

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street) 317 Massachusetts Avenue, NE 1st Floor Washington DC 20002

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00343137

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
[X] January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On:
Feb 20 (M2)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)
Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)
Election on in the State of

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)
Election on in the State of

5. Covering Period 11 / 27 / 2012 through 12 / 31 / 2012

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

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

Signature of Treasurer William J Robb III, MD [Electronically Filed] Date 01 / 29 / 2013

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		<input type="text" value="1409935.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="974590.17"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="35209.28"/>	<input type="text" value="1523833.25"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1009799.45"/>	<input type="text" value="2933768.40"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="63974.08"/>	<input type="text" value="1987943.03"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="945825.37"/>	<input type="text" value="945825.37"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	32133.66	1346104.30
(ii) Unitemized	2660.00	118160.16
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	34793.66	1464264.46
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	34793.66	1464264.46
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	399.08	22929.31
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	36500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	16.54	139.48
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	35209.28	1523833.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35209.28	1523833.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	474.08	23198.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	474.08	23198.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	63500.00	1435500.00
24. Independent Expenditures (use Schedule E)	0.00	514245.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	10000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	10000.00
29. Other Disbursements	0.00	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	63974.08	1987943.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63974.08	1987943.03

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	34793.66	1464264.46
34. Total Contribution Refunds (from Line 28(d))	0.00	10000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34793.66	1454264.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	474.08	23198.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	399.08	22929.31
38. Net Operating Expenditures (subtract Line 37 from Line 36)	75.00	268.72

**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 6 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Dirk H Alander MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Ortho Surgery
 3635 Vista Ave PO Box 15250
 City Saint Louis State MO Zip Code 63110-0250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Louis University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 11 / 28 / 2012
Transaction ID : AB6D90FDF3FA94254AB3
 Amount of Each Receipt this Period
500.00

B. Kristen Lee Carroll MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Fairfax at Virginia St
 City Salt Lake City State UT Zip Code 84103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Shriners Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 11 / 28 / 2012
Transaction ID : A6314F5A13E45472EAA7
 Amount of Each Receipt this Period
250.00

C. Craig Daniel Clark MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2405 W. Horizon Ridge Pkwy
 Ste 100
 City Henderson State NV Zip Code 89052-2718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 11 / 28 / 2012
Transaction ID : A5AF050B32217499A802
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 37
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. John W Dietz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Emerald Viking Court
 City Westfield State IN Zip Code 46074-7621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortholndy Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 28 / 2012
Transaction ID : AA4779C350A51490C8DB
 Amount of Each Receipt this Period 1000.00

B. Jack Farr II, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1260 Innovation Pkwy Ste 100
 City Greenwood State IN Zip Code 46143-3602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortholndy Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 28 / 2012
Transaction ID : AC48CFE11F36848B1A65
 Amount of Each Receipt this Period 500.00

C. Frank P Giammattei MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Professional Office Bldg 2 Ste 324
 1 Medical Center Blvd
 City Chester State PA Zip Code 19013-3902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 11 / 28 / 2012
Transaction ID : AEDB00A7B9C16402CBB9
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Scott D Gudeman MD
Full Name (Last, First, Middle Initial)

Mailing Address 1260 Innovation Pkwy Ste 100

City Greenwood	State IN	Zip Code 46143-3602
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FEC ID number of contributing federal political committee. **C**

Name of Employer OrthoIndy	Occupation Orthopaedic Surgeon
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2012

Transaction ID : AE528AE85085545D0984

Amount of Each Receipt this Period
500.00

B. Kevin W Lanighan MD
Full Name (Last, First, Middle Initial)

Mailing Address 5527 Pine Loch Ln

City Buffalo	State NY	Zip Code 14221-2851
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FEC ID number of contributing federal political committee. **C**

Name of Employer Northtowns Orthopaedics	Occupation Orthopaedic Surgeon
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2012

Transaction ID : A0C66B9A76B044C0DB5D

Amount of Each Receipt this Period
1000.00

C. Daniel E Lehman MD
Full Name (Last, First, Middle Initial)

Mailing Address Orthopaedics Indianapolis
8450 Northwest Blvd

City Indianapolis	State IN	Zip Code 46278-1381
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FEC ID number of contributing federal political committee. **C**

Name of Employer OrthoIndy	Occupation Orthopaedic Surgeon
-------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2012

Transaction ID : A95BCC4A072AC40D9A4E

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. John E Lonstein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Twin Cities Spine Center
 913 E 26th St Ste 600
 City Minneapolis State MN Zip Code 55404-4515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Twin Cities Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 28 / 2012**
Transaction ID : A006F88E7608B4BA08DA
 Amount of Each Receipt this Period **500.00**

B. Peter D Pizzutillo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Section of Orthopaedics
 Erie Ave at Front St
 City Philadelphia State PA Zip Code 19134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tenet Healthcare Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **475.00**

Date of Receipt **11 / 28 / 2012**
Transaction ID : A123F7CE26B0D4498B61
 Amount of Each Receipt this Period **225.00**

C. Stephen R Pledger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5900 Long Meadow Dr Suite A
 City Franklin State OH Zip Code 45005-9690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 28 / 2012**
Transaction ID : AD232E1F5041C48EF9F0
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	975.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 37
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. John T Rich MD		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2012 Transaction ID : ABCBE1EC4C63342AC9F9
Mailing Address 334 Main St Ste 1		Amount of Each Receipt this Period 500.00
City Scranton	State PA	Zip Code 18519-1668
FEC ID number of contributing federal political committee. C	Name of Employer Scranton Orthopaedic Specialists	Occupation Orthopaedic Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Lewis S Sharps MD		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2012 Transaction ID : A525EE2F94BB0443D8E3
Mailing Address 911 Lafayette Rd		Amount of Each Receipt this Period 250.00
City Bryn Mawr	State PA	Zip Code 19010-1915
FEC ID number of contributing federal political committee. C	Name of Employer Orthopaedic Surgery Group, PC	Occupation Orthopaedic Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Michael J Star MD		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2012 Transaction ID : ACFF8A93E449F41DBB18
Mailing Address 1405 Montgomery Dr Ste A		Amount of Each Receipt this Period 1000.00
City Santa Rosa	State CA	Zip Code 95405-4557
FEC ID number of contributing federal political committee. C	Name of Employer Santa Rosa Orthopaedic Medical	Occupation Orthopaedic Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Timothy W Talbert MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 216 W Union Ste A
 City Minden State LA Zip Code 71055-3216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : A94ED034AD345412DB70
 Amount of Each Receipt this Period
 500.00

B. Steven J Touloupoulos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Horseshoe Rd
 City Cos Cob State CT Zip Code 06807-1215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : A6CD04C5A8B5C4F4F838
 Amount of Each Receipt this Period
 300.00

C. Ira Michael Weintraub MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1515 NW 18th Ave Ste 300
 City Portland State OR Zip Code 97209-2539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Orthopaedic & Sports Medic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : A8D540E5CF1E8484DA02
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Richard M Wilk MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Mall Rd
 City Burlington State MA Zip Code 01805-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lahey Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : A12957A98235B4915842
 Amount of Each Receipt this Period
 500.00

B. James M Worthington MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 Hanover St M2
 City Fall River State MA Zip Code 02720-5299
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coastal Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : AD0E7595B403741FCBDC
 Amount of Each Receipt this Period
 500.00

c. Dale Christopher Young MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10224 Cherokee Rd
 City Richmond State VA Zip Code 23235-1108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Virginia Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : A6B4EF501BF1D43DCA35
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

**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 13 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Jeffery P Beckenbaugh DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4121 8th St SW
 City Rochester State MN Zip Code 55902-8751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Olmsted Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 29 / 2012**
Transaction ID : A106E3734620443C1A59
 Amount of Each Receipt this Period **100.00**

B. William A Crotwell, III MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4217 River Oaks Lane
 City Mobile State AL Zip Code 36619-9552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alabama Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3000.00**

Date of Receipt **11 / 29 / 2012**
Transaction ID : A2B739C359DDA46F0B38
 Amount of Each Receipt this Period **1000.00**

C. Kenneth J Edwards MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 183 Peace Blvd
 City Saint Joseph State MI Zip Code 49085-9146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Michigan Ctr for Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1100.00**

Date of Receipt **11 / 29 / 2012**
Transaction ID : A9047F86B04944C6C9C9
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **1200.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Daniel William Green MD
Full Name (Last, First, Middle Initial)

Mailing Address 535 E 70th St

City New York State NY Zip Code 10021-4823

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

Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1837.00**

Date of Receipt **11 / 29 / 2012**

Transaction ID : A39B55C4756524580B18

Amount of Each Receipt this Period **167.00**

B. Scott Edward Porter MD
Full Name (Last, First, Middle Initial)

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

City Greenville State SC Zip Code 29605-5601

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

Name of Employer Greenville Hospital System Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt **11 / 29 / 2012**

Transaction ID : A4C953DF1590A43D08A8

Amount of Each Receipt this Period **85.00**

C. Bonhomme Joseph Prud'homme MD
Full Name (Last, First, Middle Initial)

Mailing Address 3400 Health Sciences Center South
PO Box 9196

City Morgantown State WV Zip Code 26506-9196

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

Name of Employer West Virginia University Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt **11 / 29 / 2012**

Transaction ID : A31FFAA0B36B84864ADA

Amount of Each Receipt this Period **85.00**

SUBTOTAL of Receipts This Page (optional)..... **337.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Marc J Rosen MD
Full Name (Last, First, Middle Initial)

Mailing Address 5605 W Eugie Ste 111

City Glendale State AZ Zip Code 85304-1273

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

Name of Employer Ortho Surg Network of North America Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 11 / 29 / 2012

Transaction ID : A63D8BA4E1D374A719E2

Amount of Each Receipt this Period 100.00

B. Paul Strawn Sherbondy MD
Full Name (Last, First, Middle Initial)

Mailing Address Ste 112, MC-UP02
1850 E Park Ave

City State College State PA Zip Code 16803-6706

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

Name of Employer Penn State Hershey Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt 11 / 29 / 2012

Transaction ID : AF41AF7204B1547ABA64

Amount of Each Receipt this Period 83.33

C. Christopher A Wills MD
Full Name (Last, First, Middle Initial)

Mailing Address 725 W La Veta Ave Ste 260

City Orange State CA Zip Code 92868-4439

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt 11 / 29 / 2012

Transaction ID : AB30D3559E6B7457BB7C

Amount of Each Receipt this Period 84.00

SUBTOTAL of Receipts This Page (optional).....▶ 267.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. William J Maloney MD
Full Name (Last, First, Middle Initial)

Mailing Address 450 Broadway
Mail Code 6342

City Redwood City State CA Zip Code 94063-3132

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

Name of Employer Stanford University Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
12 / 07 / 2012
Transaction ID : A82C1D25325BB4BBBBDF

Amount of Each Receipt this Period
1000.00

B. Stephen J Burns MD
Full Name (Last, First, Middle Initial)

Mailing Address 1225 E Coolspring Ave #2D

City Michigan City State IN Zip Code 46360-6312

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

Name of Employer Franciscan Alliance Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
12 / 10 / 2012
Transaction ID : A783249E042AE4F3EAA8

Amount of Each Receipt this Period
1000.00

C. Norman Barrington Chutkan MD
Full Name (Last, First, Middle Initial)

Mailing Address 1120 15th St Ba-3300

City Augusta State GA Zip Code 30912-0004

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

Name of Employer Georgia Health Sciences University Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
12 / 10 / 2012
Transaction ID : AA80378A292364A3DBB2

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 37
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Brett D Crist MD
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Ortho Surg MC 213
1 Hospital Dr

City Columbia State MO Zip Code 65212-0001

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

Name of Employer Univ of Missouri-Columbia Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 10 / 2012
Transaction ID : A79CE173F6B734979AC6

Amount of Each Receipt this Period
500.00

B. Anoush Ehya MD
Full Name (Last, First, Middle Initial)

Mailing Address 850 Fernwood Pacific Dr

City Topanga State CA Zip Code 90290-3216

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 10 / 2012
Transaction ID : AF0B7A81F8BE44F3F867

Amount of Each Receipt this Period
250.00

C. Frank P Giammattei MD
Full Name (Last, First, Middle Initial)

Mailing Address Professional Office Bldg 2 Ste 324
1 Medical Center Blvd

City Chester State PA Zip Code 19013-3902

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

Name of Employer Premier Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
12 / 10 / 2012
Transaction ID : A498682BEFF1647A4A3A

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Edgar O Hicks MD
Full Name (Last, First, Middle Initial)

Mailing Address 1400 Bellinger St

City Eau Claire State WI Zip Code 54703-5222

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

Name of Employer Mayo Clinic Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 10 / 2012
Transaction ID : A6B84FFA2365C482983F

Amount of Each Receipt this Period 250.00

B. John Charles Kofoed MD
Full Name (Last, First, Middle Initial)

Mailing Address 2619 Seminole Ct

City Fairfield State CA Zip Code 94534-7871

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

Name of Employer Sutter Medical Group Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 10 / 2012
Transaction ID : AB80F07A445CD449FB7B

Amount of Each Receipt this Period 1000.00

C. David J Kuester MD
Full Name (Last, First, Middle Initial)

Mailing Address 501 N 10th St

City Manitowoc State WI Zip Code 54220-4039

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

Name of Employer Orthopaedic Associates of Manitowoc Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 10 / 2012
Transaction ID : A2150A6C71E274C16951

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Alan G Lewis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Eastern Oklahoma Ortho Ctr
 6475 S Yale Ave Ste 301
 City Tulsa State OK Zip Code 74136-7815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eastern Oklahoma Ortho Ctr Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 10 / 2012
Transaction ID : A830F9BA07015480985F
 Amount of Each Receipt this Period
1000.00

B. James R McClurg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7485 Mission Valley Rd
 Suite 103
 City San Diego State CA Zip Code 92108-4422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 10 / 2012
Transaction ID : AE970D640CD0B485FA48
 Amount of Each Receipt this Period
1000.00

C. D Gordon Newbern MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 S McKinley St Ste 102
 City Little Rock State AR Zip Code 72205-5211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 10 / 2012
Transaction ID : AC0BC95F70E724AE39AB
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. James A Shapiro MD
Full Name (Last, First, Middle Initial)

Mailing Address 6308 8th Ave Ste 1020

City Kenosha State WI Zip Code 53143-5031

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

Name of Employer United Hospital Systems Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2012

Transaction ID : A4B2124C6072F4740A2E

Amount of Each Receipt this Period
250.00

B. Eric L L Hume MD
Full Name (Last, First, Middle Initial)

Mailing Address 369 Penn Rd

City Wynnewood State PA Zip Code 19096-1401

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

Name of Employer U Penn Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2012

Transaction ID : A48BF69F7D07E4A918D4

Amount of Each Receipt this Period
500.00

C. Frank Eugene Whitney MD
Full Name (Last, First, Middle Initial)

Mailing Address 21842 Lyons Bald Mtn Rd

City Sonora State CA Zip Code 95370-8768

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012

Transaction ID : AFF31B5966B8F4DDFB77

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Terence J Gioe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13706 Dunbar Way
 City Saint Paul State MN Zip Code 55124-5201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Minneapolis VAMC Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 16 / 2012**
Transaction ID : ABCBC30970CDF4686BF8
 Amount of Each Receipt this Period **250.00**

B. A Herbert Alexander MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Hospital Dr Ste 100 PO Box 6997
 City Ketchum State ID Zip Code 83340-6997
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 28 / 2012**
Transaction ID : A8C7E9458A9F147A89C6
 Amount of Each Receipt this Period **250.00**

C. Domingo Cheleuitte MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5270 N Gate Ridge Rd
 City Tucson State AZ Zip Code 85750-6084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 28 / 2012**
Transaction ID : A7CE12AD70A7D45A9BE7
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **750.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. David Arthur Detrisac MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3394 E Jolly Rd Ste A
 City Lansing State MI Zip Code 48910-8595
 FEC ID number of contributing federal political committee. **C**
 Name of Employer East Lansing Orthopaedic Assoc Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 28 / 2012**
Transaction ID : A2D721E27C67245FF9E0
 Amount of Each Receipt this Period **500.00**

B. David Gay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 Memorial Med Pkwy Ste 3802
 City Palm Coast State FL Zip Code 32164-5982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 28 / 2012**
Transaction ID : A325BC28880DB41E3B86
 Amount of Each Receipt this Period **500.00**

C. Clayton T Gibson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 311 S 15th St
 City Coshocton State OH Zip Code 43812-1873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Services of Coshocton Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 28 / 2012**
Transaction ID : A87F67337B8E6425DB88
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Langdon A Hartsock MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 96 Jonathan Lucas St CSB 708
 City Charleston State SC Zip Code 29425-8900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MUSC Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : AD610072EC8CC489EBE6
 Amount of Each Receipt this Period
 500.00

B. Christopher C Kain MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4409 NW Anderson Hill Rd
 City Silverdale State WA Zip Code 98383-6807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Sound Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : A523DE3530E814A159AA
 Amount of Each Receipt this Period
 1000.00

C. Thomas B Kelso II, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2680 Mariners Way
 City Southport State NC Zip Code 28461-8512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : A040295DAC1BB4BD29FC
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. John Lawrence Marsh MD		Date of Receipt
Mailing Address 200 Hawkins Dr 01071jpp		M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2012
City Iowa City	State IA	Zip Code 52242-1009
FEC ID number of contributing federal political committee. C		Transaction ID : A64E8B51F2C234B9AAD9
Name of Employer Univ of Iowa Hospitals		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
250.00		

Full Name (Last, First, Middle Initial) B. George A Richardson MD		Date of Receipt
Mailing Address 3201 University Dr East Ste 255		M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2012
City Bryan	State TX	Zip Code 77802-3483
FEC ID number of contributing federal political committee. C		Transaction ID : A74A63998F24C4E12A39
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
250.00		

Full Name (Last, First, Middle Initial) C. Brian C Schafer MD		Date of Receipt
Mailing Address 1821 Turtle Lane		M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2012
City Cape Girardeau	State MO	Zip Code 63701-4400
FEC ID number of contributing federal political committee. C		Transaction ID : A2A99969011B04DFD950
Name of Employer Advanced Ortho Specialists		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
500.00		

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Jeffery P Beckenbaugh DO		Date of Receipt
Mailing Address 4121 8th St SW		M M / D D / Y Y Y Y Y Y 12 / 29 / 2012
City	State	Zip Code
Rochester	MN	55902-8751
FEC ID number of contributing federal political committee.		Transaction ID : A6B9172BA16604A89B7B
C		Amount of Each Receipt this Period
		100.00
Name of Employer	Occupation	
Olmsted Medical Center	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1100.00	

Full Name (Last, First, Middle Initial) B. William A Crotwell, III MD		Date of Receipt
Mailing Address 4217 River Oaks Lane		M M / D D / Y Y Y Y Y Y 12 / 29 / 2012
City	State	Zip Code
Mobile	AL	36619-9552
FEC ID number of contributing federal political committee.		Transaction ID : AF34056FE8DD1498FB11
C		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	
Alabama Orthopaedic Clinic	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	4000.00	

Full Name (Last, First, Middle Initial) C. Daniel William Green MD		Date of Receipt
Mailing Address 535 E 70th St		M M / D D / Y Y Y Y Y Y 12 / 29 / 2012
City	State	Zip Code
New York	NY	10021-4823
FEC ID number of contributing federal political committee.		Transaction ID : A11DCCED75E1E4EC0B40
C		Amount of Each Receipt this Period
		167.00
Name of Employer	Occupation	
Hospital for Special Surgery	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2004.00	

SUBTOTAL of Receipts This Page (optional).....▶	1267.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 37
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Scott Edward Porter MD		Date of Receipt
Mailing Address Dept of Ortho, Acad Serv 701 Grove Rd 2nd Fl Suprt Twr		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Greenville	State SC	Zip Code 29605-5601
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Transaction ID : ABBAD316FD99443CEB84	
Name of Employer Greenville Hospital System	Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period <input type="text" value="85.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1020.00"/>	

Full Name (Last, First, Middle Initial) B. Bonhomme Joseph Prud'homme MD		Date of Receipt
Mailing Address 3400 Health Sciences Center South PO Box 9196		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Morgantown	State WV	Zip Code 26506-9196
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Transaction ID : AB3314FF810DA42919BB	
Name of Employer West Virginia University	Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period <input type="text" value="85.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="765.00"/>	

Full Name (Last, First, Middle Initial) c. Paul Strawn Sherbondy MD		Date of Receipt
Mailing Address Ste 112, MC-UP02 1850 E Park Ave		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City State College	State PA	Zip Code 16803-6706
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Transaction ID : A9A9BC3B432104A3BA4A	
Name of Employer Penn State Hershey	Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period <input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="749.97"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="253.33"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 27 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Christopher A Wills MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 725 W La Veta Ave Ste 260
 City Orange State CA Zip Code 92868-4439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2012
Transaction ID : A6BC98E937D2B4E9AA50
 Amount of Each Receipt this Period
 84.00

B. Joseph G Martin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 53rd Ave Ste 100
 City Bettendorf State IA Zip Code 52722-7565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ORA Orthopedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : AE14DD4100F3C4E2DA74
 Amount of Each Receipt this Period
 1000.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1084.00
TOTAL This Period (last page this line number only).....▶	32133.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 OF 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. American Association of Orthopaedic Surgeons

Mailing Address 317 Massachusetts Avenue, NE
1st Floor

City Washington State DC Zip Code 20002

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
22914.72

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 21 / 2012

Transaction ID : AC25DAFC2349942F183B

Amount of Each Receipt this Period
399.08

Refund of bank fees from affiliated organization

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	399.08
TOTAL This Period (last page this line number only).....▶	399.08

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2012			

Transaction ID : BE10E6086C6B74F03861

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2012			

Transaction ID : B783962660E6045FB98E

Amount of Each Disbursement this Period

2.00

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Correction to bank fee 11/5/2012

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2012			

Transaction ID : B2009FD9F24ED4B3480C

Amount of Each Disbursement this Period

-16.00

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

26.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 05 / 2012

Transaction ID : B6A8FC366D88B45788B8

Amount of Each Disbursement this Period

73.99

B. Northern Trust Company

Full Name (Last, First, Middle Initial)

Mailing Address 50 S. LaSalle St.

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 05 / 2012

Transaction ID : B02DC737D61D1473EB92

Amount of Each Disbursement this Period

184.32

C. Aristotle International, Inc

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2012

Transaction ID : B53ACE24AF84C42E6977

Amount of Each Disbursement this Period

72.17

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

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

330.48

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 15 / 2012

Transaction ID : B9842BDBC02F5499C8CB

Amount of Each Disbursement this Period

42.60

Full Name (Last, First, Middle Initial)

B. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 21 / 2012

Transaction ID : B83AEE9C924A845BE91A

Amount of Each Disbursement this Period

62.20

Full Name (Last, First, Middle Initial)

C. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : B06E9A2B98ACE4167887

Amount of Each Disbursement this Period

12.80

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

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

117.60

474.08

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Andy Barr for Congress

Mailing Address P.O. Box 2059

City Lexington State KY Zip Code 40588-2059

Purpose of Disbursement
2012 General Debt Retirement

Candidate Name
Garland Andy Barr

Office Sought: House
 Senate
 President
State: KY District: 06

Disbursement For: 2012
 Primary General
 Other (specify) **Other2012**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2012			

Transaction ID : B9E91B623EB054FFAA15

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Dr. Raul Ruiz for Congress 2012 Committee

Mailing Address P.O. Box 6116

City La Quinta State CA Zip Code 92248-6116

Purpose of Disbursement
2012 General Debt Retirement

Candidate Name
Rep. Raul Ruiz

Office Sought: House
 Senate
 President
State: CA District: 36

Disbursement For: 2012
 Primary General
 Other (specify) **Other2012**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2012			

Transaction ID : B8F644D36285145E7823

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Friends of Max Baucus

Mailing Address P.O. Box 586

City Helena State MT Zip Code 59624-0586

Purpose of Disbursement

Candidate Name
Sen. Max Baucus

Office Sought: House
 Senate
 President
State: MT District:

Disbursement For: 2014
 Primary General
 Other (specify) **Other2012**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2012			

Transaction ID : BA489DAB229AF47DAAEI

Amount of Each Disbursement this Period

2500.00

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

12500.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Volunteers for Shimkus

Mailing Address P.O. Box 661

City Collinsville State IL Zip Code 62234-0661

Purpose of Disbursement

Candidate Name

Rep. John Shimkus

Office Sought: House
 Senate
 President

State: IL District: 19

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	1	2

Transaction ID : BBD3B30A751FA471D9E8

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Michaud for Congress

Mailing Address 213 Lisbon Street

City Lewiston State ME Zip Code 04240-7704

Purpose of Disbursement

Candidate Name

Rep. Mike H. Michaud

Office Sought: House
 Senate
 President

State: ME District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	1	2

Transaction ID : B0104A5BF9DC241779FE

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Ron Barber for Congress

Mailing Address P.O. Box 57715

City Tucson State AZ Zip Code 85732-7715

Purpose of Disbursement

Candidate Name

Ron Barber

Office Sought: House
 Senate
 President

State: AZ District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	1	2

Transaction ID : BFFF24F85781A440B9FA

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

8	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. BADGERPAC

Mailing Address P.O. Box 70980

City Washington State DC Zip Code 20024-0980

Purpose of Disbursement Kind's LPAC

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2012
 Primary General
 Other (specify) Other2012

Date of Disbursement

MM / DD / YYYY
12 / 11 / 2012

Transaction ID : BC8A5308AC5674440B7C

Amount of Each Disbursement this Period

5000.00

B. Citizens for Harkin

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 811

City Des Moines State IA Zip Code 50304-0811

Purpose of Disbursement

Candidate Name

Sen. Tom Harkin

Office Sought: House Senate President

State: IA District:

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
12 / 11 / 2012

Transaction ID : BAD9407D60A0D4FF38D1

Amount of Each Disbursement this Period

2500.00

C. Friends of Chris Murphy

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 127

City Cheshire State CT Zip Code 06410-0127

Purpose of Disbursement

Candidate Name

Christopher S Murphy

Office Sought: House Senate President

State: CT District:

Disbursement For: 2012
 Primary General
 Other (specify) Debt Retire-Gen2012

Date of Disbursement

MM / DD / YYYY
12 / 11 / 2012

Transaction ID : B782348372D724B6AA7D

Amount of Each Disbursement this Period

2500.00

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

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

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Hoosiers First PAC

Mailing Address P.O. Box 772

City Indianapolis State IN Zip Code 46206-0772

Purpose of Disbursement
Donnelly's LPAC

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2012
 Primary General
 Other (specify) Other2012

Date of Disbursement

MM / DD / YYYY
12 / 11 / 2012

Transaction ID : B78C7DCEF025842B8940

Amount of Each Disbursement this Period

2500.00

B. Iowa Democratic Party

Mailing Address 5661 Fleur Drive

City Des Moines State IA Zip Code 50321-2841

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2012
 Primary General
 Other (specify) Other2012

Date of Disbursement

MM / DD / YYYY
12 / 11 / 2012

Transaction ID : B3F984B4052034BA486B

Amount of Each Disbursement this Period

5000.00

C. Kind for Congress Committee

Mailing Address 205 5th Avenue South
Suite 428

City La Crosse State WI Zip Code 54601-4059

Purpose of Disbursement

Candidate Name

Rep. Ron Kind

Office Sought: House Senate President

State: WI District: 03

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
12 / 11 / 2012

Transaction ID : BCD5B39D124C74D49B78

Amount of Each Disbursement this Period

5000.00

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

12500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. To Organize a Majority PAC (TOMPAC)

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002-5839

Purpose of Disbursement
Harkin's LPAC

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2012
 Primary General
 Other (specify) Other2012

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 11 / 2012

Transaction ID : B905421EB04CC4B848C6

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Conyers for Congress

Mailing Address 228 2nd St. SE

City Washington State DC Zip Code 20003-1943

Purpose of Disbursement

Candidate Name

Rep. John Conyers Jr.

Office Sought: House Senate President

State: MI District: 14

Disbursement For: 2014
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 19 / 2012

Transaction ID : B5F37CB56549C48F380C

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Conyers for Congress

Mailing Address 228 2nd St. SE

City Washington State DC Zip Code 20003-1943

Purpose of Disbursement

Candidate Name

Rep. John Conyers Jr.

Office Sought: House Senate President

State: MI District: 14

Disbursement For: 2014
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 19 / 2012

Transaction ID : BB1551DA42B34445C958

Amount of Each Disbursement this Period

5000.00

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

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

15000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Friends of Joe Pitts		Date of Disbursement MM / DD / YYYY 12 / 19 / 2012
Mailing Address P.O. Box 775		Transaction ID : B87E1762C8A374240A7A
City Unionville	State PA	
Purpose of Disbursement		Amount of Each Disbursement this Period 5000.00
Candidate Name Rep. Joseph R. Pitts		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 16	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)..... ▶	5000.00
TOTAL This Period (last page this line number only)..... ▶	63500.00