:													
C.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date of	f Dist	ourse	ment				
	Mailing Address 50 S La Salle St						01	/	2			16	Y	
	Chicago	State IL	Zip Code 60603				Trans	actio	on ID	: 78006	23			
	Purpose of Disbursement Bank fees deducted from account			C	01		Amoun	t of F	Fach	Disburs	ement	this F	Period	
	Candidate Name				egory ype	y/			-			787.7		
	Senate President	nent For: Primary Other (spe	General cify) ▼				Mei Bank fe	no lte	em	ed from		nt		
Г	State: District:			_	_		_	_						
s	UBTOTAL of Disbursements This Page (optional)						Ļ				1	1199.5	56	
т	OTAL This Period (last page this line number only))					L.		,		_			

S	CHEDULE B (FEC Form 3X)			F						F	AGE	300 (DF 350		
IT	EMIZED DISBURSEMENTS	Use sepa for each		heck	c only o	nly one)									
			Summary Page		×	21b 27	22 	Н	23 28b	24	c -	25 29	26 30b		
	ny information copied from such Reports and States for commercial purposes, other than using the nar														
	NAME OF COMMITTEE (In Full)														
	Political Action Committee of the A	merican	Association	of (Ort	hopa	edic S	Surç	geor	nsP		of A/	AOS		
Α.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date of Disbursement								
	Mailing Address 50 S La Salle St						M m / D D / Y Y Y Y Y 01 26 2016 2016 1000000000000000000000000000000000000								
	City Chicago	State IL	Zip Code 60603												
	Purpose of Disbursement Bank fees deducted from account			C	001		Amoun	t of I	Each	Disburs	emen	t this	Period		
	Candidate Name				egor ype	y/						373.	10		
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General cify) ▼		<u> </u>		Me Bank fe	mo lt es de		ed from	accou	unt			
_	State: District:		<i>37</i> •												
в.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date o	f Dis	burse	ment					
	Mailing Address 50 S La Salle St						02	/	0			016	Y		
	Chicago	State IL	Zip Code 60603				Transaction ID : 7909272								
	Purpose of Disbursement Bank fees deducted from account			0	001 Amount of E					Each Disbursement this Period					
	Candidate Name			Cate	egor ype	y/	897.69						69		
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General				Bank fe	mo Ite es de	ассоц	unt					
_	State: District:		., .												
C.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date o	_							
	Mailing Address 50 S La Salle St						02	/	0			016	Y		
	City Chicago	State IL	Zip Code 60603				Trans	sactio	on ID	: 79092	299				
	Purpose of Disbursement Bank fees deducted from account			C	001		Amoun	t of I	Fach	Disburs	omon	t thic	Poriod		
	Candidate Name			Cate	egor ype	y/	Amoun			DISDUIS	emen	805.			
	Senate President	ment For: Primary Other (spe	General cify) ▼				Me Bank fe	mo lt es de		ed from	accou	ınt			
	State: District:						_	_		_	_	_	_		
s	UBTOTAL of Disbursements This Page (optional)						Ļ	_	,		_	2075.	85		
т	OTAL This Period (last page this line number only)					L.		,	7					

S	CHEDULE B (FEC Form 3X)			F		INF N	IUMBER			P	AGE 3	301 C)F 350
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		heck	only o	one)					0.5	
		Detailed	Summary Page		×	21b 27	22 28a	$\left - \right $	23 28b	24		25 29	26 30b
	ny information copied from such Reports and States for commercial purposes, other than using the nar												
\square	NAME OF COMMITTEE (In Full)												
	Political Action Committee of the A	merican	Association	of (Ort	hopa	edic S	Sur	geoi	nsP		f AA	NOS
Α.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date o	f Dis	burse	ment			
	Mailing Address 50 S La Salle St						02	/	1		20	16	Y
	Chicago	State IL	Zip Code 60603				Trans	sactio	on ID	: 79093	01		
	Purpose of Disbursement Bank fees deducted from account			C	001		Amoun	t of I	Each	Disburs	ement	this F	Period
	Candidate Name				egor ype	y/	Γ.					389.5	50
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General		700			mo lt es de		ed from	accoun	nt	
	State: District:		<i>37</i> •										
в.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date o	f Dis	burse	ment			
	Mailing Address 50 S La Salle St						02	/	0	D / 9		16	Y
	Chicago	State IL	Zip Code 60603				Trans	sacti	on ID	: 79093	02		
	Purpose of Disbursement Bank fees deducted from account				001		Amoun	t of I	Each	Disburs	ement	this F	Period
	Candidate Name			Cate	egor ype	y/			,			357.5	59
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General					mo It ees d		ed from	accoun	nt	
_	State: District:		, , , , , , , , , , , , , , , , , , ,										
C.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date o	f Dis	burse	ment			
	Mailing Address 50 S La Salle St						02	/	0	2	20 [°]	16	Y
	Chicago	State IL	Zip Code 60603				Trans	sacti	on ID	: 79093	03		
	Purpose of Disbursement Bank fees deducted from account			C	01		Amoun	t of I	Each	Disburs	ement	this F	Period
	Candidate Name				egor ype	y/						464.5	52
	Senate President	ment For: Primary Other (spec	General cify) ▼					mo lt es de		ed from	accoun	nt	
	State: District:							_				_	
s	SUBTOTAL of Disbursements This Page (optional)								,	7	1	211.6	51
т	OTAL This Period (last page this line number only)							,		_		

S	CHEDULE B (FEC Form 3X)			F			IUMBER	٩.			PAGE	E 302	OF 350
	EMIZED DISBURSEMENTS		arate schedule(s) category of the		heck	only	one)	··	1.00	L			
		Detailed	Summary Page		×	21b 27	22 28a		23 28b	2	4 3c	25	26 30b
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam												
	NAME OF COMMITTEE (In Full)												
	Political Action Committee of the A	merican	Association	of	Ort	hopa	edic	Sur	geo	nsF	PAC	of A	AOS
Α.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date	of Di	sburse	ement			
	Mailing Address 50 S La Salle St						02		2	6	Y	2016	Ŷ
	Chicago	State IL	Zip Code 60603				Trar	sact	ion ID	: 7919	030		
	Purpose of Disbursement Bank fees deducted from account			C	001		Amou	nt of	Each	Disbur	seme	ent this	Period
	Candidate Name				egor ype	y/						262	.36
		nent For: Primary Other (spec	General		<u>, , , , , , , , , , , , , , , , , , , </u>			emo l ees c		ed fron	n acco	ount	
	State: District:		, ,										
в.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date	of Di	sburse	ement			
	Mailing Address 50 S La Salle St						M 02			29	Y	2016	Ŷ
	Chicago	State IL	Zip Code 60603				Trar	nsact	ion ID) : 7919	031		
	Purpose of Disbursement Bank fees deducted from account			(001		Amou	nt of	Each	Disbur	seme	ent this	Period
	Candidate Name			Cat	egor ype	y/			,		,	242	.19
		nent For: Primary Other (spec	General					emo l fees d		ted fror	n acco	ount	
_	State: District:												
C.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date	of Di	sburse	ement			
	Mailing Address 50 S La Salle St						03			D /	Y	2016	Y
	Chicago	State IL	Zip Code 60603				Trar	nsact	ion ID	: 7946	870		
	Purpose of Disbursement Bank fees deducted from account			C	01		Amou	nt of	Each	Disbur	seme	ent this	Period
	Candidate Name				egor ype	y/	—				-	734	.04
	President	nent For: Primary Other (spec	General cify) ▼		<u> </u>			emo l ees c		ed fron) acco	ount	
	State: District:						_						
s	UBTOTAL of Disbursements This Page (optional)							-	,			1238	.59
т	OTAL This Period (last page this line number only)								,		,		

S	CHEDULE B (FEC Form 3X)			F	OR	LINE	NU	MRFR				PA	GE 303	3 OF 350
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		hec	k only	-	e)		1				
			Summary Page		×	21b 27		22 28a	-	23 28b	\vdash	24 28c	25	
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam													
\square	NAME OF COMMITTEE (In Full)				_				_				_	
	Political Action Committee of the A	merican	Association	n of (Ort	hop	ae	dic S	Sur	geo	ns	sPA	C of	AAOS
Α.	Full Name (Last, First, Middle Initial) Northern Trust Company						[Date o	of Dis	sburse	eme	ent		
	Mailing Address 50 S La Salle St							03	/	D	D)4	/ Y	2016	
	City S Chicago	State IL	Zip Code 60603					Trans	sacti	ion ID):7	794687 1		
	Purpose of Disbursement Bank fees deducted from account			(001		A	Amour	it of	Each	Dis	sburser	nent thi	is Period
	Candidate Name				egor ype	ry/			Ţ				86	63.05
	Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General		<u> </u>		B		emo l ees d		ted	from ac	count	
	State: District:													
в.	Full Name (Last, First, Middle Initial) Northern Trust Company						[Date o	of Dis	sburse	eme	ent		
	Mailing Address 50 S La Salle St							м м 03	/		D3	/ Y	2016	
	City S Chicago	State IL	Zip Code 60603					Tran	sact	ion ID) : 7	7946872	2	
	Purpose of Disbursement Bank fees deducted from account				001		4	Amour	it of	Fach	Dis	sburser	nent thi	is Period
	Candidate Name			Cat	egor ype	ry/							6	65.63
	Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General				E		mo li ees c		ted	from ac	count	
_	State: District:		, ,											
C.	Full Name (Last, First, Middle Initial) Northern Trust Company						[Date o	of Dis	sburse	eme	ent		
	Mailing Address 50 S La Salle St							м м 03	/)2	/ Y	2016	
	City S Chicago	State IL	Zip Code 60603					Tran	sact	ion ID):7	7946877	7	
	Purpose of Disbursement Bank fees deducted from account				001									
	Candidate Name			Cat	egor ype	ry/	A	Amoun	it of	Each	Dis	sburser		is Period 69.83
	Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General cify) ▼		<u> </u>		B		mo l ees d		ted	from ac	count	
	State: District:							_	_	_	_	_		
s	UBTOTAL of Disbursements This Page (optional)							-	-	7		- 7	109	98.51
т	OTAL This Period (last page this line number only)									,		7		

	CHEDULE B (FEC Form 3X)		arate schedule(s)		-	LINE N	-		:			PA	GE 3	04 C)F 350
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(c		k only 21b 27	one	e) 22 28a		23 28b	F	24 28c		25 29	26 30b
	ny information copied from such Reports and State for commercial purposes, other than using the na					/ perso		or the		pose (solicitin	ng con	tribut	ions
	NAME OF COMMITTEE (In Full) Political Action Committee of the A	American	Association	of (Ort	hopa	aed	dic S	Sur	geoi	n	sPA	C of	f A/	NOS
Ľ	Full Name (Last, First, Middle Initial)														
Α.	Northern Trust Company							ate of	f Dis	sburse			Y Y	Y	Y
	Mailing Address 50 S La Salle St						1	03		0	3		201	16	
	City Chicago	State IL	Zip Code 60603					Trans	acti	ion ID	:	794687	8		
	Purpose of Disbursement Bank fees deducted from account			C	001		A	moun	t of	Each	D	isburse	ment t	this F	Period
	Candidate Name			Cate	egoi ype		[, .		. ,		143.0)1
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼				B		mo l' es d		ed	d from a	ccount	t	
	State: District: Full Name (Last, First, Middle Initial)								f Die	sburse		vont			
ь.	Northern Trust Company							M M		D	D		(Y		Y
	Mailing Address 50 S La Salle St							03		0)4		201	16	
	City Chicago	State IL	Zip Code 60603					Trans	sacti	ion ID):	794687	'9		
	Purpose of Disbursement Bank fees deducted from account			C	001		A	moun	t of	Each	D	isburse	ment t	this F	Period
	Candidate Name			Cate T	egoi ype					,				75.6	63
	Office Sought: House Disburse Senate President Image: Senate	ement For: Primary Other (spec	General cify) ▼				B		no li es c		tec	d from a	ccouni	t	
	State: District:														
C.	Northern Trust Company							ate of	_	sburse			(Y	Y	Y
	Mailing Address 50 S La Salle St						ŀ	03			9		201		
	City Chicago	State IL	Zip Code 60603					Trans	sacti	ion ID	:	794688	0		
	Purpose of Disbursement Bank fees deducted from account Candidate Name			Cate)01 equi	rv/	A	moun	t of	Each	D	isburse	ment t	this F	Period
	Office Sought: House Disburse	ement For:		T	ype	.,,	ļ	1		,		- 7	4	480.3	80
	Senate President	Primary Other (spe	General cify) ▼				B		mo li es d		ed	d from a	ccount	t	
Г	State: District:						-	-						_	_
5	SUBTOTAL of Disbursements This Page (optional)						ļ	-	-	7				698.9	94
ד	OTAL This Period (last page this line number onl	y)								7					

S	CHEDULE B (FEC Form 3X)			F		INF N	UMBER				PAGE	305	OF 350
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		heck	only	one)	···					
			Summary Page			21b 27	22 28a		23 28b	24		25 	26 30b
	ny information copied from such Reports and Stater for commercial purposes, other than using the nan												
\setminus	NAME OF COMMITTEE (In Full)												
	Political Action Committee of the A	merican	Association	of (Orth	nopa	edic	Sur	geo	nsP	AC	of A	AOS
Α.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date o	of Dis	sburse	ement			
	Mailing Address 50 S La Salle St						M 03	/	2	D / 3		2016	Y
	City S Chicago	State IL	Zip Code 60603				Tran	sacti	on ID	: 7964	396		
	Purpose of Disbursement Bank fees deducted from account			C	001		Amour	nt of	Each	Disbur	seme	nt this	Period
	Candidate Name				egory ype	<i>y1</i>						221	.09
	Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General) 0			emo li ees d		ed from	acco	ount	
_	State: District:		<i>,,</i> ,										
в.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date o	of Dis					
	Mailing Address 50 S La Salle St						м м 03	/		D /		2016	Ŷ
	Chicago	State IL	Zip Code 60603				Tran	sacti	ion ID	: 7964	397		
	Purpose of Disbursement Bank fees deducted from account				001		Amour	nt of	Each	Disbur	seme	nt this	Period
	Candidate Name				egory ype	<i>\</i> /			,			55	.00
	Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General					emo It ees d		ed from	acco	ount	
_	State: District:												
C.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date o	of Dis	sburse	ement			
	Mailing Address 50 S La Salle St						03	/	2	D / 1		2016	Y
	Chicago	State IL	Zip Code 60603				Tran	sacti	ion ID	: 7964	398		
	Purpose of Disbursement Bank fees deducted from account			C	01		Amour	nt of	Fach	Disbur	seme	nt this	Period
	Candidate Name				egory ype	<i>y</i> /	, anour				_		.75
	Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General cify) ▼		<u>, , , , , , , , , , , , , , , , , , , </u>			emo li ees d	tem	ed from		ount	
	State: District:							_			_		
s	UBTOTAL of Disbursements This Page (optional)							_	,			289	.84
т	OTAL This Period (last page this line number only)								7				

S	CHEDULE B (FEC Form 3X)			F	OR		UMBE	R:			PAGI	E 306	OF 350
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		hecl	k only	one)		1.65	L			
		Detailed \$	Summary Page			21b 27	22 28a	a	23 28b	2	4 8c	25 29	26 30b
	ny information copied from such Reports and Staterr for commercial purposes, other than using the nam												
\setminus	NAME OF COMMITTEE (In Full)												
	Political Action Committee of the A	merican	Association	of (Ort	hopa	aedic	Sur	geo	nsF	PAC	c of A	AOS
Α.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date	of Di	sburse	ement			
	Mailing Address 50 S La Salle St						03		D 1	D /	Y	2016	Y
	City S Chicago	State IL	Zip Code 60603				Tra	nsact	ion ID	: 7964	399		
	Purpose of Disbursement Bank fees deducted from account			(001		Amou	unt of	Each	Disbur	seme	ent this	Period
	Candidate Name				egor ype	ry/						135	.78
		nent For: Primary Other (spec	General		<u>, , , , , , , , , , , , , , , , , , , </u>			lemo fees o		ed fron	n acc	ount	
	State: District:												
в.	Full Name (Last, First, Middle Initial) Northern Trust Company						Date	of Di	sburse	ement			
	Mailing Address 50 S La Salle St						0			D / 0	Y	2016	Y
	City S Chicago	State IL	Zip Code 60603				Tra	nsact	ion ID) : 7964	400		
	Purpose of Disbursement Bank fees refunded			(001		Amou	unt of	Each	Disbur	seme	ent this	Period
	Candidate Name			Cat	egor ype	·y/			,		,	-20	.63
		nent For: Primary Other (spec	General					lemo I fees	tem refund	ed			
_	State: District:												
C.	Full Name (Last, First, Middle Initial) Northern Trust Company								sburse				
	Mailing Address 50 S La Salle St						03			9	Y	2016	Y
	Chicago	State IL	Zip Code 60603				Tra	nsact	ion ID	: 7967	808		
	Purpose of Disbursement Bank fees deducted from account				001		٨٠		Teeb	Diebuu		ant thia	Devied
	Candidate Name			Cat	egor ype	ry/	Amot					ent this 108	
	President	nent For: Primary Other (spec	General cify) ▼		<u>, , , , , , , , , , , , , , , , , , , </u>			lemo fees d	ltem	ed fron		ount	
	State: District:						_	_	_		_		
s	UBTOTAL of Disbursements This Page (optional)						Ľ	_	,		,	223	.56
т	OTAL This Period (last page this line number only).								7		7		

S	CHEDULE B (FEC Form 3X)		F			IUMBER:			PA	GE 307	7 OF 350
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		heck	k only	one)		г			
		Detailed Summary Page			21b 27	22 28a	23 28b)	24 28c	25	
	ny information copied from such Reports and Staten for commercial purposes, other than using the name										
\backslash	NAME OF COMMITTEE (In Full)			`	.				- 54	0 - 4	
	Political Action Committee of the A	merican Association		Jrt	nopa	ieaic S	urgeo	on	SPA		AAUS
_	Full Name (Last, First, Middle Initial)					Data of	Diehum				
А.	Northern Trust Company					Date of		sen		Y	
	Mailing Address 50 S La Salle St					03		24		2016	
	City S Chicago	State Zip Code IL 60603				Trans	action I	D:	7979303	3	
	Purpose of Disbursement	1L 00003	_	-	_						
	Bank fee deducted from account		C	01		Amount	of Eac	h [Disburser	nent thi	s Period
	Candidate Name		Cate	egor ype	y/			1		3	80.00
	Office Sought: House Disburser	ment For:		урс		Mer	no Item	1	7	_	
	Senate	Primary General				Bank fee	e deduc	ted	from acc	count	
	State: District:	Other (specify)									
_	Full Name (Last, First, Middle Initial)										
В.						Date of	Disbur	sen	nent		
	Mailing Address					M M	/ D	- 6	о / Y	YY	Y
										_	
	City	State Zip Code									
	Purpose of Disbursement			-			. –				
	Candidate Name					Amount	of Eac	ηL	Disburser	nent thi	s Period
			Cate T	egor ype	y/						
	Office Sought: House Disbursen					Men	no Item				
		Primary General Other (specify) ▼									
	State: District:										
C.	Full Name (Last, First, Middle Initial)					Date of	Disbur	sen	nent		
						M M		[YY	Y Y
	Mailing Address										
	City	State Zip Code									
	Purpose of Disbursement		-								
	Candidate Name		Cate	egor ype	y/	Amount	of Eac	h [Disburser	nent thi	s Period
	Office Sought: House Disburser					Mer	no ltem		7		
	President	Primary General Other (specify)									
	State: District:	- \-r J/ ¥									
								1			30.00
s	SUBTOTAL of Disbursements This Page (optional)				•			÷			,0.00
т	TOTAL This Period (last page this line number only))							7	806	6.46

S	CHEDULE B (FEC Form 3X)			F	OR I	LINE N	UMBER	:		PA	GE 308	OF 350
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		heck	c only o	one)		00			
			Summary Page			21b 27	22 	×	23 28b	24 28c	25	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan											
\square	NAME OF COMMITTEE (In Full)				_							
	Political Action Committee of the A	merican	Associatior	n of (Ortl	hopa	edic S	Surg	geor	ารPA	C of A	AOS
Α.	Full Name (Last, First, Middle Initial) National Republican Congressiona	l Comm	I.				Date o	_				
	Mailing Address 320 First Street, SE						01	/	27		2016	Ŷ
	City Standard Stand Standard Standard Stand	State DC	Zip Code 20003				Trans	sactio	on ID	: 782867	0	
	Purpose of Disbursement 2016 Dues				011		Amoun	t of I	Fach	Dichurco	ment this	Pariod
	Candidate Name						Amoun	UII	_acm	DISDUISE		Fenou
	National Republican Congressiona	I Comm			egory ype	y/	L.		,		15000	.00
	Office Sought: House Disburser Senate President		General				Me 2016 D	mo lt ues	em			
	State: District:											
B.	Full Name (Last, First, Middle Initial) National Republican Senatorial Co	mmittee)				Date o	_	burse		/ • Y • Y	Y
	Mailing Address 425 Second Street NE						01		2	7	2016	
	Washington	State DC	Zip Code 20002				Trans	sactio	on ID	: 782867	1	
	Purpose of Disbursement 2016 Dues			(011		Amoun	t of E	Each	Disburse	ment this	Period
	Candidate Name				egory	y/					15000	.00
	National Republican Senatorial Co Office Sought: House Disburser			Т	уре				,			
	Senate President	Primary Other (spe	General cify) ▼				2016 D	mo lte ues	em			
	State: District:											
C.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign (Committe	ee				Date o	_				
	Mailing Address 120 Maryland Avenue, NE						01	/	27		2016	Y
	City Standard Stand Standard Standard Stand	State DC	Zip Code 20002				Trans	sactio	on ID	: 782870	0	
	Purpose of Disbursement 2016 Dues			(011		Amoun	t of I	Fach	Disburso	ment this	Poriod
	Candidate Name			Cat	egor	v/	Amoun			DISDUISC		
	Democratic Senatorial Campaign		ee		ype	J .	L.		,		15000	.00
	Office Sought: House Disburser Senate President District:	nent For: Primary Other (spe	General cify) ▼				2016 D	mo lte ues	em			
	2.0						_	-	_			_
s	UBTOTAL of Disbursements This Page (optional)						<u> </u>	-	,	7	45000	.00
т	OTAL This Period (last page this line number only)						L.		,	7		

SC	CHEDULE B (FEC Form 3X)			F)R		NU	MBER			F	AGE	309 (DF 350
IT	EMIZED DISBURSEMENTS		barate schedule(s) a category of the			k onl	y or	ie)						
_			Summary Page			21b 27		22 28a	×	23 28b	24		25 29	26 30b
	y information copied from such Reports and Staten for commercial purposes, other than using the name													
\setminus	NAME OF COMMITTEE (In Full)													
	Political Action Committee of the A	merica	n Association	of (Drt	thop	bae	dic S	Sur	geo	nsP	AC	of A	AOS
Α.	Full Name (Last, First, Middle Initial) Democratic Congressional Campai	ign Cor	nmitee					Date o	f Dis	sburse	ement			
	Mailing Address 430 S Capitol St SE							м м 01	/	D 2	D / 7		2016	Y
	2nd Floor City S Washington	State DC	Zip Code 20003					Trans	sacti	on ID	: 78287	01		
	Purpose of Disbursement 2016 Dues	DC	20003)11		-	Amoun	t of	Each	Disburs	omo	nt thic	Pariad
	Candidate Name			<u> </u>				Amoun		Each	DISDUIS	eme		renou
	Democratic Congressional Campai	gn Con	nmitee	Cate T	ego ype			L.		7		_	15000.	00
	Office Sought: House Disburser Senate President		General					Me 2016 D	mo li ues	tem				
	State: District:													
В.	Full Name (Last, First, Middle Initial) Daniel Webster for Congress							Date o			_			
	Mailing Address 3400 Old Winter Garden Road							м м 02	/	D	03		2016	Y
	Orlando	State FL	Zip Code 32805					Trans	sacti	ion ID	: 78826	99		
	Purpose of Disbursement			C)11] .	Amoun	t of	Each	Disburs	emei	nt this	Period
	Candidate Name Daniel Webster			Cate									2500.	00
		nent For:	2016	L.	ype			Me	mo lt	, em	7			
	Senate X	Primary Other (spe	General							.cm				
	State: FL District: 08													
C.	Full Name (Last, First, Middle Initial)							Date o		sburse		Y	YY	V
	Mailing Address 175 S West Temple Suite 650							02	ĺ		3		2016	
	,	State UT	Zip Code 84101					Trans	sacti	ion ID	: 78827	00		
	Purpose of Disbursement Hatch's LPAC			0)11]	Amoun	t of	Each	Disburs	emei	nt this	Period
	Candidate Name ORRINPAC			Cate	ego ype			- T					2500.	00
	Office Sought: House Disburser Senate President	nent For: Primary Other (spe	General ecify) ▼		ype			Me Hatch's	mo li LPA					
	State: District:								_					
s	UBTOTAL of Disbursements This Page (optional)					•				,	7		20000.	00
Т	OTAL This Period (last page this line number only)					•				,				

	CHEDULE B (FEC Form 3X)		arato cohodula(-)		-		IUMBER	:		PA	GE	310 (DF 350
IT	EMIZED DISBURSEMENTS	for each	parate schedule(s) n category of the	(c	hec	k only 21b	one)	X	23	24		25	26
		Detailed	Summary Page		-	210	22 28a		23 28b	24 28c		29	30b
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may	not be sold or us	ed by al con	any nmit	/ persoi ttee to	n for the solicit co	purp ntrib	oose o utions	of solicitiis from su	ng co ch co	ntribu mmitt	tions ee.
$\left[\right]$	NAME OF COMMITTEE (In Full)												
	Political Action Committee of the A	merica	n Associatior	n of (Ort	thopa	aedic S	Sur	geo	nsPA	\C c	of A/	AOS
Α.	Full Name (Last, First, Middle Initial) Renee Ellmers for Congress Comr	nittee					Date o	of Dis	sburse	ement			
	Mailing Address P.O. Box 97275						02	/		2		016	Y
	City S Raleigh	State NC	Zip Code 27624				Trans	sacti	on ID	: 790391	3		
	Purpose of Disbursement			C)11		Amoun	it of	Each	Disburse	ement	this I	Period
	Candidate Name			Cate								2500.0	00
	Renee Ellmers			T	ype				7				
	Senate President	nent For: Primary Other (sp	K General				Me	mo li	tem				
	State: NC District: 02												
в.	Full Name (Last, First, Middle Initial) Tiberi for Congress						Date o	_					
	Mailing Address 2931 E Dublin Granville Road Suite 190						02	/		2		016	Y
	Columbus	State OH	Zip Code 43231				Tran	sacti	ion ID	: 790391	15		
	Purpose of Disbursement Candidate Name			C	011		Amoun	it of	Each	Disburse	ement	this I	Period
	Patrick Tiberi			Cate	egoi ype						-	5000.0	00
	Office Sought: House Disburser Senate President	ment For: Primary Other (sp	X General		ype		Me	mo lt	tem				
	State: OH District: 12 Full Name (Last, First, Middle Initial)												
C.	Friends of Joe Heck						Date o	_		ement	VVV	Y	Y
	Mailing Address P.O. Box 750114						02	ĺ		2		016	
	Las Vegas	State NV	Zip Code 89136				Tran	sacti	ion ID	: 790391	17		
	Purpose of Disbursement Candidate Name			0)11		Amour	it of	Each	Disburse	ement	this I	Period
	Joe Heck			Cate	egoi ype							1500.0	00
	Office Sought: House Disburser Senate President	nent For: Primary Other (sp	K General		<u>, , , , , , , , , , , , , , , , , , , </u>		Me	mo li	tem	7			
	State: NV District: 03						_	_	_		_	_	
s	UBTOTAL of Disbursements This Page (optional)						L	_			-	9000.(00
т	OTAL This Period (last page this line number only))					L.		7	7			

S	CHEDULE B (FEC Form 3X)		oroto cohodula ()		-		UMBER	:		PA	AGE (311 (DF 350
IT	EMIZED DISBURSEMENTS		erate schedule(s) category of the	(c	hecl	k only			00			0F	
			Summary Page		\mid	21b 27	22 28a	×	23 28b	24 28c		25 29	26 30b
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	nents may	not be sold or us dress of any politic	ed by	any nmit	person tee to	n for the solicit co	purp ntrib	oose o utions	of solicitiis from su	ng cor ch co	ntribut mmitt	ions ee.
$\left[\right]$	NAME OF COMMITTEE (In Full)												
	Political Action Committee of the A	mericar	n Associatior	n of (Ort	hopa	edic S	Sur	geoi	nsPA	AC o	of AA	AOS
Δ.	Full Name (Last, First, Middle Initial) Gene Green Congressional Campa	aian					Date o	f Dis	burse	ment			
	Gene Green Congressional Campa	aigii					M M	_		D /	Y Y	Y	Y
	Mailing Address P.O. Box 16128						02		1			016	
	5	State	Zip Code				Trans	sacti	on ID	: 790391	9		
	Houston	ТХ	77222				mane			. 10000			
	Purpose of Disbursement			C	011		Amoun	t of	Each	Disburse	ement	this F	Period
	Candidate Name			Cate	eaor	v/						1000 (
	Gene Green				ype	<i>y</i> .			7		2	4000.0	0
	Office Sought: X House Disburser Senate President	ment For: Primary Other (spe	X General				Me	mo lt	tem				
	State: TX District: 29												
D	Full Name (Last, First, Middle Initial)						Data a	f Die	huron	mont			
D.	Full House PAC						Date o	_					
	Mailing Address P.O. Box 530520						02	/		2		016	Y
	Henderson	State NV	Zip Code 89053				Trans	sacti	on ID	: 790392	20		
	Purpose of Disbursement Rep Joe Heck's LPAC			(011		Amoun	t of	Each	Disburse	ement	this F	Period
	Candidate Name			Cate	eqor	v/						1000 (
	Full House PAC				ype			-	7			1000.0	0
	Office Sought: House Disburser Senate President District:	ment For: Primary Other (spe	General ecify) ▼				Rep Jo	mo It e He		PAC			
_	Full Name (Last, First, Middle Initial)												
C.	Volunteers for Shimkus						Date o	_		ement	VV	Y	Y
	Mailing Address P.O. Box 661						02	ĺ	1)16	
	City	State	Zip Code				Trans	sacti	on ID	: 790392	21		
	Collinsville	IL	62234				i and	Juon	01112		••		
	Purpose of Disbursement)11								
	Candidate Name			1.00	-	_	Amoun	t of	Each	Disburse	ement	this H	Period
	John Shimkus			Cate T	egor ype	y/		_			2	2000.0	00
	Senate President	ment For: Primary Other (spe	X General				Me	mo lt	em				
	State: IL District: 20												
s	UBTOTAL of Disbursements This Page (optional)								,		7	7000.0	00
т	OTAL This Period (last page this line number only))				►			,	7			

S	CHEDULE B (FEC Form 3X)			F	DR I	LINE N	UMBER:	:		F	PAGE	312 ()F 350
IT	EMIZED DISBURSEMENTS		category of the			k only o	one)		00				
			Summary Page		\mid	21b 27	22 	•••	23 28b	24		25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the name												
\square	NAME OF COMMITTEE (In Full)												
	Political Action Committee of the A Full Name (Last, First, Middle Initial)	merica	n Associatior	n of (Ort	hopa	edic S	Surç	geor	ารP	AC	of A/	AOS
Α.	Lynn Jenkins for Congress						Date o	f Dis	burse	ment			
	Mailing Address P.O. Box 1441						02	/	1:			2016	Y
	City Topeka	State KS	Zip Code 66601				Trans	sactio	on ID	: 7903	922		
	Purpose of Disbursement			0)11		Amoun	t of E	Each	Disburs	semer	nt this F	Period
	Candidate Name			Cate		·y/						2500.0	00
	Lynn Jenkins Office Sought: Y House Disburser	ment For:	2016	Ţ	ype				7				
	Senate President	Primary Other (spe	X General				Me	mo lt	em				
	State: KS District: 02												
В.	Full Name (Last, First, Middle Initial) Friends of Jeb Hensarling						Date o	f Dis	burse	ment			
	Mailing Address P.O. Box 820504						02	/	D 1			2016	Y
	City Dallas	State TX	Zip Code 75382				Trans	sactio	on ID	: 7911	527		
	Purpose of Disbursement			C)11		Amoun	t of E	Each	Disburs	semer	nt this F	Period
	Candidate Name			Cate		·y/					-	2500.0	00
	Jeb Hensarling Office Sought: Y House Disburser	ment For:	2016	Ţ	ype		Mo	molt	,			2000.0	
		Primary Other (spe	General				Me	mo lte	em				
	State: TX District: 05		.										
C.	Full Name (Last, First, Middle Initial) Martha Roby for Congress						Date o	f Dis	burse	ment			
	Mailing Address P.O. Box 195						м м 02	/	D 19			2016	Y
	City Montgomery	State AL	Zip Code 36101				Trans	sactio	on ID	: 7911	528		
	Purpose of Disbursement				-								
	Candidate Name			Cate		·y/	Amoun	t of E	Each	Disbur	semer	nt this F 1000.0	
	Martha Roby Office Sought: Y House Disburser	ment For:	2016	T	ype				,			1000.0	
	Senate President	Primary Other (spe	K General				Me	mo lt	em				
	State: AL District: 02						_						
s	UBTOTAL of Disbursements This Page (optional)								,			6000.0	00
т	OTAL This Period (last page this line number only))						_	,		-		

S	CHEDULE B (FEC Form 3X)	11		FC	DR L	INE N	UMBER:			F	PAGE	313 (DF 350
IT	EMIZED DISBURSEMENTS		barate schedule(s) a category of the	(cl		only c			00		,		
			Summary Page			21b 27	22 	×	23 28b	24		25	26 30b
	y information copied from such Reports and Staten for commercial purposes, other than using the nam				any	person	for the		ose d	of solicit	ting c	ontribut	ions
	NAME OF COMMITTEE (In Full)		_	-	_								
	Political Action Committee of the A Full Name (Last, First, Middle Initial)	merica	n Association	of C	Drth	nopa	edic S	Surg	geoi	nsP	AC	of A/	AOS
Α.	Castor for Congress						Date of	f Dis		ement		Y Y	Y
	Mailing Address 301 W Platt Street, #385						02		1			2016	T
	City S	State	Zip Code				Trans	actio	on ID	: 79115	529		
	Tampa	FL	33606				mans	activ		. / 5/10	25		
	Purpose of Disbursement			0	11		Amount	t of I	Each	Disburs	semen	nt this I	Period
	Candidate Name			Cate		//						1000.0	00
	Kathy Castor Office Sought: V House Disbursen	nent For:	2016	IJ	ype				7				
	Senate X President	Primary Other (spe	General				Mer	mo lt	em				
	State: FL District: 11												
В.	Full Name (Last, First, Middle Initial) Buck for Colorado						Date of	f Dis	burse	ment			
	Mailing Address D.O. Deve 000040						M M	/		D /		Y Y Y	Y
	Mailing Address P.O. Box 338018						02			9		2016	
	Greeley	State CO	Zip Code 80633				Trans	acti	on ID	: 7911	530		
	Purpose of Disbursement			0)11	11	Amount	t of I	Fach	Disburg	aman	nt this I	Pariod
	Candidate Name			la de la companya de		<u> </u>	Amoun		Lach	Disbuis	Senter	11 1113 1	enou
	Kenneth Buck			Cate T	egory /pe	//			,			1000.	00
	Office Sought: House Disbursen Senate X	nent For: Primary	General		/		Mer	no lte	em	,			
	State: CO District: 04	Other (spe	ecify) 🔻										
C.	Full Name (Last, First, Middle Initial) Pompeo for Congress Inc						Date of	f Dis	burse	ment			
							M M	/	D	D /	Y	Y Y	Y
	Mailing Address P.O. Box 780146						02		1	9	2	2016	
	City S Wichita	State KS	Zip Code 67278				Trans	acti	on ID	: 7911	531		
	Purpose of Disbursement				-								
				0	11		Amount	t of I	Each	Disburs	semen	nt this I	Period
	Candidate Name			Cate		//						2000.0	0
	Michael Pompeo Office Sought: V House Disbursen	nent For:	2016	IJ	ype		<u></u>	-	,		_	2000	
	Senate President	Primary Other (spe	General				Mer	no lt	em				
_	State: KS District: 04												
s	UBTOTAL of Disbursements This Page (optional)					►			,	,		4000.0	00
Т	OTAL This Period (last page this line number only)								,				

S	CHEDULE B (FEC Form 3X)			F)B		NU	MBER				PAG	E 314	OF 350
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the			k only		ie)		_	L			
			Summary Page			21b 27		22 28a	×	23 28b		4 8c	25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nam													
\backslash	NAME OF COMMITTEE (In Full)		_		_	_						_		
	Political Action Committee of the A	mericar	Association	of (Drt	hop	ae	dic S	Sur	geo	nsl	PAC	of A	AOS
^	Full Name (Last, First, Middle Initial)							Date o	f Die	burec	mont			
	The Congressman Joe Barton Con	nmittee							_	D		V	Y Y	V
	Mailing Address P.O. Box 1444							02	Í		9	Ľ	2016	
	City	State	Zip Code					Trans	acti	on ID	: 791	533		
	Ennis	ТХ	75120					mana	acti		. 751	000		
	Purpose of Disbursement			0	11			Amoun	t of	Each	Disbu	rseme	ent this	Period
	Candidate Name			Cate		ry/							3500	0.00
	Joe Barton			Ty	ype				-	7		7		
	Senate X President	nent For: Primary Other (spe	General					Me	mo lt	em:				
	State: TX District: 06													
В.	Full Name (Last, First, Middle Initial)							Date o	f Dis	burse	ement			
	Mailing Addross 2400 Dursell Deed							02	/		D / 9	Y	2016	Y
	Mailing Address 3106 Russell Road							02			9		2010	
	Alexandria	State VA	Zip Code 22305					Trans	sacti	on ID	: 791	1536		
	Purpose of Disbursement Annual Contribution			C)11			Amoun	t of	Each	Disbu	rseme	ent this	Period
	Candidate Name			Cate	egor	ry/							5000	00
	VIEW PAC			Ty	/pe			<u> </u>	-	7		7	5000	
	Office Sought: House Disburser		Conorol						mo lt					
	President	Primary Other (spe	General				/	Annual	Con	tributi	on			
	State: District:	Other (ope	(only)											
_	Full Name (Last, First, Middle Initial)													
C.	Thornberry for Congress Committe	e						Date o	f Dis					
	Mailing Address P.O. Box 9392							02	/	D 1	D / 9	Y	2016	Y
	City	State	Zip Code					-						
	Amarillo	ТХ	79105					Trans	sacti	on ID): 79 1	1537		
	Purpose of Disbursement													
	Candidate Name			0	11	_		Amoun	t of	Each	Disbu	rseme	ent this	Period
	Mac Thornberry			Cate		ry/							1250	0.00
		nent For:	2016		ype					7		7		
	Senate President	Primary Other (spe	X General					Me	mo lt	em				
	State: TX District: 13		s, 4											
Γ								-	-	-	-	-	_	_
s	UBTOTAL of Disbursements This Page (optional)								-	7	_	7	9750	0.00
т	OTAL This Period (last page this line number only)									,		7		

	CHEDULE B (FEC Form 3X)		parato cohodula(c)				IUMBER	:		P	AGE	315 (DF 350
IT	EMIZED DISBURSEMENTS	for each	parate schedule(s) n category of the	(c	hec	k only 21b	one) 22	X	23	24		25	26
		Detailed	d Summary Page		-	27	28a		28b	280	;	29	30b
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nan	nents may ne and ad	not be sold or use dress of any politic	ed by al con	any nmit	y perso ttee to	n for the solicit co	pur ntrib	pose o outions	of soliciti s from su	ng c ich c	ontribu committ	tions ee.
$\left[\right]$	NAME OF COMMITTEE (In Full)												
	Political Action Committee of the A	merica	n Association	of (Drt	thopa	edic S	Sur	geo	nsP/	4C	of A/	AOS
Α.	Full Name (Last, First, Middle Initial) Thornberry for Congress Committe	e					Date c	of Dis	sburse	ement			
	Mailing Address P.O. Box 9392						02	/		D / 9		2016	Y
	City S Amarillo	State TX	Zip Code 79105				Tran	sacti	ion ID	: 79115	38		
	Purpose of Disbursement			0	11		Amour	nt of	Each	Disburse	emer	nt this I	Period
	Candidate Name			Cate	eaol	rv/						2000	20
	Mac Thornberry				ype				7		_	3000.	00
	Senate X President	nent For: Primary Other (sp	General				Me	emo l	tem				
	State: TX District: 13												
В.	Full Name (Last, First, Middle Initial) Kay Granger Campaign Fund						Date c	_					
	Mailing Address 715 Jones Street, Suite 101						02	/		9		2016	Y
	Fort Worth	State TX	Zip Code 76102				Tran	sact	ion ID	: 79115	39		
	Purpose of Disbursement			C)11		Amour	nt of	Each	Disburse	emer	nt this I	Period
	Candidate Name			Cate								4250.	00
	Senate X	nent For: Primary	General	IJ	ype	!	Me	mo li	tem				
	State: TX District: 12	Other (sp	ecity) 🔻										
C.	Full Name (Last, First, Middle Initial) Bill PAC						Date c	_					
	Mailing Address 412 S Capitol St						02	/		D / 9		2016	Y
	City State S	Zip Code 20003				Tran	sact	ion ID	: 79115	41			
	Purpose of Disbursement Flores' LPAC			0	11		Amour	nt of	Each	Disburse	emer	nt this I	Period
	Candidate Name BIII PAC			Cate	egoi ype							2500.	00
	Office Sought: House Disburser Senate President State: District:	nent For: Primary Other (sp	General ecify) ▼		700		Flores'	mo l LPA					
	State. District.						_	_	_			_	
s	UBTOTAL of Disbursements This Page (optional)					• 🕨			,	7	_	9750.	00
т	OTAL This Period (last page this line number only)					•			,	7	_		

	CHEDULE B (FEC Form 3X)		arata cabadula(-)				IUMBER	:		PA	GE 316	OF 350
IT	EMIZED DISBURSEMENTS	for each	parate schedule(s) a category of the	(c		only 21b	one)	X	23	24	25	26
		Detailed	Summary Page			27	28a	\square	28b	28c	29	30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nam											
\square	NAME OF COMMITTEE (In Full)											
	Political Action Committee of the A	merica	n Associatior	n of (Orth	hopa	aedic S	Sur	geoi	ารPA	C of A	AOS
Α.	Full Name (Last, First, Middle Initial) Ryan for Congress, Inc.						Date o	f Dis	burse	ment		
							MM	/	D	D /	YYYY	Y
	Mailing Address P.O. Box 1488						02		1	9	2016	
	,	State	Zip Code				Trans	sacti	on ID	: 791154	2	
	Janesville	WI	53547						01112		-	
	Purpose of Disbursement			0)11		Amoun	t of	Each	Disburse	ment this	Period
	Candidate Name			Cate	egory	y/					5000	00
	Paul Ryan				ype			_	7		5000	5.00
	Senate	ment For: Primary	X General				Me	mo lt	em			
	State: WI District: 01	Other (spe	ecify) 🔻									
_	Full Name (Last, First, Middle Initial)											
В.	Friends of John McCain						Date o	f Dis	burse	ment		
							M M	/			201C	Y
	Mailing Address P.O. Box 16118						02			9	2016	
	Arlington	State VA	Zip Code 22215				Trans	sacti	on ID	: 791154	3	
	Purpose of Disbursement			C	011		Amoun	t of	Each	Disburse	ment this	Period
	Candidate Name			Cate	egory	v/						
	John McCain				ype	<i>.</i>		-	7		5000	0.00
		ment For:					Me	mo lt	em			
	Senate President	Primary	General									
	State: VA District:	Other (spe	ecity) 🔻									
_	Full Name (Last, First, Middle Initial)						Date o	(D:a				
С.	Guthrie for Congress							_				
	Mailing Address P.O. Box 9639						02	/	D 1		2016	Y
	City	State	Zip Code			\rightarrow	Trong	sacti	on ID	: 791154	4	
	Bowling Green	KY	42102				iiail	Jacti	JIID	. 131134	-1	
	Purpose of Disbursement			0)11							
	Candidate Name			la de la compañía de	-	_	Amoun	t of	Each	Disburse	ment this	Period
	S. Brett Guthrie				egory ype	y/	1.				2000	0.00
		ment For:	2016		71		Me	mo lt	, em	9	_	
	Senate	Primary	X General						cm			
	President	Other (spe	ecify)									
_	State: KY District: 02											
s	UBTOTAL of Disbursements This Page (optional)					•			,		12000	0.00
⊢												
T	OTAL This Period (last page this line number only))					1	_	,	7		

SCHEDULE B (FEC Form 3X)	FOR LINE NUMBER: PAGE 317 OF 3
ITEMIZED DISBURSEMENTS Use separate sc for each categor	check only one)
Detailed Summa	
Any information copied from such Reports and Statements may not be s or for commercial purposes, other than using the name and address of	
NAME OF COMMITTEE (In Full)	
	ociation of Orthopaedic SurgeonsPAC of AAOS
Full Name (Last, First, Middle Initial) A. Upton for All of Us	Date of Disbursement
Mailing Address P.O. Box 490	02 19 2016
City State Zip C	inde
St. Joseph MI 4908	Transaction ID · 7011545
Purpose of Disbursement	
Candidate Name	011 Amount of Each Disbursement this Period
Frederick Upton	Category/ Type 2500.00
Office Sought: X House Disbursement For: 2016	Memo Item
	General
President Other (specify) ▼ State: MI District: 06	
Full Name (Last, First, Middle Initial)	
B. Pallone for Congress	Date of Disbursement
Mailing Address P.O. Box 3176	02 19 2016
City State Zip C Long Branch NJ 0774	I ransaction ID : 7911546
Purpose of Disbursement	011 Amount of Each Disbursement this Period
Candidate Name	Category/
Frank Pallone	Type 1000.00
Office Sought: House Disbursement For: 2016	Memo Item
Senate Primary X C President Other (specify) ▼	General
State: NJ District: 06	
Full Name (Last, First, Middle Initial)	
C. Hudson for Congress	Date of Disbursement
Mailing Address P.O. Box 5053	
	02 19 2016
City State Zip C	02 19 2016
Concord NC 2802	02 <u>19</u> 2016
	02 19 2016 00de 7 011 011
Concord NC 2802 Purpose of Disbursement Candidate Name	02 19 2016 rode Transaction ID : 7911547 011 Amount of Each Disbursement this Period
Concord NC 2802 Purpose of Disbursement Candidate Name Rep. Richard Hudson Jr.	02 19 2016 iode 7 Transaction ID : 7911547 011 Amount of Each Disbursement this Period
Concord NC 2802 Purpose of Disbursement Candidate Name Rep. Richard Hudson Jr. Office Sought: Mouse Disbursement For: 2016	02 19 2016 iode 7 Transaction ID : 7911547 011 Amount of Each Disbursement this Period Category/ 1000 00
Concord NC 2802 Purpose of Disbursement Candidate Name Rep. Richard Hudson Jr. Disbursement For: 2016	02 19 2016 rode 7 Transaction ID : 7911547 011 Category/ Type Amount of Each Disbursement this Period General Memo Item
Concord NC 2802 Purpose of Disbursement Candidate Name Rep. Richard Hudson Jr. Office Sought: House Senate Disbursement For: 2016 Y Primary Office	02 19 2016 rode 7 Transaction ID : 7911547 011 Category/ Type Amount of Each Disbursement this Period General Memo Item
Concord NC 2802 Purpose of Disbursement Candidate Name Candidate Name Rep. Richard Hudson Jr. Office Sought: Y House President Disbursement For: 2016 Y Primary C Other (specify) V	02 19 2016 rode 7 Transaction ID : 7911547 011 Category/ Type Amount of Each Disbursement this Period General Memo Item

S	CHEDULE B (FEC Form 3X)			F	םר		IUMBER:			PA	GE 3	18 O	F 350
	EMIZED DISBURSEMENTS		parate schedule(s) n category of the			k only	one)					. 0	
			Summary Page			21b 27	22 28a	•••	23 28b	24 28c		25 29	26 30b
	y information copied from such Reports and Staten for commercial purposes, other than using the nan					perso	n for the	purpo	ose c	of solicitir	ng con	tributi	ons
\setminus	NAME OF COMMITTEE (In Full)												
	Political Action Committee of the A	merica	n Association	of C	Drt	hopa	iedic S	Surg	jeor	ารPA	C of	f AA	OS
Α.	Full Name (Last, First, Middle Initial) Marsha Blackburn for Congress, In	IC.					Date of	_					
	Mailing Address P.O. Box 3750 Suite 4916						02	/	D 19		201		Ŷ
	Brentwood	State TN	Zip Code 37027				Trans	actio	on ID	: 791154	8		
	Purpose of Disbursement			0	11		Amoun	t of E	Each	Disburse	ment 1	this P	eriod
	Candidate Name Marsha Blackburn			Cate	egor /pe	ry/					1	000.0	0
	Office Sought: House Disburser Senate President	ment For: Primary Other (sp	General		ype		Me	mo lte	em		_		
_	Full Name (Last, First, Middle Initial)						Data						
в.	Citizens for Rush						Date of	_					
	Mailing Address P. O. Box 7292						02	/	D 19		20	16	Y
	Chicago	State IL	Zip Code 60680				Trans	sactio	on ID	: 791154	19		
	Purpose of Disbursement			0)11		Amoun	t of E	Each	Disburse	ment 1	this P	eriod
	Bobby Rush			Cate	egor /pe	у/					1	000.0	0
	Office Sought: House Disburser Senate X	ment For: Primary Other (sp	General		he		Mer	mo lte	em				
_	Full Name (Last, First, Middle Initial)												
C.	Committee to Re-Elect Henry Hank	k Johns	son				Date of		ourse		Y Y	Y	Y
	Mailing Address 4262 Clausell Court Suite A						02		23	3	201	16	
	5	State GA	Zip Code 30035				Trans	sactio	on ID	: 791456	64		
	Purpose of Disbursement												
	Candidate Name Rep. Hank Johnson Jr.			Cate	11 egor /pe	ry/	Amoun	t of E	Each	Disburse		this F 500.0	
	•	nent For: Primary Other (sp	General		, 19 0		Mer	mo lte	em				
s	UBTOTAL of Disbursements This Page (optional)										4	500.0	0
⊢	OTAL This Period (last page this line number only)								, , , ,	7			

S	CHEDULE B (FEC Form 3X)			F	OR I		IUMBER:			P/	AGE	319 (DF 350
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		-	k only	one)		00			1.05	
			Summary Page		$\left - \right $	21b 27	22 28a		23 28b	24	-	25 29	26 30b
	y information copied from such Reports and Staten for commercial purposes, other than using the nam					perso	n for the	purp	ose o	of soliciti	ng co	ontribut	ions
$\left[\right]$	NAME OF COMMITTEE (In Full)												
	Political Action Committee of the A Full Name (Last, First, Middle Initial)	merican	Associatior	n of (Ort	hopa	iedic S	Surg	geor	sP/	4C (of AA	NOS
Α.	STAPAC (Stand Tall America)						Date of	f Disk	burse		V	Y	V
	Mailing Address P.O. Box 2382						02	/	23			016	Ŷ
	Amarillo	State TX	Zip Code 79105				Trans	actio	on ID	: 791450	65		
	Purpose of Disbursement Thornberry's LPAC			C)11		Amoun	t of E	Each	Disburse	ement	t this I	Period
	Candidate Name			Cate	egor	y/						2500.0	0
	STAPAC (Stand Tall America)				ype				,	- 7	-	2500.0	
		nent For: Primary Other (spe	General cify) ▼				Thornbe	mo lte erry's		C			
	Full Name (Last, First, Middle Initial)												
В.	Kelly PAC						Date of	f Dist	burse	_	Y Y	Y	Y
	Mailing Address 499 S. Capitol St. SW Suite 420						02		23	3	2	016	
	Washington	State DC	Zip Code 20003				Trans	actio	on ID	: 79145	66		
	Purpose of Disbursement Ayotte's LPAC			C	011		Amoun	t of E	Each	Disburse	ement	t this I	Period
	Candidate Name				egor	y/						1500.0	00
	Kelly PAC Office Sought: House Disbursen	nent For:		L.	ype		Mer	no lte	m	7			
	Senate President	Primary Other (spe	General cify) ▼				Ayotte's						
	State: District: Full Name (Last, First, Middle Initial)												
C.	Matsui for Congress						Date of	f Disk	burse		v v	Y	Y
	Mailing Address P.O. Box 1738						02	ŕ	23			016	
	City S Sacramento	Zip Code 95812				Trans	actio	on ID	: 79145	67			
	Purpose of Disbursement	CA											
	Candidate Name			1.00)11 egor	v/	Amoun	t of E	Each	Disburse	ement	t this I	Period
	Doris Matsui				ype	<i>J</i> .			,	7		2500.0	00
		nent For: 2 Primary Other (spe	General				Mei	no lte	em				
							_		_		-	-	_
s	UBTOTAL of Disbursements This Page (optional)					•	<u> </u>			7	-	6500.0	00
т	OTAL This Period (last page this line number only)								,				

S	CHEDULE B (FEC Form 3X)			F	OR I		IUMBEI	3:			PA	GE 3	320 (DF 350
IT	EMIZED DISBURSEMENTS		category of the		heck	c only	one)		٦.	_				
			Summary Page			21b 27	22 28a	×	23 28b	+	24 28c	$\left - \right $	25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan													
\mathbb{N}	NAME OF COMMITTEE (In Full)				_			_				_		
	Political Action Committee of the A	merica	n Associatior	n of (Ortl	hopa	edic	Sur	geo	n	sPA	VC 0	f AA	AOS
Α.	Full Name (Last, First, Middle Initial) Graves for Congress						Date	of Di	sburs	err	nent			
							M	M /	D	D	/	Y Y	Y	Y
	Mailing Address 2345 Grand, Suite 2400						02			23		_20	16	
	,	State	Zip Code				Trai	nsact	ion II) :	791456	8		
	Kansas City Purpose of Disbursement	MO	64108											
				0)11		Amou	nt of	Each	۱D)isburse	ment	this I	Period
	Candidate Name			Cate	egor	v/	1						000	20
	Samuel Graves				ype				7		7	1	000.	0
	Office Sought: House Disburser Senate	nent For: Primary	2016 General				N	emol	tem					
	President	Other (spe												
	State: MO District: 06		·											
	Full Name (Last, First, Middle Initial)													
В.	McHenry for Congress						Date	of Di	sburs	em	nent			
	Mailing Address									- D 22			1 G	Y
	Mailing Address P.O. Box 1406						02			23		20	16	
	City S Hickory	State NC	Zip Code 28603				Tra	nsact	ion II	D:	791457	2		
	Purpose of Disbursement				-									
	Condidate Name			C	011		Amou	nt of	Each	۱D	isburse	ment	this I	Period
	Candidate Name Patrick McHenry				egory	y/						2	2500.	00
		ment For:	2016	1	уре			emo l	tom		7			
		Primary	General					enioi	lem					
	President	Other (spe	ecify) 🔻											
	State: NC District: 10													
_	Full Name (Last, First, Middle Initial)	_					-							
C.	Dutch Ruppersberger for Congress	s Comn	nittee				Date	_	_					
	Mailing Address 22 W. Padonia Road						02			23		202	16	Y
		<u>.</u>	7: 0 1											
	City S Timonium	State MD	Zip Code 21093				Tra	nsact	ion II	D :	791457	'3		
	Purpose of Disbursement		21000	_										
				0)11		Amou	nt of	Each	۱D	isburse	ment	this I	Period
	Candidate Name			Cate	egory	y/				-			000	
	C.A. Dutch Ruppersberger			Ţ	ype				7			1	000.	00
		nent For:					M	emo l	tem					
	President	Primary Other (spe	General											
	State: MD District: 02		cony) V											
Г	1					1	_	-	-				-	_
s	UBTOTAL of Disbursements This Page (optional)						7		7	4	1500.	00		
ΙT	OTAL This Period (last page this line number only)								7					

S	CHEDULE B (FEC Form 3X)			F			IMRER			PA	GE 32	1 OF 350
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the			k only o			23	24	2	
		Detailed S	Summary Page		$\left - \right $	27	28a	<u> </u>	28b	24 28c	2	
An or	y information copied from such Reports and Staten for commercial purposes, other than using the nam	nents may n ne and addre	ot be sold or use ess of any politic	ed by al con	any nmit	person	for the olicit co	purpo ntribu	ose o tions	f solicitii from su	ng contr ch com	ibutions mittee.
\backslash	NAME OF COMMITTEE (In Full)	moniosa		<u> </u>	<u>م</u>	hore					0 -4	A A O O
	Political Action Committee of the A	merican	Association	OF	Jrt	nopa	eaic c	surg	eor	ISPF		AAUS
Α.	Full Name (Last, First, Middle Initial) Majority Committee PACMC PAC	;					Date o	Disb	oursei	ment		
	Mailing Address P.O. Box 10134						02	/	23		2016	
	Bakersfield	State CA	Zip Code 93389				Trans	actio	n ID	: 791457	4	
	Purpose of Disbursement McCarthy's LPAC			0	11		Amoun	t of E	ach	Disburse	ment th	is Period
	Candidate Name			Cate	egor	ry/					25	00.00
	Majority Committee PACMC PAC			Ty	ype		<u></u>		_		23	00.00
	Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General ify) ▼				Me McCart	mo Ite ny's L				
	State: District: Full Name (Last, First, Middle Initial)											
В.							Date o	f Disb	ourse	_	YY	YY
	Mailing Address P.O. Box 97187					02		23		201		
	Raleigh	State NC	Zip Code 27624				Trans	actio	n ID	: 791457	'5	
	Purpose of Disbursement			C)11		Amoun	t of E	ach	Disburse	ment th	is Period
	Candidate Name			Cate	egor	ry/					50	00.00
	Rep. George Holding Office Sought: Y House Disbursen	nent For: 2	040	Ty	ype				_	7	50	00.00
	Senate President	Primary Other (spec	X General				Mei	no lte	m			
_	State: NC District: 13 Full Name (Last, First, Middle Initial)											
C.	Walters for Congress						Date o	f Disb	oursei		YY	Y Y
	Mailing Address 300 Spectrum Center Dr. #400						02		23	3	2016	6
	City S Irvine	State CA	Zip Code 92618				Trans	actio	n ID	: 791457	6	
	Purpose of Disbursement			-								
	Candidate Name				11		Amoun	t of E	ach	Disburse	ment th	is Period
	Rep. Mimi Walters			Cate Ty	egor ype		Γ.				15	00.00
	Office Sought: House Disburser Senate President State: CA District: 45	nent For: 2 Primary Other (spec	General				Me	no lte	m			
							_	-	-		۵۵	00.00
S	UBTOTAL of Disbursements This Page (optional)								_		90	00.00

S	CHEDULE B (FEC Form 3X)			FC)R I		IUMBER:			F	PAGE	322 (DF 350
IT	EMIZED DISBURSEMENTS	Use separate schedu	• •			only							
		for each category of Detailed Summary Pa				21b 27	22 28a	<u> </u>	23 28b	24 28		25 29	26 30b
	ny information copied from such Reports and Stater for commercial purposes, other than using the nar												
	NAME OF COMMITTEE (In Full)												
	Political Action Committee of the A	merican Associa	ation	of C	Drth	пора	edic S	Surg	geor	ısP	AC	of A	AOS
	Full Name (Last, First, Middle Initial)												
А.	Kristi for Congress						Date of	Disi	burse	ment			
	Mailing Address P.O. Box 852						02	/	23			2016	Y
	City	State Zip Code									_		
	Sioux Falls	SD 57101					Trans	actio	on ID	: 79145	577		
	Purpose of Disbursement			0'	11		Amount	t of F	- ach	Disburs	emer	nt this	Period
	Candidate Name						/ Iniouni			Diobuic	Jointon		Chiba
	Kristi Noem			Cate Tv	gory pe	//	1					2500.	00
		ment For: 2016		.,			Me	no lt	em	,			
	Senate	eral											
	State: SD District: 00												
_	Full Name (Last, First, Middle Initial)												
В.							Date of	Disl	burse	ment			
	Mailing Address P.O. Box 6207						м м 02	/	D 2:			y y 2016	Y
								_					
	City Bryan	StateZip CodeTX77805					Trans	actio	on ID	: 7914	578		
	Purpose of Disbursement												
	-			0	11		Amount	t of E	Each	Disburs	semer	nt this	Period
	Candidate Name			Cate		//						1500.	00
	Bill Flores Office Sought: X House Disburser	ment For: 2016		Ту	ре				7	7			
		Primary Gene	ral				Mer	no lte	em				
	President	Other (specify)	i ai										
	State: TX District: 17												
	Full Name (Last, First, Middle Initial)												
C.	Tim Murphy for Congress						Date of	Disl	burse	ment			
	Mailing Address P.O. Box 24551						м м 02	1	23			2016	Y
	Suite 420												
	5	State Zip Code PA 20003					Trans	actio	on ID	: 7914	579		
	Pittsburgh Purpose of Disbursement	PA 20003											
			- 11	0′	11		Amount	t of F	- ach	Disburs	emer	nt this	Period
	Candidate Name			Cate	aorv	//	, ano an		Laon	Biobarc			oniou
	Tim Murphy				pe ,	"	. L.		,		_	1000.	00
	Office Sought: X House Disburser Senate President X	ment For: 2016 Primary Gene Other (specify) ▼	eral				Mer	no lte	em				
	State: PA District: 18												
5	UBTOTAL of Disbursements This Page (optional)								,			5000.	00
	OTAL This David (last same this line such as 1)									,			
$ ^1$	OTAL This Period (last page this line number only)))	•••••		•••••			-	7	7			

	CHEDULE B (FEC Form 3X)		parate schedule(s)				IUMBER	:		F	PAGE	323	OF 350
IT	EMIZED DISBURSEMENTS	for each	n category of the	(c	hec	k only	one)	X	23	24	. [25	26
		Detailed	Summary Page		-	27	28a		28b	28		29	30b
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nar	nents may	not be sold or use dress of any politic	ed by al con	any nmit	y person ttee to	n for the solicit co	purp ntrib	oose o utions	of solici	ting o such o	contribu commit	tions tee.
\square	NAME OF COMMITTEE (In Full)												
	Political Action Committee of the A	merica	n Association	of (Ort	thopa	aedic S	Sur	geoi	nsP	AC	of A	AOS
Α.	Full Name (Last, First, Middle Initial) Shelby for U.S. Senate						Date o	f Dis	burse	ment			
	Mailing Address P.O. Box 1091						м м 02	/	D 2			2016	Ŷ
	City Tuscaloosa	State AL	Zip Code 35403				Trans	acti	on ID	: 7914	580		
	Purpose of Disbursement			_									
				C)11		Amoun	t of	Each	Disburs	semei	nt this	Period
	Candidate Name			Cate								1000.	00
	Richard Shelby Office Sought: House Disburser	ment For:	2016	1	ype				7				
	Senate President	Primary Other (sp	K General				Me	mo li	tem				
	State: AL District:												
В.	Full Name (Last, First, Middle Initial) Mike Bishop for Congress						Date o	_	burse	ment			
	Mailing Address P.O. Box 1148						02	/		3		2016	Y
	Brighton	State MI	Zip Code 48116				Trans	sacti	on ID	: 7914	581		
	Purpose of Disbursement)11		Amoun	t of	Fach	Disburs	seme	nt this	Period
	Candidate Name						/ through		Laon	Diobait			i chod
	Mr. Michael Bishop			Cate T	egoi ype		L.		,			2000.	00
	Office Sought: House Disburser Senate President	ment For: Primary Other (sp	X General		<u>, , , , , , , , , , , , , , , , , , , </u>		Me	mo lt	em				
_	State: MI District: 08												
C.	Full Name (Last, First, Middle Initial) Denham for Congress						Date o	_					
	Mailing Address 2150 River Plaza Dr., #150						02	1	2	D / 3		2016	Ŷ
		State	Zip Code				Trans	sacti	on ID	: 7914	582		
	Sacramento Purpose of Disbursement	CA	95833							-			
				C)11		Amoun	t of	Fach	Disburs	omo	nt thic	Period
	Candidate Name			Cate	eaol	rv/	Amoun		Laon	Disbuit	Serrie	11 113	renod
	Jeff Denham				ype		L.		7			2000.	00
	Office Sought: House Disburser Senate President State: CA District: 19	ment For: Primary Other (sp	General				Me	mo li	tem				
											_		_
s	UBTOTAL of Disbursements This Page (optional)					• ▶	Ļ	_	,			5000.	00
т	OTAL This Period (last page this line number only))				•	L.		7				

S	CHEDULE B (FEC Form 3X)			F)R		NU	MBER:				PA	GE	324	OF 350
IT	EMIZED DISBURSEMENTS		barate schedule(s) a category of the		-	k only	-	ne)						_	
			Summary Page			21b 27		22 28a	<u> </u>	23 28b		24 28c		25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan														
\square	NAME OF COMMITTEE (In Full)														
	Political Action Committee of the A	merica	n Associatior	n of (Drt	thop	bae	edic S	Surg	geor	าร-	-PA		of A	AOS
Α.	Full Name (Last, First, Middle Initial) Yarmuth for Congress							Date of	f Disl	burse	mer	t			
	Mailing Address 1815 Brownsboro Road							м м 02	/	2		1		016	Y
	,	State	Zip Code					Trans	actio	on ID	: 79	1458	3		
	Louisville Purpose of Disbursement	KY	40206				-						•		
				C)11			Amount	t of E	Each	Dist	ourse	men	t this	Period
	Candidate Name			Cate										1000.	00
	John Yarmuth Office Sought: X House Disburser	ment For:	0010	T	уре		-			,		- 7	-		
	Senate X President	Primary Other (spe	General					Mei	mo lt	em					
_	State: KY District: 03														
В.	Full Name (Last, First, Middle Initial) Boozman for Arkansas							Date of	f Disl	burse	mer	t			
	Mailing Address P.O. Box 671						-	м м 02	/	2		1		о 16	Y
	01	01-1-1	7 0												
	Rogers	State AR	Zip Code 72757					Trans	sactio	on ID	: 79	1458	84		
	Purpose of Disbursement)11			Amount	t of F	=ach	Dist	urse	men	t this	Period
	Candidate Name			la de la compañía de		m //		, ano an			Biok	, ai oo			
	Sen. John Boozman			Cate T	ype					,		7		500.	00
	Office Sought: House Disburser	ment For:	2016				1	Mer	no lte	em					
		Primary	General												
	State: AR District:	Other (spe	ecify) 🔻												
- -	Full Name (Last, First, Middle Initial)							Date of	f Dis	hurse	mer	t.			
0.	Visclosky for Congress									D		/		Y	V
	Mailing Address P.O. Box 10003							02	/	23				016	
	,	State IN	Zip Code					Trans	actio	on ID	: 79	1458	5		
	Merrillville Purpose of Disbursement	IIN	46411				-								
	•			C)11			Amount	t of F	=ach	Dist	urse	men	t this	Period
	Candidate Name			Cate	eao	rv/					2.0.				_
	Peter Visclosky				ype			L	_	,		- 7		4650.	00
	Senate President	nent For: Primary Other (spe	X General					Mer	mo lte	em					
	State: IN District: 01										_				
s	UBTOTAL of Disbursements This Page (optional)					•				,		7		6150.	00
Т	OTAL This Period (last page this line number only))				•				,		7			
	HEDULE B (FEC Form 3X)		parate schedule(s)			NUMBER: PAGE 325 OF 350									
-----------	---	--	---	------------------------------------	-----------------------	---									
ITE	EMIZED DISBURSEMENTS	for each	a category of the I Summary Page	(ch	eck only 21b 27	rone) 22 X 23 24 25 26 28a 28b 28c 29 30b									
	y information copied from such Reports and Stater for commercial purposes, other than using the nam														
\square	NAME OF COMMITTEE (In Full) Political Action Committee of the A	morica	n Association	of C)rthon	andia SurgeonsPAC of AAOS									
		Inclica				aeur Surgeonsr AC OI AAOS									
	Full Name (Last, First, Middle Initial) Tuesday Group PAC					Date of Disbursement									
	Mailing Address P.O. Box 11586					02 23 2016									
	Washington	State DC	Zip Code 20008			Transaction ID : 7914586									
	Purpose of Disbursement Annual Contribution			01	1	Amount of Each Disbursement this Period									
	Candidate Name Tuesday Group PAC			Cate Ty		5000.00									
	Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spe	General ecify) ▼		<u> </u>	Memo Item Annual Contribution									
B.	Full Name (Last, First, Middle Initial)					Date of Disbursement									
	Mailing Address P.O. Box 681202					02 23 2016									
	Schamburg	State IL	Zip Code 60168			Transaction ID : 7914587									
	Purpose of Disbursement				11	Amount of Each Disbursement this Period									
				01											
	Candidate Name Raia Krishnamoorthy			Cate	gory/	1000.00									
	Raja Krishnamoorthy Office Sought: X House Disburser	nent For: Primary Other (spe	General		gory/	1000.00 Memo Item									
	Raja Krishnamoorthy Office Sought: Y House Disburser Senate President X	Primary	General	Cate	gory/	Date of Disbursement									
 C.	Raja Krishnamoorthy Office Sought: House Senate President State: IL Full Name (Last, First, Middle Initial)	Primary	General	Cate	gory/	Memo Item									
 C.	Raja Krishnamoorthy Office Sought: House Senate President President Image: Senate State: IL District: 00 Full Name (Last, First, Middle Initial) People for Derek Kilmer Mailing Address P.O. Box 1574 City S Gig Harbor S	Primary	General	Cate	gory/	Date of Disbursement									
 C.	Raja Krishnamoorthy Office Sought: House Senate President President Image: Senate State: IL District: 00 Full Name (Last, First, Middle Initial) People for Derek Kilmer Mailing Address P.O. Box 1574 City Senate	Primary Other (spo	General ecify) v Zip Code	Categ Tyj	gory/ pe	Date of Disbursement									
 C.	Raja Krishnamoorthy Office Sought: House Senate President President Image: Senate Pull Name (Last, First, Middle Initial) People for Derek Kilmer Mailing Address P.O. Box 1574 City Senate Purpose of Disbursement Senate Candidate Name Derek Kilmer Office Sought: House Disburser President Image: Senate Image: Senate President Image: Senate Image: Senate	Primary Other (spo	General ecify) ▼ Zip Code 98335 2016 ∑ General	Categ Tyj	gory/ pe	Memo Item Date of Disbursement 02 23 2016 Transaction ID : 7914588 Amount of Each Disbursement this Period									
 c.	Raja Krishnamoorthy Office Sought: House Senate President President Image: Senate Pull Name (Last, First, Middle Initial) People for Derek Kilmer Mailing Address P.O. Box 1574 City Senate Purpose of Disbursement Senate Candidate Name Disburser Office Sought: House Senate Disburser	Primary Other (spe State WA nent For: Primary Other (spe	General ecify) ▼ Zip Code 98335 2016 ∑ General ecify) ▼	Categ Tyj 01 Categ Tyj	gory/ pe	Memo Item Date of Disbursement 02 23 2016 Transaction ID : 7914588 Amount of Each Disbursement this Period 2500.00									

S	CHEDULE B (FEC Form 3X)		FC	DR I		UMBER:				PAGE	326 (OF 350
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			c only	one)				_		
	-	Detailed Summary Page			21b 27	22 28a	· ·	23 28b	24		25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nar											
$\left \right $	NAME OF COMMITTEE (In Full)											
	Political Action Committee of the A	merican Association	of C	Drtl	hopa	aedic S	Surg	geor	ารF	PAC	of A	AOS
	Full Name (Last, First, Middle Initial)					Data						
А.	Pat Meehan for Congress					Date of						
	Mailing Address P.O. Box 308					02	/	23	_		2016	Y
	City	State Zip Code				T			. 704.4	500		
	Drexel Hill	PA 19026				Trans	actic	on ID	: 7914	589		
	Purpose of Disbursement		0	11		Amount	t of E	Each	Disbur	seme	nt this	Period
	Candidate Name		Cate	gor	y/						1000.	00
	Patrick Meehan			/pe				,	_	7	1000.	00
	Office Sought: X House Disburser Senate President	ment For: 2016 Primary X General Other (specify) ▼				Mer	mo lte	em				
	State: PA District: 07											
в.	Full Name (Last, First, Middle Initial)					Date of	f Dist	bursei	ment			
						M M	/	D	_		YY	Y
	Mailing Address 217 Third St. SE					02		23	3		2016	
	Washington	StateZip CodeDC20003				Trans	actio	on ID	: 7914	590		
	Purpose of Disbursement Burgess' LPAC		0	11	11	Amount		Tooh	Diobur		nt thio	Doriod
	Candidate Name					Amoun		_acri	DISDUI	Seme		renou
	Lone Star PAC		Cate Tv	egor /pe	y/	L.					5000.	00
		ment For:	.,	po		Mer	no lte	em		/		
	Senate	Primary General				Burgess	s' LP/	AC				
	State: District:	Other (specify) ▼				-						
	Full Name (Last, First, Middle Initial)					_						_
C.	Julia Brownley for Congress					Date of	f Dist	bursei	ment			
	Mailing Address P.O. Box 2018					02	/	D 23			2016	Y
	City	State Zip Code				Trans	actic		: 7914	501		
	Thousand Oaks	CA 91358				mana	aon		. / 514	551		
	Purpose of Disbursement		0	11								
	Candidate Name			11		Amount	t of E	Each	Disbur	seme	nt this	Period
	Rep. Julia Brownley		Cate T\	egor /pe	y/	· · ·					1000.	00
		ment For: 2016 Primary X General Other (specify)				Mer	no lte	em		,		
	State: CA District: 26											
s	UBTOTAL of Disbursements This Page (optional)							,		,	7000.	00
Т	OTAL This Period (last page this line number only))			•			,		,		

S	CHEDULE B (FEC Form 3X)						UMBER:			PA	GE 327	OF 350
	EMIZED DISBURSEMENTS		parate schedule(s)		-							
_			h category of the d Summary Page			21b 27	22 28a	· ·	23 28b	24 28c	25 29	26 30b
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nar	ments may ne and ad	v not be sold or us dress of any polition	ed by cal con	any nmitte	person ee to s	for the solicit co	purp ntribu	ose o utions	of solicitin	ig contrib ch comm	utions ittee.
\setminus	NAME OF COMMITTEE (In Full)											
	Political Action Committee of the A	merica	n Associatior	n of (Orth	nopa	edic S	Surg	geoi	nsPA	C of A	AOS
_	Full Name (Last, First, Middle Initial)											
Α.	Tim Walz for U.S. Congress						Date of	f Dist	burse		(Y Y	V
	Mailing Address P.O. Box 938						02	Í	2		2016	
	5	State	Zip Code				Trans	actic	n ID	: 791459	2	
	Mankato	MN	56002				mans			. 751455	2	
	Purpose of Disbursement			C)11	1	Amount	t of E	Each	Disburse	ment this	Period
	Candidate Name			Cat	egory	/						1.1.1
	Timothy Walz				ype	″	L		,		2500	0.00
		ment For:	2016				Mei	mo lte	em			
	Senate	Primary	X General									
	President	Other (sp	ecify) 🔻									
	State: MN District: 01											
Р	Full Name (Last, First, Middle Initial)						Data at	(D:-I	h			
в.	Tammy for Illinois						Date of					
	Mailing Address P.O. Box 10793						02	/	D 2	3	2016	Y
	City Chicago	State IL	Zip Code 60610				Trans	sactio	on ID	: 791459	3	
	Purpose of Disbursement									.		
	Candidate Name			()11		Amount	t of E	Each	Disburse	ment this	Period
	Rep. Tammy Duckworth				egory	//	1.				5000	0.00
		ment For:	2016	1	ype		Mor	no ltr		7		
	Senate	Primarv	General				Mer	no lte	em			
	President	Other (sp										
	State: IL District:											
	Full Name (Last, First, Middle Initial)											
C.	People for Ben						Date of	f Dist	burse	ment		
							M M	/	D			Y
	Mailing Address P.O. Box 31129						02		2	3	2016	_
	City	State	Zip Code				Trent		on ID	. 704 450	4	
	Santa Fe	NM	87594				irans	actio	טו ווט	: 791459	4	
	Purpose of Disbursement					- L						
	Candidate Name			C)11		Amount	t of E	Each	Disburse	ment this	Period
	Rep. Ben Lujan Jr.				egory	//					1500	0.00
		ment For:	2016	1	ype				,			
	Senate	Primary	General				Mer	mo lte	em			
	President	Other (sp										
	State: NM District: 03											
Г	1						_					_
s	UBTOTAL of Disbursements This Page (optional)						<u>_</u>		,	7	9000	0.00
т	OTAL This Period (last page this line number only))						_	, ,	7		

	CHEDULE B (FEC Form 3X)	Use separate schedule	a(s)	-			UMBER	:			PA	GE 32	8 OF 350
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	ne	(che	eck o 21 27	b [one) 22 28a	X	23 28b		24 28c	2	
	y information copied from such Reports and State for commercial purposes, other than using the na												
\setminus	NAME OF COMMITTEE (In Full)		lion o	40	مانه		adia (·	~~~			C at	A A O C
	Political Action Committee of the A	American Associat		or O	rth	pa	ealc :	Sur	geo	ns	5PA		AAUS
Α.	Full Name (Last, First, Middle Initial) Simpson for Congress						Date o	f Dis			ent		
	Mailing Address 1487 Parkway Drive						02	/	D	23		2010	
	City Blackfoot	StateZip CodeID83221					Trans	sacti	on IE	D:7	791459	5	
	Purpose of Disbursement		IГ	01 ⁻	1		Amoun	t of	Each	Di	sburse	ment th	is Period
	Candidate Name			Categ	gory/					-		10	00.00
	Michael Simpson Office Sought: X House Disburse	ement For: 2016		Тур	be				7	-		10	00.00
	Senate X President	Primary Genera Other (specify) ▼	al				Me	mo li	tem				
	State: ID District: 02 Full Name (Last, First, Middle Initial)												
В.	Michael Burgess for Congress						Date o	_		eme	ent	(Y	Y Y
	Mailing Address P.O. Box 2334						02			23		201	
	City Denton	StateZip CodeTX76202					Trans	sacti	on IE	D:7	791459	6	
	Purpose of Disbursement			01	1		Amoun	t of	Each	Di	sburse	ment th	is Period
	Candidate Name			Categ	jory/			1				10	00.00
	Michael C. Burgess	ement For: 2016		Тур	be	_			7		7		00.00
	Senate President	Primary X Genera Other (specify)	al				Me	mo lt	em				
_	State: TX District: 26 Full Name (Last, First, Middle Initial)												
C.	The Eye of the Tiger PAC						Date o	_			ent		
	Mailing Address P.O. Box 2485						02	/		23	/ Y	2016	
	City Springfield	StateZip CodeVA22152					Trans	sacti	on IE	D:7	791459	7	
	Purpose of Disbursement Scalise's LPAC		Г	01 [.]	1		Amoun	t of	Fach	Di	shurse	ment th	is Period
	Candidate Name The Eye of the Tiger PAC			Categ			, ano an		Luon		0001001		00.00
		ement For:		Тур	be	_		mo lt	7	-	7		
	Senate President	Primary General Other (specify)	al				Scalise						
	State: District:						_	_	_	_	_	_	
							1.1.1.1	-		_			00.00
s	UBTOTAL of Disbursements This Page (optional).				•••• •		-	-	5	-	- 7	45	00.00

S	CHEDULE B (FEC Form 3X)						IUMBER	:		PA	AGE 329	9 OF 350
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(c	heck	c only 21b	one)		23	24	25	5 🗔 26
			Summary Page			210	22 28a	<u> </u>	23 28b	24 28c	29	
	y information copied from such Reports and State for commercial purposes, other than using the nar											
$\left[\right]$	NAME OF COMMITTEE (In Full)											
	Political Action Committee of the A	merican	Association	n of (Ortl	hopa	aedic S	Surg	jeor	ารPA	C of	AAOS
Δ.	Full Name (Last, First, Middle Initial) PETE PAC						Date o	f Disł	ourse	ment		
	FEIEFAC						M	/	D		YYY	YY
	Mailing Address 7804 Evening Lane						02		23		2016	
	5	State	Zip Code				Trans	actic	on ID	: 791459	98	
	Alexandria Purpose of Disbursement	VA	22306									
	Sessions' LPAC			0	011		Amoun	t of E	Each	Disburse	ment th	is Period
	Candidate Name PETE PAC			Cate		у/					250	00.00
	-	ment For:		1	ype			mo lte			_	
	Senate	Primary	General				Sessior					
	President	Other (spe	cify) 🔻									
	State: District: Full Name (Last, First, Middle Initial)											
В.	Mark Takai for Congress						Date o	f Dist	ourse	ment		
							M M	1	D	D /	Y Y Y	
	Mailing Address P.O. Box 2267						02		2	6	2016	3
	City Pearl City	State HI	Zip Code 96782				Trans	sactio	on ID	: 791768	37	
	Purpose of Disbursement			-								
				C)11	_	Amoun	t of E	Each	Disburse	ment th	is Period
	Candidate Name Rep. Mark Takai			Cate	egor ype	у/					250	00.00
		ment For:	2016	1	yhe		Me	mo lte	em		_	
	° A	Primary	General									
	President	Other (spe	cify) 🔻									
	State: HI District: 01 Full Name (Last, First, Middle Initial)											
C.	LaHood for Congress						Date o	f Disł	ourse	ment		
							M M	/	D	D /	Y Y Y	Y Y
	Mailing Address P.O. Box0735						02		26	6	2016	;
	5	State	Zip Code				Trans	sactio	on ID	: 791768	38	
	Peoria Purpose of Disbursement	IL	61612									
				0	011		Amoun	t of F	ach	Disburse	ment th	is Period
	Candidate Name			Cate	egor	y/						
	Darin LaHood				ype		<u> </u>				100	00.00
	Office Sought: House Disburse Senate	ment For: 2 Primary	2016 General				Me	mo lte	em			
		y	Gonora			1						
	President	Other (spe	cify) 🔻									
		Other (spe	cify) 🔻									
	State: IL District: 18										600	00.00
s	President					•	Ľ.			7	600	00.00

SC	CHEDULE B (FEC Form 3X)			F	ו אכ		UMBER:	,		PA	GE :	330 ()F 350
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the			k only o	one)		00				
			Summary Page		\mid	21b 27	22 28a	×	23 28b	24 28c	$\left - \right $	25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan												
\square	NAME OF COMMITTEE (In Full)				_		_				_		
	Political Action Committee of the A	merican	Association	of C	Drt	hopa	edic S	Sur	geoi	nsPA	AC o	of AA	AOS
Α.	Full Name (Last, First, Middle Initial) New Democrat Coalition PAC (ND	C PAC)					Date of	f Dis	burse		V	Ŷ	Y
	Mailing Address 233 Pennslyvania Ave SE 2nd Floor						02	Ĺ	2)16	T
	Washington	State DC	Zip Code 20003				Trans	acti	on ID	: 791768	89		
	Purpose of Disbursement Annual Contribution			0	11		Amount	t of	Each	Disburse	ement	this I	Period
	Candidate Name New Democrat Coalition PAC (NDC			Cate		y/					Ę	5000.	00
	Office Sought: House Disburser Senate President State: District:	,	General cify) ▼		ype		Annual	mo It Coni		on			
В.	Full Name (Last, First, Middle Initial) Heartland Values PAC Mailing Address P.O. Box 505						Date of	f Dis	D)16	Y
		Ctata	Zin Code				02		-		20		
	Sious Falls	State SD	Zip Code 57101				Trans	acti	on ID	: 791769	90		
	Purpose of Disbursement Thune's LPAC Candidate Name			0)11		Amount	t of	Each	Disburse	ement	this I	Period
	Heartland Values PAC			Cate T\	egor /pe	y/					2	2000.	00
	Office Sought: House Disburser Senate President Image: Construct of the senate of the s	nent For: Primary Other (spe	General cify) ▼		/pc		Mer Thune's	no lt s LP/					
C.	Full Name (Last, First, Middle Initial) Blue Dog PAC, The						Date of	f Dis					
	Mailing Address 209 Pennslyvania Ave SE						02	/	2			016	Y
	Washington	State DC	Zip Code 20003				Trans	acti	on ID	: 791769	91		
	Purpose of Disbursement 2016 Annual Dues Candidate Name			0	11		Amount	t of	Each	Disburse	ement	this I	Period
	Blue Dog PAC, The			Cate T\	egor /pe	y/					Ę	5000.	00
	Office Sought: House Disburser Senate President State: District:	nent For: Primary Other (spe	General cify) ▼				Mer 2016 Ar	mo lt nnua		S			
s	UBTOTAL of Disbursements This Page (optional)					•	ļ.		7		12	2000.	00
Т	OTAL This Period (last page this line number only)								,	7			

SC	CHEDULE B (FEC Form 3X)		oroto opheckula ()	F	OR	LINE	NUN	MBER	:			PA	GE :	331 (DF 350
IT	EMIZED DISBURSEMENTS	for each	category of the	(c	hec	k only ∏21b	one	e)] 22	X	23		24		25	<u> </u>
		Detailed	Summary Page			27		28a		28b	$\left \right $	28c	\mid	29	30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan														
\square	NAME OF COMMITTEE (In Full)				_								_		
	Political Action Committee of the A	merica	n Associatior	n of (Drt	thopa	ae	dic S	Sur	geo	ns	PA	C o	of AA	AOS
Α.	Full Name (Last, First, Middle Initial) Republican Main Street Partnershi	р					0	Date o	f Dis			t			
	Mailing Address 1220 L Street, NW Suite 100-263							02	/	2	26	/ Y		016	Y
	City S Washington	State DC	Zip Code 20005					Trans	acti	on ID): 79 [,]	17692	2		
	Purpose of Disbursement 2016 Annual Dues			0)11		A	Amoun	t of	Each	Disb	urser	nent	this I	Period
	Candidate Name			Cate			1		1				ţ	5000.(00
	Republican Main Street Partnership Office Sought: House Disburser			T	ype		÷			7	_	7	_		
	State: District:	Primary Other (spe	General ecify) v				2	Me 016 Ar	mo li nnua		S				
_	Full Name (Last, First, Middle Initial)						_								
в.	Buddy Carter for Congress						- L	Date o	t Dis						
	Mailing Address 200 E St Julian St. Suite 603							02	1	2	26	/ Y		016	Ŷ
	Savannah	State GA	Zip Code 31401					Trans	sacti	ion IE):79	1769	3		
	Purpose of Disbursement			C)11		A	Amoun	t of	Each	Disb	urser	nent	this I	Period
	Candidate Name			Cate		rv/	Ì								
	Earl Carter				ype		ų.			7	_	7		1000.0	00
		nent For: Primary Other (spe	General				[Mei	mo lt	em					
	Full Name (Last, First, Middle Initial)														
C.	LEGPAC						C	Date o		burse		t / Y	Y	Y	Y
	Mailing Address 38 Ivy St., SE						l	02		2	26		20)16	
	Washington	State DC	Zip Code 20003					Trans	sacti	on ID): 79	1769	4		
	Purpose of Disbursement Cardin's LPAC			0)11			\	+ ~ f	Taab	Diah			thia [Dariad
	Candidate Name			Cate		rv/	-	Amoun		Laci	DISD	urser			
	LEGPAC				ype					7		7		1000.(00
	Office Sought: House Disburser Senate President District:	nent For: Primary Other (spe	General ecify) v				С	Mer Cardin's	mo li s LP.						
								_		_	_	_	_		_
s	UBTOTAL of Disbursements This Page (optional)					• 🕨		_	-	7		7	-	7000.0	00
Т	OTAL This Period (last page this line number only)					•				7		7			

S	CHEDULE B (FEC Form 3X)		FC	DR I		UMBER:			F	PAGE	332 (DF 350
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			c only	one)				_	_	
_		Detailed Summary Page		\square	21b 27	22 28a	· ·	23 28b	24		25 29	26 30b
	y information copied from such Reports and Sta for commercial purposes, other than using the r											
	NAME OF COMMITTEE (In Full)											
	Political Action Committee of the	American Association	of C	Drtl	hopa	aedic S	Surg	geor	ısP	AC	of A	AOS
^	Full Name (Last, First, Middle Initial)					Date of	f Diek		mont			
А.	Friends of Roy Blunt										V	
	Mailing Address P.O. Box 410444					02	/	26			2016	Ŷ
	City	State Zip Code				Tropo	ootio		: 79170	205		
	Kansas City	MO 65805				Trans	actio	טו חכ	. /91/0	990		
	Purpose of Disbursement		0	11		Amount	t of E	Each	Disburs	semer	nt this	Period
	Candidate Name		Cate		y/						4000.	00
	Roy Blunt Office Sought: House Disbur	sement For: 2016	Ту	/pe				,				
	Senate President	Primary Ceneral Other (specify)				Mer	mo lte	em				
	State: MO District:											
в.	Full Name (Last, First, Middle Initial)					Date of	f Dist	bursei	ment			
						M M	1	D	D /	Y	Y Y	Y
	Mailing Address P.O. Box 2485					02		26	6	2	2016	
	City Springfield	State Zip Code VA 22152				Trans	actio	on ID	: 7917	696		
	Purpose of Disbursement Roe's LPAC		0	11		Amount	t of E	Each	Disburs	semer	nt this	Period
	Candidate Name		Cate	gor	y/						5000	00
	Healthcare Freedom Fund		Ту	/pe				,			5000.	00
		sement For:					no lte	em				
	Senate President	Other (specify)				Roe's L	PAC					
	State: District:											
<u> </u>	Full Name (Last, First, Middle Initial)					Date of	f Dick		mont			
С.	Van Hollen for Congress										V	
	Mailing Address 10605 Concord Street Suite 202					03	/	23			2016	Y
	City	State Zip Code				Trans	actic		: 7963	362		
	Kensington	MD 20895				110113		J U				
	Purpose of Disbursement		0	11								
	Candidate Name		1. A	-		Amount	t of E	ach	Disburs	semer	nt this	Period
	Chris Van Hollen		Cate T	egor /pe	y/						2500.	00
	Office Sought: House Disbur Senate President	sement For: 2016 Primary General Other (specify)				Mer	no lte	em				
	State: MD District: 00											
s	UBTOTAL of Disbursements This Page (optiona	I)			•			,			11500.	00
Т	OTAL This Period (last page this line number or	nly)			•			,				

S	CHEDULE B (FEC Form 3X)			F)R	LINI	E NI	JMBER	:			PA	GE	333	OF 350
IT	EMIZED DISBURSEMENTS		carate schedule(s) category of the			k or	nly o	ne)							
	-		Summary Page		_	21k 27		22 28a	×	23 28b		24 28c		25 29	26 30b
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nar	ments may ne and ad	not be sold or use dress of any politica	ed by al con	any nmit	/ pei ttee	rson to se	for the olicit co	purp ntrib	oose utions	of soli	citin suc	g co h co	ntribu ommit	tions tee.
\backslash	NAME OF COMMITTEE (In Full)				_								_		
	Political Action Committee of the A	merica	n Association	of (Drt	tho	pae	edic S	Sur	geo	ns	PA	C c	of A	AOS
٨	Full Name (Last, First, Middle Initial)							Date o	f Die	shurer	ment				
А.	Lynn Jenkins for Congress								_	D			V	Y	V
	Mailing Address P.O. Box 1441							03			3	Ľ		016	
	y	State	Zip Code					Trans	sacti	on ID	: 796	336	3		
	Topeka	KS	66601					man	Jacti		. 750	550.	,		
	Purpose of Disbursement			0	11			Amoun	t of	Each	Disbu	irser	nent	this	Period
	Candidate Name			Cate	0	,								1500.	00
	Lynn Jenkins			Ty	ype			<u></u>	-	7		7	-		
	Office Sought: House Disburser Senate President	ment For: Primary Other (sp	X General					Me	mo li	tem					
	State: KS District: 02														
в.	Full Name (Last, First, Middle Initial) Hoyer for Congress							Date o	f Dis	sburse	ement				
							_	M M	/	D		Y		Y	Y
	Mailing Address 700 13th Street, NW Suite 800	_						03		2	23		20	016	
	Washington	State DC	Zip Code 20005					Trans	sacti	ion ID) : 796	336	4		
	Purpose of Disbursement			C)11			Amoun	t of	Each	Disbu	irser	nent	this	Period
	Candidate Name			Cate										1000.	00
	Steny Hoyer	mant E-		Ty	ype					7	_	7	-		
	Senate Y President	ment For: Primary Other (sp	General					Me	mo lt	tem					
	State: DC District: 05														
C.	Full Name (Last, First, Middle Initial) Portman for Senate Committee							Date o	f Dis	sburse	ement				
	Mailing Address 9856 Archer Lane							03	/	2	3	Y		016	Y
		State	Zip Code					Trans	sacti	ion ID	: 796	336	6		
	Dublin Purpose of Disbursement	OH	45244				_								
				0	11			Amoun	t of	Fach	Dishu	Irser	nent	thie	Period
	Candidate Name			Cate	-	rv/		ouli	. 01		21000				
	Rob Portman				ype					7		7	2	2500.	00
	Senate President	ment For: Primary Other (sp	X General					Me	mo li	tem					
_	State: OH District:														
s	UBTOTAL of Disbursements This Page (optional)					•				,		7		5000.	00
Т	OTAL This Period (last page this line number only))								,		,			

SC	HEDULE B (FEC Form 3X)			FC	OR	LINE M	NUMBER:			PA	AGE	334 (DF 350
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the			k only	one)		00] 05	
			Summary Page			21b 27	22 28a	<u> </u>	23 28b	24 28c		25 29	26 30b
	y information copied from such Reports and Staten for commercial purposes, other than using the nam					perso	n for the	purpo	ose o	of soliciti	ng co	ontribu	tions
\setminus	NAME OF COMMITTEE (In Full)												
	Political Action Committee of the A Full Name (Last, First, Middle Initial)	mericar	Association	of C	Drt	hopa	aedic S	Surg	jeor	ารP/		of AA	AOS
	Fearless PAC						Date of	f Dist					_
	Mailing Address 233 Pennsylvania Ave, Se 2nd Floor						03		23			016	Y
	Washington	State DC	Zip Code 20003				Trans	actio	on ID	: 796336	67		
	Purpose of Disbursement Polis' LPAC			0	11		Amoun	t of E	Each	Disburse	ement	t this I	Period
	Candidate Name Fearless PAC			Cate	egor ype	ry/						1000.	00
	Office Sought: House Disburser Senate	nent For: Primary Other (spe	General cify) ▼		ype		Polis' Li	mo Ite PAC	em				
В.	Full Name (Last, First, Middle Initial) Clarke for Congress						Date of	f Dist	oursei		V	Ý	V
	Mailing Address 111-36 200th Street						03	,	23			016	1
	Hollis	State NY	Zip Code 11412				Trans	sactio	on ID	: 796337	70		
	Purpose of Disbursement			0)11		Amoun	t of E	Each	Disburse	ement	t this I	Period
	Rep. Yvette Clarke			Cate T\	egor ype	ry/						1500.	00
	Office Sought: House Disbursen Senate X	nent For: Primary Other (spe	General		ype		Mer	no lte	em				
<u></u> С.	Full Name (Last, First, Middle Initial) David Scott for Congress						Date of	f Dist	oursei	ment			
	Mailing Address P.O. Box 960821						M M 03	/	23			016	Y
	5	State GA	Zip Code 30296				Trans	sactio	on ID	: 796337	71		
	Purpose of Disbursement												
	Candidate Name David Scott		Cate	911 egor ype	ry/	Amoun	t of E	ach	Disburse		t this I 4650.0		
	Office Sought: House Disburser Senate	nent For: Primary Other (spe	X General		ype		Mer	mo lte	em	7			
s	UBTOTAL of Disbursements This Page (optional)											7150.	00
⊢	OTAL This Period (last page this line number only)							,		,			

S	CHEDULE B (FEC Form 3X)			F	OR	LINE	NU	MBER	:			PAGE	335 (DF 350
IT	EMIZED DISBURSEMENTS		parate schedule(s) n category of the			k only		e)		1				
			d Summary Page			21b 27		22 28a	×	23 28b	24	L	25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan													
\setminus	NAME OF COMMITTEE (In Full)													
	Political Action Committee of the A	merica	n Associatior	n of (Ort	thop	ae	dic S	Sur	geo	nsF	AC	of A	AOS
	Full Name (Last, First, Middle Initial)							. .	(D.					
А.	David Scott for Congress							Date o	t Dis	sburse	ement			
	Mailing Address P.O. Box 960821							03	/	2	3		2016	Y
	City	State	Zip Code					_						
	Riverdale	GA	30296					Trans	sacti	on ID	: 7963	372		
	Purpose of Disbursement			C)11			Amoun	t of	Each	Disbur	seme	nt this	Period
	Candidate Name			Cate	eao	rv/						-		
	David Scott				ype					7			500.	00
	Office Sought: X House Disburser Senate X President	ment For: Primary Other (sp	General					Me	mo li	tem				
	State: GA District: 13	Other (op	cony) V											
	Full Name (Last, First, Middle Initial)													
В.	Friends of Dennis Ross						I	Date o	_					_
	Mailing Address 133 South Harbor Drive							03		2	23	Y	2016	Y
	<u></u>	01-1-	Zie Oada											
	Venice	State FL	Zip Code 33807					Trans	sacti	ion ID	: 7963	374		
	Purpose of Disbursement			C	011		/	Amoun	t of	Each	Disbur	seme	nt this	Period
	Candidate Name			Cate	eao	rv/							0500	
	Dennis Ross				ype					7			2500.	00
	Senate X	ment For: Primary Other (sp	General					Mei	mo lt	tem				
	State: FL District: 12													
C.	Full Name (Last, First, Middle Initial) Canary Fund						I	Date o	f Dis	sburse	ement			
	Mailing Address P.O. Box 15293							03	/	D 2	3		y y 2016	Y
	-	State	Zip Code					Trans	sacti	ion ID	: 7963	376		
	Washington Purpose of Disbursement Provide LPAC	DC	20003	-										
	Brown's LPAC			C)11		/	Amoun	t of	Each	Disbur	seme	nt this	Period
	Candidate Name			Cate								_	5000.	00
	Canary Fund Office Sought: House Disburser			T	ype	;		_		7			5000.	00
	Office Sought: House Disburser Senate President	Primary Other (sp	General ecify) ▼				E	Mei Brown's	mo li s LP/					
_	State: District:													
s	UBTOTAL of Disbursements This Page (optional)					• •				3		,	8000.	00
Т	OTAL This Period (last page this line number only))				• •				,		,		

S	CHEDULE B (FEC Form 3X)	[FO	RII		UMBER:				PAGE	336	OF 350
IT	EMIZED DISBURSEMENTS	Use separate schedule(for each category of the	s)	-	eck	only o	one)			L			
		Detailed Summary Page				21b 27	22 28a		23 28b		4 3c	25 29	26 30b
	ny information copied from such Reports and Stater for commercial purposes, other than using the nan				.ny p	person	for the	purp	ose c	of solic	iting	contribu	itions
\square	NAME OF COMMITTEE (In Full)												
	Political Action Committee of the A	merican Associatio	on of	f O	rth	opa	edic S	Surg	geor	ารF	PAC	of A	AOS
A.	Full Name (Last, First, Middle Initial) Price for Congress						Date of	Dist	ourse	ment			
							M M	/	D	D /	Y	YY	Y
	Mailing Address P.O. Box 425						03		23	3		2016	
	,	State Zip Code GA 22305					Trans	actic	on ID	: 7963	377		
	Roswell Purpose of Disbursement	GA 22305											
				01	1	11	Amount	t of E	Each	Disbur	seme	ent this	Period
	Candidate Name		С	ateg		/						1500.	00
	Thomas Price Office Sought: Y House Disburser	ment For: 2016		Тур	be				,	_	7		
	Office Sought: House Disburser	Primary \mathbf{V} General					Mei	no lte	em				
	President	Other (specify)											
	State: GA District: 06												
в	Full Name (Last, First, Middle Initial) Louise Slaughter Re-Election Com	mittoo					Date of	f Dist	ourse	ment			
5.	Louise Slaughter Re-Election Com	millee					M M	/	D	_	Y	YY	Y
	Mailing Address 1150 University Ave, Bldg. 5 Building 5						03		2		Ľ.	2016	
	City S Rochester	State Zip Code NY 14607					Trans	actio	on ID	: 7963	380		
	Purpose of Disbursement												
	Candidate Name		- L	01	1	41	Amount	t of E	ach	Disbur	seme	ent this	Period
	Louise Slaughter		C	ateg Typ		/						1000.	00
	Office Sought: V House Disburser	ment For: 2016		. 7 P			Mer	no lte	em		/		
	Senate X	Primary General											
	State: NY District: 28	Other (specify)											
_	Full Name (Last, First, Middle Initial)												
C.	Luke Messer for Congress						Date of	Dist	ourse	ment			
	Mailing Address P.O. Box 917						03	/	23			2016	Y
	City	State Zip Code											
	Shelbyville	IN 46176					Trans	actic	on ID	: 7963	381		
	Purpose of Disbursement												
	Candidate Name		- L	01	1	41.	Amount	t of E	Each	Disbur	seme	ent this	Period
	Rep. Luke Messer		C	ateg Typ		/						1000.	00
	•	ment For: 2016					Mer	no lte	em		7		
	Senate	Primary General											
	State: IN District: 06	Other (specify)											
Г							_	_	_	_		_	_
s	UBTOTAL of Disbursements This Page (optional)								,	_	,	3500.	00
-	OTAL This Period (last page this line number only)					_							
1'	The mist chou (last page this line number only)			•••••						_	7		

	CHEDULE B (FEC Form 3X)		parate schedule(s)					:		PA	GE 337	OF 350
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(c	necł	c only 21b 27	one) 22 28a	<u> </u>	23 28b	24 28c	25	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan											
\setminus	NAME OF COMMITTEE (In Full)											
	Political Action Committee of the A	merica	n Associatior	n of (Ort	hopa	edic S	Surg	geor	ารPA	C of A	AOS
Α.	Full Name (Last, First, Middle Initial) Walden for Congress						Date o	f Dis	burse	ment		
							MM	/	D		YYY	Y
	Mailing Address P.O. Box 1091						03		2	3	2016	
	City S Hood River	State OR	Zip Code 97031				Trans	actio	on ID	: 796338	5	
	Purpose of Disbursement			-	-							
				0)11		Amoun	t of E	Each	Disburse	ment this	Period
	Candidate Name Gregory Walden			Cate		y/					2000	0.00
	0,	ment For:	2016	1	ype				,			
	Senate Set Senate	Primary	General				Me	mo lt	em			
	State: OR District: 02	Other (spe	ecify)									
	Full Name (Last, First, Middle Initial)											
В.	Johnson for Congress						Date o	f Dis		_		
	Mailing Address P.O. Box 14496						03	/	2	3	2016	Y
	City	State	Zip Code				Trans	acti	on ID	: 796338	6	
	Poland Purpose of Disbursement	OH	22301				Trans	sacin		. 790330	U	
				C	011		Amoun	t of E	Each	Disburse	ment this	Period
	Candidate Name			Cate		y/					1000	0.00
	Bill Johnson Office Sought: Y House Disburser	ment For:	2016	Ľ	ype			mo lte	,	7		
	Senate	Primary	General				Me	none	em			
	State: OH District: 06	Other (spe	ecify)									
_	Full Name (Last, First, Middle Initial)											
C.	Scalise for Congress						Date o	f Dis				
	Mailing Address P.O. Box 23219 Suite 301						03	/	2		2016	= Y
	City	State	Zip Code				Trans	sactio	on ID	: 796338	8	
	Jefferson Purpose of Disbursement	LA	70183	_		_						
			0)11		Amoun	t of E	Each	Disburse	ment this	Period	
	Candidate Name				egor	y/					2000	00
	Steve Scalise Office Sought: Y House Disburser	ment For:	2010	Ţ	ype		<u>_</u>	-	,		2000	
	Senate Sought.	Primary	General				Me	mo lt	em			
	State: LA District: 01	ecify)										
	State: LA District: 01						_	_		_		
s	UBTOTAL of Disbursements This Page (optional)								7	7	5000	0.00
Т	OTAL This Period (last page this line number only))							,	7		

	CHEDULE B (FEC Form 3X)		oroto cohodula(c)				IUMBER	1:			PAG	E 338	OF 350
IT	EMIZED DISBURSEMENTS		erate schedule(s) category of the	(c	hec	k only 21b	one)		23		24	25	
		Detailed	Summary Page		\vdash	210	22 28a	×	23 28b		24 28c	25	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan												
$\left[\right]$	NAME OF COMMITTEE (In Full)												
	Political Action Committee of the A	mericar	n Association	of (Drt	thopa	aedic	Sur	geo	ns	PAC	C of A	AOS
Α.	Full Name (Last, First, Middle Initial) Toomey Pennysylvania Victory Fur	nd					Date o	of Dis	sburse	ement			
	Mailing Address 228 South Washington St						03	/		3	Y	2016	Y
	Alexandria	State VA	Zip Code 22314				Tran	sacti	ion ID	: 796	3389		
	Purpose of Disbursement Toomey's Leadership			C	11		Amour	nt of	Each	Disbu	ırsem	ent this	Period
	Candidate Name			Cate	egoi ype				,		,	2500	.00
	Office Sought: House Disburser Senate President	nent For: Primary Other (spe	General ecify) ▼				Toome	emo l y's L		ship			
в.	State: District: Full Name (Last, First, Middle Initial) Graves for Congress						Date o	_		ement	V	Y Y	V
	Mailing Address P.O. Box 335						03			23	Ť	2016	Ť
	Calhoun	State GA	Zip Code 30703				Tran	sact	ion ID) : 796	3390		
	Purpose of Disbursement			C)11		Amour	nt of	Each	Disbu	ırsem	ent this	Period
	Candidate Name			Cate								1000	.00
		nent For: Primary	General	Ţ	ype		Me	emo li	tem		7	1000	
	State: GA District: 14	Other (spe	echy) 🔻										
C.	Full Name (Last, First, Middle Initial) Tim Scott for Senate						Date o	_		ement	V	YY	Y
	Mailing Address 1405 Ashley River Road					03			3	Ľ	2016		
	City S Charleston	Zip Code 29407				Tran	sact	ion ID	: 796	3391			
	Purpose of Disbursement		0	11		Amour	nt of	Each	Disbu	ırsem	ent this	Period	
	Candidate Name Sen. Tim Scott		Cate T	egoi ype				,		,	2000	.00	
	Office Sought: House Disburser X Senate President State: SC District:	nent For: Primary Other (spe	General				Με	emo l	tem				
s	UBTOTAL of Disbursements This Page (optional)					• •			7		,	5500	.00
Т	OTAL This Period (last page this line number only)					• •			,		7		

SCHEDULE	B (FEC Form	3X)			F	OR	LIN	IE NI	JMBER	:		PA	GE :	339 (DF 350
ITEMIZED D	DISBURSEMENT	S		parate schedule(s) a category of the			ck o	nly o	ne)		_				
				Summary Page			21 27	L	22 28a	×	23 28b	24 28c		25 29	26 30b
	copied from such Reports														
	MMITTEE (In Full)					_				_			_		_
/	ction Committee	of the A	merica	n Associatior	۱ of (Ort	the	opa	edic S	Sur	geo	nsPA	AC c	of A/	AOS
_ ``	st, First, Middle Initial) al for Senate								Date o	f Dis	burse	ement			
									M M	_	D		Y Y	Y	Y
Mailing Addres	ss 10 G Street Suite 570								03			3		016	
City		ç	State	Zip Code					Trans	sacti	on ID	: 796339	12		
Washington	- I		DC	20002					mana	sacu		. 730333	12		
Purpose of Di					C	011			Amoun	t of	Each	Disburse	ement	this I	Period
Candidate Na					Cat	ego	ory/							1500.	00
	lumenthal				Т	ype)		<u></u>		7			1000.	
Office Sought:		Disburser	nent For:						Me	mo lt	tem				
	Senate President		Primary Other (sp	General											
State: DC	District:		Sulei (sp	Cony) 🔻											
	st, First, Middle Initial)	1													
•	Burgess for Cong	ress							Date o	f Dis	burse	ement			
									M M	/	D	D /	Y Y	Y	Y
Mailing Addres	68 P.O. Box 2334				_	_	_		03		2	3	20	016	
City		ç	State	Zip Code					Trans	sacti	on ID	: 796339	94		
Denton Purpose of Dis	shursement		ТХ	76202				_							
					(011			Amoun	t of	Each	Disburse	ement	this I	Period
Candidate Na	ne				Cat		-			-				-	
Michael C	C. Burgess					iype			L.,		7	7	2	2500.	00
Office Sought:		Disbursen	nent For:						Me	mo lt	em				
	Senate		Primary	X General					_						
Ctata: TV	President		Other (sp	ecify) 🔻											
State: TX Full Name (La	District: 26 st, First, Middle Initial)														
	d for Congress								Date o	f Dis	burse	ement			
									M M	/	D	D /	Y Y	Y	Y
Mailing Addres	ss P.O. Box 10847								03		2	3	_20)16	
City			State	Zip Code					Tran	sacti	on ID	: 796339	95		
Rochester	aburaamaat		NY	14610					iiaiii	2400	J. 10				
Purpose of Di	SDUISEIIIEIIL					011			A			Dials		16.5	Deut
Candidate Na	ne						-		Amoun	t of	∟ach	Disburse	ement	this	-eriod
Thomas				Cate T	ego ype							_ :	3000.	00	
Office Sought:		Disburser	nent For:	2016					Me	mo lt	em				
	Senate		Primary	X General											
	President		Other (sp	ecify) 🔻											
State: NY	District: 29														
)ichurcomonto Thio Dovo	(optional)												7000.	00
SUBIUIAL OF L	Disbursements This Page	; (optional)					•• •	_		-	7				
TOTAL This Per	iod (last page this line n	umber only)					🕨								

ITEMIZED DISBURSEMENTS Use separate schedule(s) to each category of the Detailed Summary Page (check only one) (check only one) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAC Full Name (Last, First, Middle Initial) A. Levin for Congress Date of Disbursement Mailing Address P.O. Box 37 011 City State Zip Code Ni 48066 Purpose of Disbursement 011 Office Sought: House Disbursement For: 2016 State: MI Disbursement For: 2016 Mailing Address P.O. Box 6312 Date of Disbursement City State Zip Code Disbursement Mailing Address P.O. Box 6312 011 City State Zip Code Disbursement Mailing Address P.O. Box 6312 011 City State Zip Code Disbursement <
Detailed Summary Page 21 22 23 <
Any information copied from such Reports and Statements may not be solid or used by any person for the purpose of soliciting contribution of or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAC Full Name (Last, First, Middle Initial) A. Levin for Congress Date of Disbursement Mailing Address P.O. Box 37 011 City City State Zip Code Purpose of Disbursement 011 Category/ Type Office Sought: House Disbursement For: 2016 Full Name (Last, First, Middle Initial) B. Dold for Congress Amount of Each Disbursement this Person Mailing Address P.O. Box 6312 Disbursement For: 2016 Transaction ID : 7963397 Full Name (Last, First, Middle Initial) B. Dold for Congress Date of Disbursement Mailing Address P.O. Box 6312 City State Zip Code City State Zip Code Transaction ID : 7963397 Mailing Address P.O. Box 6312 Other (specify) Transaction ID : 7963397 Mailing Address P.O. Box 6312 Other Category/ Type Mounut of Each Disbursement this Per <
Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAC Full Name (Last, First, Middle Initial) A. Levin for Congress Mailing Address P.O. Box 37 City State City State Purpose of Disbursement Candidate Name Sander Levin Office Sought: President Disbursement Office Sought: President Disbursement Office Sought: Purpose of Disbursement Office Sought: President Disbursement For: Office Sought: Purpose of Disbursement Office Sought: Purpose of Disbursement City State: MI Disbursement Other (specify) Mailing Address P.O. Box 6312 City Libertyville IL 60093 Purpose of Disbursement Office Sought: Mouse Disbursement For: 2016 City Transaction ID : 7963
Full Name (Last, First, Middle Initial) A. Levin for Congress Mailing Address P.O. Box 37 City State Zip Code Roseville MI 48066 Purpose of Disbursement 011 Candidate Name 011 Sander Levin Disbursement For: 2016 Senate President President Other (specify) ▼ State: MI Disbursement 011 Other (specify) ▼ Date of Disbursement Mailing Address P.O. Box 6312 03 City State Libertyville IL Purpose of Disbursement 011 City State Libertyville IL Purpose of Disbursement 011 Category/ Transaction ID : 7963397 Amount of Each Disbursement this Per Category/ Type 1000.00 Office Sought: House Disbursement For:
A. Levin for Congress Date of Disbursement Mailing Address P.O. Box 37 Image: Constraint of the second
Mailing Address P.O. Box 37 03 / 23 / 2016 City State Zip Code Roseville Mi 48066 Purpose of Disbursement 011 Candidate Name 011 Category/ 1000.00 Office Sought: House President Disbursement For: 2016 State: MI Dold for Congress Date of Disbursement Mailing Address P.O. Box 6312 City State Zip Code Libertyville IL 60093 Purpose of Disbursement 011 Candidate Name 011<
Mailing Address P.O. Box 37 03 23 2016 City State Zip Code Transaction ID : 7963396 Purpose of Disbursement 011 Amount of Each Disbursement this Per Candidate Name Senate Disbursement For: 2016 Memo Item Office Sought: Yesident Disbursement For: 2016 Memo Item State: MI District: 12 Disbursement Disbursement Full Name (Last, First, Middle Initial) B. Dold for Congress Date of Disbursement Mailing Address P.O. Box 6312 Transaction ID : 7963397 City State Zip Code Transaction ID : 7963397 Mailing Address P.O. Box 6312 011 Category/ Type Transaction ID : 7963397 Manount of Each Disbursement 011 Category/ Type 1000.00 Office Sought: House Disbursement For: 2016 Memo Item
Roseville MI 48066 Transaction ID : 7963396 Purpose of Disbursement 011 Amount of Each Disbursement this Per Candidate Name Category/ Sander Levin 1000.00 Office Sought: Image: Senate President State Disbursement For: 2016 State: MI District: 12 Memo Item Full Name (Last, First, Middle Initial) Dold for Congress Date of Disbursement Mailing Address P.O. Box 6312 IL 60093 City State Zip Code Libertyville IL 60093 Purpose of Disbursement 011 Category/ Robert Dold Disbursement For: 2016 Amount of Each Disbursement this Per Memo Item 011 Memo Item
Roseville MI 48066 Purpose of Disbursement 011 Candidate Name 011 Candidate Name 011 Category/ Type 1000.00 Office Sought: House Senate President President Other (specify) ▼ State: MI Dold for Congress Date of Disbursement Mailing Address P.O. Box 6312 City State Zip Code Purpose of Disbursement 011 Category/ Type Mailing Address P.O. Box 6312 City State Zip Code Libertyville IL 60093 Purpose of Disbursement 011 Category/ Type 1000.00 Office Sought: House Disbursement For: 2016
Candidate Name 011 Amount of Each Disbursement this Periods Sander Levin Disbursement For: 2016 1000.00 Office Sought: House Disbursement For: 2016 Memo Item State: MI District: 12 Memo Item Full Name (Last, First, Middle Initial) Dold for Congress Date of Disbursement Mailing Address P.O. Box 6312 Date of Disbursement City State Zip Code Libertyville IL 60093 Purpose of Disbursement 011 Category/ Transaction ID : 7963397 Amount of Each Disbursement this Periods 1000.00 Office Sought: House Disbursement For: 2016
Candidate Name Category/ Type Sander Levin Disbursement For: 2016 Office Sought: House Senate Primary President Other (specify) State: MI District: 12 Full Name (Last, First, Middle Initial) B. Dold for Congress Mailing Address P.O. Box 6312 City State Purpose of Disbursement Purpose of Disbursement Office Sought: Y House Disbursement For: 2016 Mailing Address P.O. Box 6312 Transaction ID : 7963397 Amount of Each Disbursement this Per Candidate Name 011 Candidate Name 011 Category/ 1000.00 Office Sought: House Disbursement For: 2016
Sander Levin Type Office Sought: House Senate Primary President Other (specify) State: MI District: 12 Full Name (Last, First, Middle Initial) B. Dold for Congress Mailing Address P.O. Box 6312 City State Libertyville IL Purpose of Disbursement Office Sought: Maue Disbursement For: 2016 Mailing Address P.O. Box 6312 City State Zip Code IL B. Dold Office Sought: Ville IL 60093 Purpose of Disbursement O11 Category/ Type 1000.00 Memo Item
Office Sought: House Senate President Disbursement For: 2016 Primary Memo Item State: MI District: 12 Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address P.O. Box 6312 City State Zip Code Libertyville IL 60093 Purpose of Disbursement 011 Candidate Name 011 Robert Dold Disbursement For: 2016
President Other (specify) State: MI District: 12 Full Name (Last, First, Middle Initial) Date of Disbursement B. Dold for Congress Date of Disbursement Mailing Address P.O. Box 6312 City State Zip Code Libertyville IL 60093 Purpose of Disbursement 011 Candidate Name Category/ Type 1000.00 Office Sought: House Disbursement For: 2016
State: MI District: 12 Full Name (Last, First, Middle Initial) B. Dold for Congress Date of Disbursement Mailing Address P.O. Box 6312 03 / 23 / 2016 City State Zip Code Libertyville IL 60093 Purpose of Disbursement 011 Candidate Name 011 Robert Dold Disbursement For: 2016
Full Name (Last, First, Middle Initial) B. Dold for Congress Mailing Address P.O. Box 6312 City State Zip Code Libertyville IL 60093 Purpose of Disbursement 011 Candidate Name Category/ Type 1000.00 Office Sought: House Disbursement For: 2016
B. Dold for Congress Date of Disbursement Mailing Address P.O. Box 6312 City State Zip Code Libertyville IL 60093 Purpose of Disbursement 011 Candidate Name 011 Candidate Name Category/ Type Office Sought: Disbursement For: 2016
Mailing Address P.O. Box 6312 City State Zip Code Libertyville IL 60093 Purpose of Disbursement 011 Candidate Name 011 Candidate Name Category/ Type Office Sought: House Disbursement For: 2016
City State Zip Code Libertyville IL 60093 Purpose of Disbursement 011 Candidate Name 011 Candidate Name Category/ Type Office Sought: Meuse Disbursement For: 2016
Libertyville IL 60093 Purpose of Disbursement 011 Candidate Name 011 Candidate Name Category/ Type Office Sought: Mouse Disbursement For: 2016
Purpose of Disbursement 011 Candidate Name Category/ Type Robert Dold Disbursement For: 2016
Candidate Name Category/ Type Robert Dold Disbursement For: 2016
Robert Dold Category/ Type 1000.00 Office Sought: Y House Disbursement For: 2016 Memo Item
Office Sought: X House Disbursement For: 2016 Memo Item
Senate Primary General
President Other (specify)
State: IL District: 10
Full Name (Last, First, Middle Initial)
C. Friends of Erik Paulsen
Mailing Address P.O. Box 44369
City State Zip Code Texposition ID - 700200
Eden PrairieMN55344Transaction ID : 7963399
Purpose of Disbursement
Candidate Name
Erik Paulsen Category/ Type 2500.00
Office Sought: NZ House Disbursement For: 2040
Senate Primary General Memo Item
President Other (specify)
State: MN District: 03
SUBTOTAL of Disbursements This Page (optional) 4500.00

S	CHEDULE B (FEC Form 3X)			F	OR I	LINE N	NUM	BER	:			P	AGE	341	OF 350
IT	EMIZED DISBURSEMENTS		category of the			k only	one)					_	_	
	-		Summary Page		\square	21b 27		22 28a	×	23 28b	-	24 280		25 29	26 30b
	ny information copied from such Reports and Staten for commercial purposes, other than using the name														
\backslash	NAME OF COMMITTEE (In Full)														
\backslash	Political Action Committee of the A	merica	n Associatior	of (Ort	hopa	aed	lic S	Sur	geo	on	sP/	AC (of A	AOS
_	Full Name (Last, First, Middle Initial)						-		(D:						
А.	Lobiondo for Congress						Da	ate o	t Dis	sburs	sen	nent			
	Mailing Address P. O. Box 550							03	/		23			016	Ŷ
	City	State	Zip Code				_				.	70024			
	Vineland	NJ	08362				I	rans	sact	on II	: ט	79634	00		
	Purpose of Disbursement)11		٨	noun	t of	Fach	ъ Г	Disburs	mon	t thic	Period
	Candidate Name					_		noun		Lau		Jisbui s	men	t uns	renou
	Rep. Frank LoBiondo			Cate T	egor ype	ry/					į.			1000	00
		nent For:	2016		71		Ē	Me	mo l	tem					
	Senate	Primary	General												
		Other (sp	ecify) 🔻												
	State: NJ District: 02														
D	Full Name (Last, First, Middle Initial)							-t	f Dia	burg		aant			
D.	Friends of Michelle						_	ate o	_						_
	Mailing Address P.O. Box 25422						и м 03	1		23			2016	Y	
	1.0. Dox 20422														
	5	State NM	Zip Code 87125					Trans	sact	ion I	D :	79634	01		
	Purpose of Disbursement		01120	_		_									
				C	011		Ar	noun	t of	Each	ηD	Disburs	emen	t this	Period
	Candidate Name			Cate	egor	ry/	1				1			2000	00
	Rep. Michelle Lujan Grisham			Ţ	ype		1	-		7	-	7		2000	00
	Office Sought: House Disbursen							Me	mo li	tem					
	Senate President	Primary Other (sp	General												
	State: NM District: 01	Other (Sp	cony) 🗸												
_	Full Name (Last, First, Middle Initial)										_				
C.	Angerholzer Broz Consulting						Da	ate o	f Dis	sburs	en	nent			
								∧ M	/	D	- 0) /	Y Y	Y	Y
	Mailing Address 499 S Capitol St. SW Suite 422						1	03			23		2	016	
		State	Zip Code												
	-	DC	20003				-	Frans	sact	ion I	D :	79642	77		
	Purpose of Disbursement Gene Green's Breakfast Event 12-15-15			-	-										
				0	011		Ar	noun	t of	Each	۱C	Disburs	emen	t this	Period
	Candidate Name Gene Green		Cate		ry/	1				1			350.	00	
	Office Sought: X House Disburser	2016	1	ype		12	1		7	-		-			
		Primary	General				G		mo l'		roc	kfast E	vont	10 15	15
	President	Other (sp	ecify) 🔻				Ge	ene G	neer	15 D	lea	INIASI E	veni	12-15	-15
	State: TX District: 29														
Γ							Г								
S	UBTOTAL of Disbursements This Page (optional)									7		7	_	3350	00
_	OTAL This Daried (last page this line number and						Г								
1'	OTAL This Period (last page this line number only)				•••••			1.0	1	7	1				

S	CHEDULE B (FEC Form 3X)			F	OR L		UMBER:		P	AGE 3	342 OF	- 350
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page		heck	only 21b 27	one)	X 23 28b	24		25 29	26 30b
	y information copied from such Reports and Staten for commercial purposes, other than using the name											
	NAME OF COMMITTEE (In Full) Political Action Committee of the A	mericar	n Associatior	n of (Orth	hopa	aedic S	urgeoi	ารP/	AC o	f AA	os
Α.	Full Name (Last, First, Middle Initial) Collins for Congress Mailing Address P.O. Box 386						Date of	Disburse	D /	y y 20	16	
	City S Clarence	State NY	Zip Code 14031				Transa	action ID	: 79643	85		
	Purpose of Disbursement Void - Collins for Congress			0	11		Amount	of Each	Disburs	ement	this Pe	eriod
	Candidate Name Rep. Christopher Collins				egory ype	y/		-	,	-1	000.00)
	Senate	ment For: Primary Other (spe	General					no Item Illins for (Congres	S		
в.	Full Name (Last, First, Middle Initial)						Date of	Disburse	_	YYY	Y Y	-
	Mailing Address P.O. Box 386						03	2	4	_ 20	16	
	Clarence	State NY	Zip Code 14031				Transa	action ID	: 79651	16		
	Purpose of Disbursement Candidate Name Rep. Christopher Collins			Cate)11 egory ype	y/	Amount	of Each	Disburs		this Pe 000.00	
	Senate X	nent For: Primary Other (spe	General				Mem	io ltem				
c.	Full Name (Last, First, Middle Initial)							Disburse			Y Y	_
	Mailing Address P.O. Box 447						03	/ D		20		
	,	State GA	Zip Code 30123	_		_	Transa	action ID	: 79682	39		
	Candidate Name Barry Loudermilk			Cate	911 egory ype	y/	Amount	of Each	Disburs		this Pe 2500.00	
	Senate X	ment For: Primary Other (spe	General				Mem	io Item				
s	UBTOTAL of Disbursements This Page (optional)					•				2	2500.00)
⊢	OTAL This Period (last page this line number only)											

S	CHEDULE B (FEC Form 3X)			F)B		NU	IMBER:	,			PAG	E 343	OF 350
	EMIZED DISBURSEMENTS		arate schedule(s) category of the			k only	-	ne)			l			
			Summary Page			21b 27		22 28a	· ·	23 28b		24 28c	25 29	26 30b
	y information copied from such Reports and Staten for commercial purposes, other than using the name													
\setminus	NAME OF COMMITTEE (In Full)													
	Political Action Committee of the A	merican	Association	n of (Ort	thop	ae	edic S	Surg	geor	ารโ	PAC	c of A	AOS
Α.	Full Name (Last, First, Middle Initial) Pat Meehan for Congress							Date of	f Dist	burse	ment			
								MM	/	D		Y	YY	Y
	Mailing Address P.O. Box 308							03		29	9		2016	
	,	State	Zip Code					Trans	actio	on ID	: 796	3240		
	Drexel Hill Purpose of Disbursement	PA	19026											
				0)11			Amount	t of E	Each	Disbu	rsem	ent this	s Period
	Candidate Name			Cate	eqoi	rv/							400	0.00
	Patrick Meehan				ype					,		7	400	0.00
	Senate	nent For: 2 Primary Other (spe	X General					Mei	mo lte	em				
	State: PA District: 07		(ing)											
	Full Name (Last, First, Middle Initial)													
В.	Alamo PAC							Date of	f Dist	ourse	ment			
	Mailing Address 816 Congress Ave, Suite 960 Frost Bank Plaza					-	03	/	2		Y	2016	Y	
	City 5 Austin	Zip Code 78701					Trans	actio	on ID	: 796	8241			
	Purpose of Disbursement Cornyn's LPAC			C)11			Amount	t of E	Each	Disbu	rsem	ent this	s Period
	Candidate Name			Cate		n/							_	
	Alamo PAC				ype				-	,		7	250	0.00
	Office Sought: House Disbursen						1	Mer	no lte	em				
		Primary	General					Cornyn'	s LP	AC				
	State: District:	Other (spe	city) 🔻											
	Full Name (Last, First, Middle Initial)													
C.	Byrne for Congress							Date of	f Dist		_			
	Mailing Address P.O. Box 2743					-	м м 03	/	29		Y	2016	Y	
	City	State	Zip Code				-	Trans	actic	סו מכ	. 706	8242		
	Mobile	36652					TIANS	actic	טו ווכ	. 190	JZ4Z			
	Purpose of Disbursement		0)11			A 100					-11 too	Dorieri	
	Candidate Name		1.00		n/		Amoun	LOTE	ach	טמצות	rsem	ent this	s Period	
	Rep. Bradley Byrne		Cate T	ype	ry/							100	0.00	
	Office Sought: X House Disbursen Senate President	2016 X General cify) ▼					Mer	no lte	em					
_	State: AL District: 01													
s	UBTOTAL of Disbursements This Page (optional)					. 🕨	_			,		7	750	0.00
Т	OTAL This Period (last page this line number only)					. 🕨				,		,		

	CHEDULE B (FEC Form 3X)		aarata cabadula(a)				IUMBER:			Р	AGE	344 (OF 350
IT	EMIZED DISBURSEMENTS		parate schedule(s) n category of the	(c	hec	k only			00			7 05	
			Summary Page		\vdash	21b 27	22 28a	×	23 28b	24	\downarrow	25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan					perso	n for the		oose o	of solicit	ing co	ontribu	tions
\mathbb{N}	NAME OF COMMITTEE (In Full)												
	Political Action Committee of the A	merica	n Association	of (Ort	hopa	edic S	Sur	geoi	nsP		of A	AOS
Α.	Full Name (Last, First, Middle Initial) Cramer for Congress						Date o	f Dis	burse	ment			
	Mailing Address P.O. Box 396						03	/	2			016	Y
	City S Bismarck	State ND	Zip Code 58502				Trans	acti	on ID	: 79682	44		
	Purpose of Disbursement			_	-								
				0)11		Amoun	t of	Each	Disburs	emen	t this	Period
	Candidate Name			Cate	egor	ry/						2500.	00
	Rep. Kevin Cramer			Ty	ype			-	7			2000.	00
	Senate X President	ment For: Primary Other (sp	General				Me	mo lt	tem				
	State: ND District: 00												
В.	Full Name (Last, First, Middle Initial) Hurd for Congress						Date o	f Dis	burse	ment			
	Mailing Address P.O. Box 761029						м м 03	/		D / 9		016	Y
	City San Antonio	State TX	Zip Code 78245				Trans	sacti	on ID	: 79682	45		
	Purpose of Disbursement			C)11		Amoun	t of	Each	Disburs	emen	t this	Period
	Candidate Name			Cate		ry/						1000.	00
	Rep. Will Hurd			Ty	ype				7		_	1000.	
	Office Sought: House Disburser Senate President State: TX District: 23	ment For: Primary Other (sp	X General				Mei	no lt	em				
<u>с</u> .	Full Name (Last, First, Middle Initial)						Date o	f Dis	burse	ment			
-	Dimaris for Congress						M M	/	D	D /	Y Y	Y	Y
	Mailing Address P.O. Box 606						03		2		_2	016	
	City Stranger Strange	State FL	Zip Code 34688				Trans	sacti	on ID	: 79682	46		
	Purpose of Disbursement			_									
	Candidate Name			0 Cate)11 eaor	rv/	Amoun	t of	Each	Disburs	emen		_
	Gus Bilirakis				ype	,			,	7		2500.	00
	Office Sought: House Disburser Senate President State: FL District: 09	ment For: Primary Other (sp	General				Me	mo lt	tem				
	UBTOTAL of Disbursements This Page (optional)						_	-			-	6000.	00
⊢	OTAL This Period (last page this line number only)					-	+	-	7				
L '	The most choo (last page this line humber only)	,							7		_		

S	CHEDULE B (FEC Form 3X)		. .	FC	DR	LINE	NUI	MBER:	:			PA	GE	345	OF 350
IT	EMIZED DISBURSEMENTS		barate schedule(s) a category of the			k only		e)			_			1.0-	
_			Summary Page			21b 27	┢	22 28a	×	23 28b		24 28c		25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan														
\backslash	NAME OF COMMITTEE (In Full)														
	Political Action Committee of the A	merica	n Association	of C	Drt	hop	ae	dic S	Sur	geo	ns	sPA	C c	of A	AOS
_	Full Name (Last, First, Middle Initial)							Date of	f Dia	buro		ont			
А.	Womack for Congress Committee									D		eni		Y	V
	Mailing Address P.O. Box 508							03	Í		29			016	I
	,	State	Zip Code					Trans	acti	on ID) • 7	796824	7		
	Rogers	AR	72757				-	mana				00024	•		
	Purpose of Disbursement			0	11			Amoun	t of	Each	Di	sburse	ment	this	Period
	Candidate Name			Cate	aoi	rv/					-				
	Steve Womack				/pe	<i>.</i> ,				7				2500.	00
	Office Sought: X House Disburser Senate President	nent For: Primary Other (spe	X General					Me	mo lt	tem					
	State: AR District: 03														
	Full Name (Last, First, Middle Initial)														
В.	Coffman for Congress Inc.							Date of	f Dis	burse		ent	/ Y	Y	Y
	Mailing Address 9249 South Broadway Blvd. #200-501							03		2	29		20	016	
	Highlands Ranch	State CO	Zip Code 80129					Trans	sacti	on ID	D : 7	796824	8		
	Purpose of Disbursement],	1	+ of	Tach		ahuraa		thio	Dariad
	Candidate Name)11			Amoun		Each	וט	sburse	ment	unis	Period
	Mike Coffman			Cate T\	egoi /pe	ry/								2500.	00
		nent For:	2016	- ,	100		t i	Mer	mo lt	em					
	Senate X	Primary	General												
	State: CO District: 06	Other (spe	ecify)												
	Full Name (Last, First, Middle Initial)														
C.	Coffman for Congress Inc.							Date of	f Dis			ent		Y	
	Mailing Address 9249 South Broadway Blvd. #200-501							03	ĺ	2	29			016	Ţ
	-	State	Zip Code					Trans	sacti	on ID):7	796824	9		
	Highlands Ranch Purpose of Disbursement	CO	80129				-								
				0	11	٦.		Amoun	t of	Fach	ы	sburse	mont	thic	Period
	Candidate Name			Cate		nu/		Amoun		Lacii		SDUI SC	ment		renou
	Mike Coffman				/pe	y/							1	2500.	00
	Senate President	nent For: Primary Other (spe	K General					Mei	mo lt	tem					
_	State: CO District: 06														
s	UBTOTAL of Disbursements This Page (optional)									,		. ,		7500.	00
т	OTAL This Period (last page this line number only)									,					

S	CHEDULE B (FEC Form 3X)			F	OR	LIN	ΕN	UMBE	R:			PAG	GE 346	OF 350
IT	EMIZED DISBURSEMENTS	for each	parate schedule(s) a category of the		-	ck or	nly c	-		23		24	25	26
		Detailed	I Summary Page			27	L	288	a	28b	H	28c	29	30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan													
\square	NAME OF COMMITTEE (In Full)													
	Political Action Committee of the A Full Name (Last, First, Middle Initial)	merica	n Associatio	n of (Or	tho	pa	edic	Su	geo	ns	PA	C of A	AOS
Α.	Rohrabacher for Congress							Date	of Di	sburse	emen	t		
	Mailing Address 9070 Irvine Center Drive, #150							м 03		2	29	/ Y	2016	Y
	City	State	Zip Code				+	Tra	nead	ion ID	. 704	\$8250		
	Irvine	CA	92618					IIa	15401			0230		
	Purpose of Disbursement			(011			Amou	unt of	Each	Disb	ursem	nent this	Period
	Candidate Name			Cat									500	0.00
	Rep. Dana Rohrabacher			Т	ype)		<u>-</u>		7	_	7	000	
	Office Sought: X House Disburser Senate X President	ment For: Primary Other (spe	General					N	1emo	ltem				
_	State: CA District: 48													
В.	Full Name (Last, First, Middle Initial) Walberg for Congress							Date	of Di	sburse	emen	t		
								М	M /	D	D	/ Y	Y Y	Y
	Mailing Address P.O. Box 1362							0	3	2	29		2016	_
	City Jackson	State MI	Zip Code 49204					Tra	nsact	tion ID):79	68453	5	
	Purpose of Disbursement				244			A		F aab	Diek			Devied
	Candidate Name			1.00	011	_		Amol	int of	Each	DISD	ursen	nent this	Period
	Timothy Walberg			Cat T	ego ype			Ι.,					1000	0.00
	Z	ment For:	2016	•	700		-	N	lemo	tem		,		
	Senate	Primary	X General											
	State: MI District: 07	Other (spe	ecify)											
_	Full Name (Last, First, Middle Initial)							_						
C.	Boustany for Senate Inc									sburse	emen			
	Mailing Address P.O. Box 80126							м 03			29	/ Y	2016	Y
	,	State	Zip Code					Tra	nsact	tion ID):79	68560)	
	Lafayette Purpose of Disbursement	LA	70598											
				C	011			Amo	unt of	Each	Dich	urcom	nent this	Poriod
	Candidate Name		Cat		_		Aniot		Laci	0150	uisen		renou	
	Charles Boustany			ype								4000	0.00	
	Senate President	ment For: Primary Other (spe	General					N	1emo	ltem				
	State: LA District:													
s	UBTOTAL of Disbursements This Page (optional)									7		7	5500	0.00
Т	OTAL This Period (last page this line number only))				🕨				,		,		

S	CHEDULE B (FEC Form 3X)		F	OR		UMBER:			PA	GE	347 (DF 350
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			k only	one)		_				
		Detailed Summary Page			21b 27	22 28a	X 2	3 8b	24 28c		25 29	26 30b
	y information copied from such Reports and Staten for commercial purposes, other than using the nam				/ perso	n for the	purpo	se o	f soliciti			tions
$\left[\right]$	NAME OF COMMITTEE (In Full)											
	Political Action Committee of the A Full Name (Last, First, Middle Initial)	merican Associatio	n of (Ort	thopa	aedic S	Surge	eor	ısPA	\C	of A	AOS
Α.	Pioneer PAC					Date of					Y	1
	Mailing Address 217 3rd Street, SE					03	/	30			016	Y
	,	State Zip Code				Trans	actior	ו ID ו	: 797086	3		
	Washington Purpose of Disbursement	DC 20003								-		
	Tiberi's LPAC		C)11		Amount	t of Ea	ach I	Disburse	ment	t this	Period
	Candidate Name		Cat								5000.	00
	Pioneer PAC Office Sought: House Disbursen	nent For:	Т	ype				_	7			
	Senate	Primary General Other (specify)				Tiberi's	mo Iter LPAC	n				
	State: District:											
B.	Full Name (Last, First, Middle Initial) Friends of Dena					Date of	f Disbu	urser	ment			
						M M		D		Y Y	Y	Y
	Mailing Address 3956 Town Center Blvd. Suite 457					03		31	1	20	016	
	Orlando	State Zip Code FL 32837				Trans	actior	n ID	: 797187	74		
	Purpose of Disbursement		(011		Amount	t of Ea	ach I	Disburse	ment	t this	Period
	Candidate Name		Cat	eaoi	rv/							
	Dena Minning			ype					7		4000.	00
	Senate X	nent For: 2016 Primary General Other (specify) ▼				Mer	no Iten	n				
	State: FL District: 09											
C.	Full Name (Last, First, Middle Initial) Boustany for Senate Inc					Date of	f Disbu	urser	ment			
	Mailing Address P.O. Box 80126					03	/	29			016	Y
	,	State Zip Code				Trans	actior	n ID	: 802027	71		
	Lafayette Purpose of Disbursement	LA 70598			_							
			C)11		Amount	t of Ea	ach I	Disburse	ment	t this	Period
	Candidate Name		Cat	egoi	ry/			-		-	4000.	00
	Charles Boustany Office Sought: House Disbursen	Т	ype				_			4000.	00	
		Primary General Other (specify) ▼				× Mer	no lter	n				
						_	_	_	_	_	_	_
s	UBTOTAL of Disbursements This Page (optional)					Ļ		_			9000.	00
т	OTAL This Period (last page this line number only)					L.		_	7			

SC	CHEDULE B (FEC Form 3X)		F	DR		UMBE	R:			PA	GE 34	18 OF	350
ITI	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			k only	one)			-			_	
		Detailed Summary Page			21b 27	22 28a	ı X	23 28b		24 28c		:5 :9	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan												
\setminus	NAME OF COMMITTEE (In Full)												
	Political Action Committee of the A	merican Association	of (Drt	hopa	aedic	Su	rgeo	n	sPA	C of	AAC	DS
	Full Name (Last, First, Middle Initial)					Date	of Di	sburs	em	hent			
	Boustany for Senate Inc					M	M /				Ý	Y Y	
	Mailing Address P.O. Box 80126					03	3	3	31		201	6	
	City S Lafayette	State Zip Code LA 70598				Tra	nsact	ion ID):	802027	2		
	Purpose of Disbursement Re-designated funds for trans. dated 3/29/2016	10390							-				
	Candidate Name			11		Amoı	int of	Each	Ľ)isburse	ment ti	ns Pei	riod
	Charles Boustany		Cate Ty	egoi /pe							15	00.00	
	Office Sought: House Disburser	ment For: 2016				×N	lemo						
	Senate President	Primary General				Re-de	signa	ated fu	inc	ds for tra	ns. dat	ed 3/2	9/2016
	State: LA District:	Other (specify)											
	Full Name (Last, First, Middle Initial)												
В.						Date	of Di	sburse					_
	Mailing Address					M	M /	D	D		Ŷ	Y Y	
	City	State Zip Code											
	Purpose of Disbursement			-		Amo	int of	Fach		Disburse	ment ti	nis Per	riod
	Candidate Name		Cate		ry/			Laon					
	Office Sought: House Disburser	ment For:	- IY	/pe		N	emo	ltem		7	-		
	Senate	Primary General					ente						
	State: District:	Other (specify)											
	Full Name (Last, First, Middle Initial)												
C.						Date	of Di	sburse	en	nent			
	Mailing Address					М	M /	D	D		Ŷ	Y Y	
	City	State Zip Code											
	Purpose of Disbursement		_										
	Candidate Name		Cate Ty	egoi /pe		Amou	int of	Each)isburse	ment th	nis Per	riod
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) v				N	lemo	ltem					
_	State: District:												
s	UBTOTAL of Disbursements This Page (optional)							7	2			0.00	
Т	OTAL This Period (last page this line number only))						,	2		3201	50.00	

SCHEDULE B (FEC Form 3X)				F	OR	LIN		NUMBER: PAGE 349 OF 35								
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			ck o	only o	/ one)									
			Summary Page		-	21 27		22 1 28a	\vdash	23 28b	24	- -	25 29	26 30b		
	y information copied from such Reports and Stater for commercial purposes, other than using the nam						erson	for the								
\backslash	NAME OF COMMITTEE (In Full)		A •		~				~		_					
	Political Action Committee of the A	merican	Association	of (Jr	tho	opae	edic	Sur	geo	nsP	AC	of A	AOS		
Α.	Full Name (Last, First, Middle Initial) Jeffrey R Ginther MD, FACS							Date of Disbursement								
	ling Address 13827 Driftwood Dr						03 / D D / Y Y Y Y 03 11 2016						Y			
	Carmel	State IN	Zip Code 46033-8511					Tran	sact	ion ID	: 79644	01				
	Purpose of Disbursement Member requested refund 010							Amount of Each Disbursement this Period								
	Candidate Name			Cate	ego ype					7			1000.	_		
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General cify) ▼						emo l er rec		ed refund	l				
В.	State: District: Full Name (Last, First, Middle Initial) • Eric J Lindberg MD							Date of Disbursement								
	Mailing Address 4700 E Hale Pkwy Ste 550							03 16 2016								
	Denver	State CO	Zip Code 80220-3900					Transaction ID : 7964402								
	Purpose of Disbursement Member requested refund			010				Amount of Each Disbursement this Period								
	Candidate Name		Category/ Type				500.00									
	Office Sought: House Disburser Senate President	nent For: Primary Other (spe	General cify) ▼						emo l er ree		ed refund	ł				
	State: District:															
C.	Full Name (Last, First, Middle Initial)							Date of Disbursement								
	Mailing Address															
	City State Zip Code															
	Purpose of Disbursement							٨٠	at of	Teeb	Diabura	~~~~	at this	Deried		
	Candidate Name					ory/		Amount of Each Disbursement this Period								
	Office Sought: House Disburser Senate President District:	ment For: Primary Other (spe	General cify) ▼					Memo Item								
Г								_	-	_		_		_		
s	UBTOTAL of Disbursements This Page (optional)					•	-	Ļ	+	9	7	_	1500.			
Т	OTAL This Period (last page this line number only))				. •	•	L.,		7			1500.	00		

Image# 201604159012442185

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

IIE	MIZED INDEPENDENT EXPENDITORES			PAGE 350 OF 350 FOR LINE 24 OF FORM 3X								
NAME OF COMMITTEE (In Full)												
Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS												
Check if 24-hour report 48-hour report New report Amends report filed on / Y Y Y Y Y												
Т	Full Name of Payee Memo Item Date of Public Distribution/Dissemination											
	Mammen Group, Inc		02 / D / Y Y Y Y 22 2016									
	Mailing Address 1901 L Street, N.W.		Amount									
Ŀ	City State	State Zip Code										
	Washington DC	20036		Transaction ID : 7911588 Date of Disbursement or Obligation								
	Purpose of Expenditure Mail Piece	Category/ Type 011		02 / 19 / 2016								
ľ	Name of Federal Candidate	Support	Office	Sought: X House District: 29								
	Gene Green	Oppose		President Senate State: TX								
	Calendar Year-To-Date Per Election for Office Sought	13348.94	Disburs 2014									
ſ	Full Name of Payee	Memo Ite	em									
ŀ	Mailing Address											
	City State	Zip Code										
				_ Date of Disbursement or Obligation								
	Purpose of Expenditure	Category/ Type		M = M / D = D / Y = Y = Y = Y								
ľ	Name of Federal Candidate	Support	Office	Sought: House District:								
		Oppose		President Senate State:								
	Calendar Year-To-Date Per Election for Office Sought		Disbur	rsement For: Primary General								
				Other (specify) ►								
((a) SUBTOTAL of Itemized Independent Expenditures			13348.94								
(b) SUBTOTAL of Unitemized Independent Expenditures												
((c) TOTAL Independent Expenditures		•• •	13348.94								
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.												
	Douglas W Lundy MD, MBA	ically Filed]	M									
	Signature	Date	ə 04	15 2016								