Image# 13960516010					PAGE 1 / 37
	EPORT OF I ND DISBUR Other Than An Auth	SEMENT	rs	Office	Jse Only
1. NAME OF TYP	PE OR PRINT V	Example: If ty	ping, type	12FE4M5	
COMMITTEE (in full)		over the lines.		12FE4M5	_
Political Action Committee	e of the American A	Association o	f Orthopaed	dic Surgeons	
ADDRESS (number and street)	17 Massachusetts Avenue,	NE			
ADDRESS (number and street)	st Floor				
Check if different than previously reported. (ACC)	Washington		1	DC 2000	2
2. FEC IDENTIFICATION NUMB		<b>^</b>			ZIP CODE
C C00343137	3. IS RE	THIS PORT X	NEW (N) <b>OR</b>	AMENDED (A)	1
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> </ul>	Report Due On: Mar 2	20 (M2)	May 20 (M5) Jun 20 (M6)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)			Jul 20 (M7)	Oct 20 (M10)	
July 15 Quarterly Report (Q2) October 15	(C) 12-Day <b>PRE</b> -Election Report for the:	Primary (1		General (12G) Special (12S)	Runoff (12R)
Quarterly Report (Q3)		M	/ D D /	YYYYYY	in the
Year-End Report (YE) July 31 Mid-Year Report (Non-election	(d) 30-Day			1	State of
Year Only) (MY)	<b>POST</b> -Election Report for the:	General (3	80G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	on	/ D D /	Y Y Y Y Y	in the State of
5. Covering Period	27 / Y Y Y Y 2012	through	M M 12		012
I certify that I have examined this R	eport and to the best of r	ny knowledge and	d belief it is tru	e, correct and comple	ete.
Type or Print Name of Treasurer	Villiam J Robb III, MD				
Signature of Treasurer	Robb III, MD	[Electronico	ally Filed]	ate 01 / D	9 / Y Y Y Y Y 2013
NOTE: Submission of false, erroneous	, or incomplete information	may subject the p	erson signing th	is Report to the penal	ties of 2 U.S.C. §437g.
Office Use Only				FE	<b>C FORM 3X</b> Rev. 12/2004

01/29/2013 11 : 45

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

#### Political Action Committee of the American Association of Orthopaedic Surgeons

R	eport Covering the Period: From:	11 27 Y Y Y Y 2012	To: 12 / D D / Y Y Y Y 12 31 2012
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		1409935.15
	(b) Cash on Hand at Beginning of Reporting Period	974590.17	
	(c) Total Receipts (from Line 19)	35209.28	1523833.25
	<ul><li>(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)</li></ul>	1009799.45	2933768.40
7.	Total Disbursements (from Line 31)	63974.08	1987943.03
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	945825.37	945825.37
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> 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

X

1	AILED SUMMARY PAGE of Receipts	
FEC Form 3X (Rev. 06/2004)		Page <b>3</b>
Write or Type Committee Name		0
Political Action Committee of the Ame	rican Association of Orthopaed	ic Surgeons
Report Covering the Period: From:	/ D D / Y Y Y Y 27 2012 To:	12 / D D / Y Y Y Y 12 31 2012
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	32133.66	1346104.30
(i) Itemized (use Schedule A)	7 7 7	
(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	34793.66	1464264.46
Totals to Line 33, page 5)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
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	7 7	7 7 7
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	10.54	133.40
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
F		
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	7 7 7	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

Image# 13960516012

#### DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. O (a	a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar fear-to-Date
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b	<ul> <li>Other Federal Operating Expenditures</li> </ul>	474.08	23198.03
(C	b) Total Operating Expenditures		
Т	(add 21(a)(i), (a)(ii), and (b)) ► ransfers to Affiliated/Other Party	474.08	23198.03
С	ommittees	0.00	0.00
F	ederal Candidates/Committees nd Other Political Committees	63500.00	1435500.00
	idependent Expenditures use Schedule E) oordinated Party Expenditures	0.00	514245.00
C (2 (1	oordinated Party Expenditures 2 U.S.C. §441a(d)) ise Schedule F)	0.00	0.00
L	oan Repayments Made	0.00	, 0.00
L	oans Made	0.00	0.00
	efunds of Contributions To: a) Individuals/Persons Other Than Political Committees	0.00	10000.00
(b	b) Political Party Committees	0.00	0.00
(C		0.00	0.00
(c	d) Total Contribution Refunds		
<b>X</b> =	(add Lines 28(a), (b), and (c))►	0.00	10000.00
0	ther Disbursements	0.00	5000.00
F (a	,		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(b	With Federal Funds	0.00	0.00
(C	<ul> <li>Total Federal Election Activity (add</li> <li>Lines 30(a)(i), 30(a)(ii) and 30(b)) ►</li> </ul>	0.00	0.00
	otal Disbursements (add Lines 21(c), 22, 3, 24, 25, 26, 27, 28(d), 29 and 30(c))	63974.08	10070.42 0
		03374.00	1987943.03
	otal Federal Disbursements subtract Line 21(a)(ii) and Line 30(a)(ii)		
	om Line 31)	63974.08	1987943.03

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#### **DETAILED SUMMARY PAGE**

of Disbursements

III. Net Contributions/Operating Ex- penditures			
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	34793.66	1464264.46	
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	10000.00	
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	34793.66	1454264.46	
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>	474.08	23198.03	
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	399.08	22929.31	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	75.00	268.72	

FOR LINE NUMBER:

PAGE 6 OF

37

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			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	he America	an Association of Ortho	opaedic Surgeons
Full Name (Last, First, Middle Initial) A. Dirk H Alander MD			Date of Receipt
Mailing Address Dept of Ortho Surgery 3635 Vista Ave PO Box 1525	50		M M / D D / Y Y Y Y Y 11 28 2012
City Saint Louis	State MO	Zip Code 63110-0250	Transaction ID : AB6D90FDF3FA94254AE Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation		
St Louis University Receipt For:	Orthopaedi	5	_
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	1
Full Name (Last, First, Middle Initial) B. Kristen Lee Carroll MD			Date of Receipt
Mailing Address Fairfax at Virginia St			11 28 2012
City	State	Zip Code	202012 Transaction ID : A6314F5A13E45472EAA
Salt Lake City	UT	84103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation		_
Shriners Hospital	Orthopaedic	c Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) C. Craig Daniel Clark MD			Date of Receipt
Mailing Address 2405 W. Horizon Ridge Pkw Ste 100	<i>y</i>		M M / D D / Y Y Y Y 11 28 2012
City Henderson	State NV	Zip Code 89052-2718	Transaction ID : A5AF050B32217499A802 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation		
Self Employed	Orthopaedi	c Surgeon	_
Receipt For: 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)......

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FOR LINE NUMBER:

PAGE 7

OF

37

ıт:			Use separate schedule(s)	(check onl	(check only one)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12					
	ny information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full)		duress of any pointed commute									
	Political Action Committee of th	e America	an Association of Orthe	opaedic S	Surgeon	S						
Α.	Full Name (Last, First, Middle Initial) John W Dietz MD			Date o	f Receipt							
	Mailing Address 1212 Emerald Viking Court			M M	/ D 1	) / Y	у у 2012	Y				
	City Westfield	State IN	Zip Code 46074-7621		<b>saction ID :</b> t of Each F			90C8DB				
	FEC ID number of contributing federal political committee.	С					1000.	00				
	Name of Employer Ortholndy	Occupation Orthopaedi										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify)		1000.00	1								
в.	Full Name (Last, First, Middle Initial) Jack Farr II, MD			Date o	f Receipt							
	Mailing Address 1260 Innovation Pkwy Ste 100				/ 28	) / Y	y y 2012	Y				
	City	State IN	Zip Code		action ID :			8B1A65				
	Greenwood	IIN	46143-3602	Amoun	t of Each F	leceipt th	is Period	_				
	FEC ID number of contributing federal political committee.	С			7		500.	00				
	Name of Employer Ortholndy	Occupation										
	Receipt For:	Orthopaedie	5									
	Primary General	Aggregate	Year-to-Date ▼	_								
	Other (specify)		, 500.00									
с.	Full Name (Last, First, Middle Initial) Frank P Giammattei MD			Date o	f Receipt							
	Mailing Address Professional Office Bldg 2 Ste <u>1 Medical Center Blvd</u>			11	28		у у 2012					
	City Chester	State PA	Zip Code 19013-3902		saction ID : t of Each F			402CBB				
	FEC ID number of contributing federal political committee.	С					100	.00				
	Name of Employer	Occupation	l									
	Premier Orthopaedics	Orthopaedi	c Surgeon									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 800.00									
s	UBTOTAL of Receipts This Page (optional)		A)	· []			1600.	00				

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

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 OF 3 (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	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 pendoress 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	ppaedic Surgeons								
Α.	Full Name (Last, First, Middle Initial) Scott D Gudeman MD			Date of Receipt								
	Mailing Address 1260 Innovation Pkwy Ste 100	)		11 28 2012								
	City Greenwood	State IN	Zip Code 46143-3602	Transaction ID : AE528AE85085545D0984								
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period								
	Name of Employer	Occupation	1									
	Ortholndy	Orthopaedi	c Surgeon									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_								
	Other (specify)		500.00									
в.	Full Name (Last, First, Middle Initial) Kevin W Lanighan MD			Date of Receipt								
	Mailing Address 5527 Pine Loch Ln			11 28 _2012 _								
	City	State	Zip Code	Transaction ID : A0C66B9A76B044C0DB5I								
	Buffalo	NY	14221-2851	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		1000.00								
	Name of Employer Northtowns Orthopaedics	Occupation Orthopaedic										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		1000.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) Daniel E Lehman MD			Date of Receipt								
	Mailing Address Orthopaedics Indianapolis 8450 Northwest Blvd			11 28 2012								
	City Indianapolis	State IN	Zip Code 46278-1381	Transaction ID : A95BCC4A072AC40D9A4 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		500.00								
	Name of Employer	Occupation	l									
	Ortholndy	Orthopaedi	c Surgeon									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
s	UBTOTAL of Receipts This Page (optional)		•••••	2000.00								

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

181

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FOR LINE NUMBER:

PAGE

9 OF

37

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 o	f the American Association of Or	thopaedic Surgeons
Full Name (Last, First, Middle Initial) A. John E Lonstein MD		Date of Receipt
Mailing Address Twin Cities Spine Center 913 E 26th St Ste 600		11 28 _ 2012 _
City Minneapolis	State         Zip Code           MN         55404-4515	Transaction ID : A006F88E7608B4BA08DA           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Twin Cities Spine Center	Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. Peter D Pizzutillo MD		Date of Receipt
Mailing Address Section of Orthopaedics Erie Ave at Front St		11 28 _2012 _
City	State Zip Code	Transaction ID : A123F7CE26B0D4498B61
Philadelphia	PA 19134	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	225.00
Name of Employer	Occupation	
Tenet Healthcare	Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	
Full Name (Last, First, Middle Initial) C. Stephen R Pledger MD		Date of Receipt
Mailing Address 5900 Long Meadow Dr S	uite A	M M / D D / Y Y Y Y Y 11 28 _2012 _
City Franklin	StateZip CodeOH45005-9690	Transaction ID : AD232E1F5041C48EF9F0           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	l)	975.00

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

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FOR LINE NUMBER:

PAGE 10 OF

37

		Use separate schedule(s)				(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	H		11b	11c	12	<b></b>			
Any information copied from such Report			person for		ourpo							
or for commercial purposes, other than u	sing the name and a	address of any political committe	e to solic	it con	tribu	tions fro	om such	committ	ee.			
NAME OF COMMITTEE (In Full) Political Action Committee	of the Americ	an Association of Orth	opaed	ic Sı	urg	eons						
Full Name (Last, First, Middle Initial) A. John T Rich MD			Da	te of	Rec	eipt						
Mailing Address 334 Main St Ste 1			T	11	/	28	/ Y	2012	Y			
City	State	Zip Code			ictio		BCBE1		342AC9F			
Scranton	PA	18519-1668	An	nount	of E	ach Re	ceipt th	is Period				
FEC ID number of contributing federal political committee.	C				3		7	500	.00			
Name of Employer	Occupation	1										
Scranton Orthopaedic Specialists	Orthopaedi	c Surgeon										
Receipt For:	Aggregate	Year-to-Date <b>V</b>										
Other (specify)		500.00										
Full Name (Last, First, Middle Initial) B. Lewis S Sharps MD			Da	ite of	Rec	eipt						
Mailing Address 911 Lafayettte Rd		T.	11	/	D D 28	/ Y	y y 2012	Y				
City	State	Zip Code	Т	ransa	ctio	n ID : A	525EE2	F94BB0	443D8E3			
Bryn Mawr	PA	19010-1915	An	nount	of E	ach Re	ceipt th	is Period				
FEC ID number of contributing federal political committee.	C				,		7	250	.00			
Name of Employer	Occupatior	1										
Orthopaedic Surgery Group, PC	Orthopaedi	c Surgeon										
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		, 250.00										
Full Name (Last, First, Middle Initial) C. Michael J Star MD			Da	ite of	Rec	eipt						
Mailing Address 1405 Montgomery Dr	Ste A			11	1	D D 28	/ Y	y y 2012	Y			
City	State	Zip Code		ransa	actio	on ID : A	CFF8A		41DBB18			
Santa Rosa	CA	95405-4557	An	nount	of E	ach Re	ceipt th	is Period				
FEC ID number of contributing federal political committee.	C				,			1000	.00			
Name of Employer	Occupation	1										
Santa Rosa Orthopaedic Medical	Orthopaed	ic Surgeon										
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		1000.00										
SUBTOTAL of Receipts This Page (opti-	nal)				7		7	1750	00			

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

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

FOR LINE NUMBER:

PAGE 11 OF

37

IT.		Use separate schedule(s)			(check only one)									
11	EMIZED RECEIPTS	for each category of the Detailed Summary Page			<b>X</b> 11a		11b	11c	12	Г	_			
	ny information copied from such Reports and S									butio				
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to	solicit co	ntrib	outions 1	from such	n comm	nittee	9.			
	NAME OF COMMITTEE (In Full) Political Action Committee of th	e America	an Association of Ortho	opa	edic S	Sur	geon	S						
Α.	Full Name (Last, First, Middle Initial) Timothy W Talbert MD				Date o	f Re	eceipt							
	Mailing Address 216 W Union Ste A				11 28 2012									
	City Minden	State LA	Zip Code 71055-3216					A94ED0 Receipt th	34AD34	4541	2DB70			
	FEC ID number of contributing federal political committee.	С					,		5	00.00	0			
	Name of Employer Self Employed	Occupation Orthopaedi												
	Receipt For:	-	Year-to-Date ▼											
	Primary General Other (specify)		500.00	1										
в.	Full Name (Last, First, Middle Initial) Steven J Touliopoulos MD				Date o	f Re	eceipt							
	Mailing Address 1 Horseshoe Rd			M M	/	28	) / Y	2012	Y	1				
	City	State					A6CD04			F4F838				
	Cos Cob	СТ	06807-1215	_	Amoun	t of	Each F	Receipt th	is Perio	bd				
	FEC ID number of contributing federal political committee.	С					,		30	00.00	)			
	Name of Employer Self Employed	Occupation Orthopaedic												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		300.00											
<u>с</u> .	Full Name (Last, First, Middle Initial) Ira Michael Weintraub MD				Date o	f Re	eceipt							
	Mailing Address 1515 NW 18th Ave Ste 300				M M	/	28		2012		1			
	City Portland	State OR	Zip Code 97209-2539					A8D540 Receipt th			4DA02			
	FEC ID number of contributing federal political committee.	С					7		10	00.0	0			
	Name of Employer	Occupation	1											
	The Orthopaedic & Sports Medic	Orthopaedi	c Surgeon											
	Receipt For: Primary General Other (appendix)	Aggregate	Year-to-Date ▼ 1000.00	ıl										
	Other (specify)		1000.00			_				_				
s	UBTOTAL of Receipts This Page (optional)				L		7		180	00.00	)			

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

TEMIZED RECEIPTS		Detailed Summary Page		-		11b	11c		12		_
Any information copied from such Reports and S											
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the								n co		90.	
Full Name (Last, First, Middle Initial) A. Richard M Wilk MD Mailing Address 41 Mall Rd City Burlington FEC ID number of contributing	State MA	Zip Code 01805-0001			/ acti	28 ion ID :		20 <b>A982</b>			2
federal political committee.          Name of Employer         Lahey Clinic         Receipt For:         Primary       General         Other (specify) ▼	Occupation Orthopaedic	c Surgeon Year-to-Date ▼ 500.00				3					
Full Name (Last, First, Middle Initial)         James M Worthington MD         Mailing Address 235 Hanover St M2         City         Fall River         FEC ID number of contributing federal political committee.         Name of Employer         Coastal Orthopaedics         Receipt For:         Primary       General         Other (specify) ▼	State MA C Occupation Orthopaedic Aggregate				/ acti	28 on ID :		20 9 <b>5</b> 84			)C
Full Name (Last, First, Middle Initial)         Dale Christopher Young MD         Mailing Address 10224 Cherokee Rd         City         Richmond         FEC ID number of contributing federal political committee.         Name of Employer         Ortho Virginia         Receipt For:         Primary       General         Other (specify)	State VA C Occupation Orthopaedic Aggregate	Zip Code 23235-1108 c Surgeon Year-to-Date ▼ 1000.00			/ sact	28 ion ID :		20 <b>-501</b>		43DCA	.35
SUBTOTAL of Receipts This Page (optional)		•••••	•			7	- 7		2000.0	00	

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

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### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTE

## Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 13 OF

37

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12	17
Any information copied from such Reports ar or for commercial purposes, other than using				for the		pose o	f solicitin	g contrib	outions
NAME OF COMMITTEE (In Full) Political Action Committee of									
Full Name (Last, First, Middle Initial)         A.       Jeffery P Beckenbaugh DO         Mailing Address 4121 8th St SW         City         Rochester         FEC ID number of contributing federal political committee.	State MN	Zip Code 55902-8751			sact	29 cion ID	)	his Perio	43C1A59
Name of Employer Olmsted Medical Center Receipt For:	Occupation Orthopaedi Aggregate		]						
Full Name (Last, First, Middle Initial)         William A Crotwell, III MD         Mailing Address 4217 River Oaks Lane         City         Mobile         FEC ID number of contributing federal political committee.         Name of Employer         Alabama Orthopaedic Clinic         Receipt For:         Primary       General         Other (analish)	State AL C Occupation Orthopaedia Aggregate	c Surgeon Year-to-Date ▼			sact	29 ion ID :	)	his Perio	A46F0B38
Other (specify) ▼         Full Name (Last, First, Middle Initial)         Kenneth J Edwards MD         Mailing Address 183 Peace Blvd         City         Saint Joseph         FEC ID number of contributing federal political committee.         Name of Employer         Southwest Michigan Ctr for Orthopedics         Receipt For:         Primary       General         Other (specify) ▼	State MI C Occupation Orthopaedi Aggregate				sact	29 tion ID	9	his Perio 10	44C6C9C9
SUBTOTAL of Receipts This Page (optional	)							120	0.00

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

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

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

FOR LINE NUMBER:

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PAGE 14 OF

37

•••	EMIZED RECEIPTS		Detailed Summary Page		-		11b		11c		12				
Δr	y information copied from such Reports an	d Statements m	av not be sold or used by any	Dereon f	13 for the		14 rpose	of	15 soliciting		16 ntribut	17			
	for commercial purposes, other than using														
$\left \right>$	NAME OF COMMITTEE (In Full) Political Action Committee of	the Americ	an Association of Orth	opae	dic S	Su	rgeo	ns	6						
Α.	Full Name (Last, First, Middle Initial) Daniel William Green MD Mailing Address 535 E 70th St				Date o			D	/ Y	Y	Ý	Y			
	<u></u>	Otata	Zip Code		11	4		29			012				
	City New York	State NY	10021-4823						A39B55 eceipt th	-		580B18			
	FEC ID number of contributing federal political committee.	С					7				167	.00			
	Name of Employer	Occupation	1												
	Hospital for Special Surgery	Orthopaedi	c Surgeon												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1837.00	]											
	Full Name (Last, First, Middle Initial) Scott Edward Porter MD				Date o	f R	eceipt								
_	Mailing Address Dept of Ortho, Acad Serv 701 Grove Rd 2nd Fl Supr	t Twr			M M	1		D 29	/ Y	20	)12	Y			
	City	State	Zip Code			ac			A4C953		2012 F1590A43D08A8				
	Greenville	SC	29605-5601							ot this Period					
	FEC ID number of contributing federal political committee.	С					7				85	.00			
	Name of Employer Greenville Hospital System	Occupation Orthopaedic													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 935.00												
<u>с</u> .	Full Name (Last, First, Middle Initial) Bonhomme Joseph Prud'homm	e MD			Date o	f R	eceipt								
	Mailing Address 3400 Health Sciences Cer PO Box 9196	ter South			м м 11			29	/ Y		)12	Y			
	City Morgantown	State WV	Zip Code 26506-9196						A31FFA eceipt th			4864AD			
	FEC ID number of contributing federal political committee.	C			85.00										
	Name of Employer	Occupation	1												
	West Virginia University	Orthopaedi													
	Receipt For:	Aggregate	Year-to-Date <b>V</b>												
	Primary General Other (specify) ▼		680.00	]											
s	UBTOTAL of Receipts This Page (optional)										337.	00			

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PAGE 15 OF

37

171			Use separate schedule(s)	(0	check onl	ly or	ne)	L						
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c	12	Г				
An	y information copied from such Reports and the	Statements ma	Ay not be sold or used by any p	erso	13 n for the	pur	14 pose of	15 soliciting	contri	ibutio	17 ns			
	for commercial purposes, other than using th	e name and a	ddress of any political committee	e to	SOUCIT CO	ntric	outions	from sucr	n comn	nittee	9.			
	NAME OF COMMITTEE (In Full) Political Action Committee of th	ne America	an Association of Orthe	ора	edic S	Sur	geon	S						
Α.	Full Name (Last, First, Middle Initial) Marc J Rosen MD				Date of Receipt									
	Mailing Address 5605 W Eugie Ste 111				M – M	/	D	) / Ү		Y Y	1			
	City	State	Zip Code	_	11 Trans	sact	29 ion ID :	A63D8B	2012		4719F2			
	Glendale	AZ	85304-1273					Receipt th						
	FEC ID number of contributing federal political committee.	С					,		1	00.0	0			
	Name of Employer	Occupation	I											
	Ortho Surg Network of North America	Orthopaedi	c Surgeon											
	Receipt For:	Aggregate	Year-to-Date <b>V</b>											
	Primary General Other (specify) ▼		2100.00	1										
	Full Name (Last, First, Middle Initial) Paul Strawn Sherbondy MD				Date o	of Re	eceipt							
	Mailing Address Ste 112, MC-UP02 1850 E Park Ave				M M									
	City	State	Zip Code		Trans	sacti	on ID :	AF41AF	7204B <sup>-</sup>	1547	ABA64			
	State College	PA	16803-6706	_	Amoun	t of	Each F	Receipt th	ot this Period					
	FEC ID number of contributing federal political committee.	С			83.3					83.3	3			
	Name of Employer	Occupation	l											
	Penn State Hershey	Orthopaedie	c Surgeon											
		Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		, 666.64											
	Full Name (Last, First, Middle Initial) Christopher A Wills MD	I			Date o	of Re	eceipt							
	Mailing Address 725 W La Veta Ave Ste 260				M M	/	29		2012		1			
	City	State	Zip Code	$\neg$		sact		AB30D3			57BB70			
	Orange	CA	92868-4439					Receipt th						
	FEC ID number of contributing federal political committee.	С					7			84.0	0			
	Name of Employer	_												
	Self Employed	Orthopaedi	c Surgeon											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		672.00	]										
s	UBTOTAL of Receipts This Page (optional)						7		2	67.33	3			

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

FOR LINE NUMBER:

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PAGE 16 OF

			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
An or	for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pendotress 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	paedic Surgeons
<b>A</b> .	Full Name (Last, First, Middle Initial)         William J Maloney MD         Mailing Address 450 Broadway         Mail Code 6342         City         Redwood City         FEC ID number of contributing federal political committee.         Name of Employer         Stanford University         Receipt For:         Primary       General         Other (specify)	State CA C Occupation Orthopaedia Aggregate		Date of Receipt          M       M       07       2012         Transaction ID : A82C1D25325BB4BBBBD         Amount of Each Receipt this Period         1000.00
	Full Name (Last, First, Middle Initial) Stephen J Burns MD Mailing Address 1225 E Coolspring Ave #2D City Michigan City FEC ID number of contributing federal political committee. Name of Employer Franciscan Alliance	State IN C Occupation Orthopaedic		Date of Receipt          12       10       2012         Transaction ID : A783249E042AE4F3EAA8         Amount of Each Receipt this Period         1000.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
C.	Full Name (Last, First, Middle Initial)         Norman Barrington Chutkan MD         Mailing Address       1120 15th St Ba-3300			Date of Receipt
	City Augusta FEC ID number of contributing federal political committee. Name of Employer Georgia Health Sciences University Receipt For: Primary General Other (specify) ▼	State GA C Occupation Orthopaedi Aggregate		Transaction ID : AA80378A292364A3DBB2         Amount of Each Receipt this Period         1000.00
s	UBTOTAL of Receipts This Page (optional)		Þ	3000.00
Т	OTAL This Period (last page this line number	only)	•	

FOR LINE NUMBER:

PAGE 17 OF

37

	-	Use separate schedule(s)	(ch	eck only	y on	e)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		-	$\vdash$	11b	11c	12	<b>□</b>	
Any information copied from such Repo	rts and Statements m	A not be sold or used by any p	berson	for the	purp	ose of	soliciting	g contribu	itions	
Λ	using the name and a	address of any political committe	e to so	olicit cor	ntribi	utions f	rom suc	h commit	tee.	
NAME OF COMMITTEE (In Full) Political Action Committe	e of the Americ	an Association of Orth	орає	edic S	Surg	geon	S			
Full Name (Last, First, Middle Initial) A. Brett D Crist MD				Date of	Red	ceipt				
Mailing Address Dept of Ortho Surg N 1 Hospital Dr	/IC 213			м м 12	1	10	/ Y		Y	
City	State	Zip Code		Trans		4979AC6				
Columbia	MO	65212-0001		Amount	t of E	Each R	eceipt th	nis Period	l	
FEC ID number of contributing federal political committee.	С					,		500	0.00	
Name of Employer	Occupation	1								
Univ of Missouri-Columbia	Orthopaedi	c Surgeon		12       10       2012         Transaction ID : A79CE173F6B734979AC         Amount of Each Receipt this Period         500.00						
Receipt For:	Aggregate	Year-to-Date <b>V</b>		13       14       15       16       17         n for the purpose of soliciting contributions solicit contributions from such committee.       acdic Surgeons         acdic Surgeons       Date of Receipt       2012         Transaction ID : A79CE173F6B734979AC6       Amount of Each Receipt this Period         Date of Receipt       500.00         Transaction ID : AF9CE173F6B734979AC6         Amount of Each Receipt this Period         12       10         12       10         12       10         12       10         12       10         12       10         12       10         12       10         13       10         14       10         15       10         16       10         17       10         10       2012         Transaction ID : AF0B7A81F8BE44F3F867         Amount of Each Receipt this Period						
Other (specify) ▼		500.00	]							
Full Name (Last, First, Middle Initial) B. Anoush Ehya MD				Date of	Rec	ceipt				
Mailing Address 850 Fernwood Pacifi	c Dr				/		/ Y	16 11 contributions committee. 2012 73F6B734979A0 is Period 500.00 500.00 250.00 250.00 250.00		
City	State	Zip Code		Trans	actio	on ID :	AF0B7A	81F8BE4	4F3F867	
Topanga	CA	90290-3216		Amount	t of E	Each R	eceipt th	nis Period	l	
FEC ID number of contributing federal political committee.	C					,		250	0.00	
Name of Employer	Occupation	l								
Self Employed	Orthopaedi	c Surgeon								
Receipt For:	Aggregate	Year-to-Date <b>V</b>								
Other (specify)		, 250.00	]							
Full Name (Last, First, Middle Initial) C. Frank P Giammattei MD				Date of	Red	ceipt				
Mailing Address Professional Office E 1 Medical Center Blv					1		/ Y		Y	
City	State	Zip Code		Trans	acti	on ID :	A49868	2BEFF16	47A4A3A	
Chester	PA	19013-3902		Amount	tofE	Each R	eceipt th	nis Period		
FEC ID number of contributing federal political committee.	C					,		100	0.00	
Name of Employer	Occupation	1	$\neg$							
Premier Orthopaedics	Orthopaedi	c Surgeon								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		900.00	]							
SUBTOTAL of Receipts This Page (op	tional)					J		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

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PAGE 18 OF

37

			for each category of the Detailed Summary Page		<b>X</b> 11a		11b		11c		12	_	٦.
A	ny information copied from such Reports ar	nd Statements ma	Ay not be sold or used by any p	erson	for th	e pi	14 urpose	e of so	15 bliciting		16 ntribut	tions	17 s
or	for commercial purposes, other than using	the name and a	ddress of any political committe	e to s	olicit c	ontr	ributior	ns fror	n such	CO	mmitt	ee.	
	NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Orth	opa	edic	Sι	irgeo	ons					
Α.					Date	of F	Receip						
	Mailing Address 1400 Bellinger St				12	M		10	/ Y		012	Y	
	City	State	Zip Code		Tra	nsa	ction I	D : A6	6B84FF			482	983F
	Eau Claire	WI	54703-5222		Amou	nt c	of Eacl	h Rec	eipt thi	is P	eriod		
	FEC ID number of contributing federal political committee.	С				_	7		7	_	250	.00	
	Name of Employer	Occupation											
	Mayo Clinic	Orthopaedi	c Surgeon										
	Receipt For:	Aggregate	Year-to-Date ▼	_									
	Other (specify)		250.00										
в.	Full Name (Last, First, Middle Initial) John Charles Kofoed MD				Date	of F	Receip	t					
	Mailing Address 2619 Seminole Ct				M	Μ	/ D	10	/ Y		Y 10	Y	
	City	State	Zip Code		12 Trai			10 D·AR	380F07	-	)12 45CD	449	FR7R
	Fairfield	CA	94534-7871						eipt thi				
	FEC ID number of contributing federal political committee.	С					7		7		1000	.00	
	Name of Employer	Occupation											
	Sutter Medical Group	Orthopaedic	c Surgeon										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) V		1000.00										
<u>с</u> .	Full Name (Last, First, Middle Initial) David J Kuester MD				Date	of F	Receip	t					
	Mailing Address 501 N 10th St				M 12			10	/ Y		)12	Y	
	City	State	Zip Code		Tra	nsa	ction I	ID : A2	2150A6	3C7	1E27	4C1	6951
	Manitowoc	WI	54220-4039		Amou	nt c	of Eacl	h Rec	eipt thi	is P	eriod		
	FEC ID number of contributing federal political committee.	С				_	3		7	_	1000	0.00	
	Name of Employer	Occupation	I										
	Orthopaedic Associates of Manitowoc	Orthopaedi	c Surgeon										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		1000.00										
	UBTOTAL of Receipts This Page (optional	)		<u> </u>							2250.	.00	

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

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

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FOR LINE NUMBER:

PAGE 19 OF

37

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)           X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Stat or for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Association of Or	thopaedic Surgeons
Full Name (Last, First, Middle Initial) A. Alan G Lewis MD		Date of Receipt
Mailing Address Eastern Oklahoma Ortho Ctr		
6475 S Yale Ave Ste 301 City Tulsa	State         Zip Code           OK         74136-7815	12     10     2012       Transaction ID : A830F9BA07015480985F       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
	Occupation Drthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B. James R McClurg MD		Date of Receipt
Mailing Address 7485 Mission Valley Rd Suite 103		12 10 Y Y Y Y Y 2012
City San Diego	State Zip Code CA 92108-4422	Transaction ID : AE970D640CD0B485FA48 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Calf Employed	Occupation Drthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. D Gordon Newbern MD		Date of Receipt
Mailing Address 600 S McKinley St Ste 102		12 10 <u>Y Y Y Y Y</u> <u>12</u> 10 <u>2012</u>
City Little Rock	StateZip CodeAR72205-5211	Transaction ID : AC0BC95F70E724AE39AI Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
	Occupation	
Descipt Fee	Orthopaedic Surgeon	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		

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

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

10

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FOR LINE NUMBER:

PAGE 20 OF

37

175			Use separate schedule(s)	(c	heck onl	ly or	ne)			
116	MIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c	12	
	information copied from such Reports and S									
		e name and a	ddress of any political committee	e to s	solicit co	ntrib	outions f	rom such	n commit	ttee.
	IAME OF COMMITTEE (In Full) Political Action Committee of th	Americ	an Association of Orth	ona	odic 9	Sur	apone	2		
/ '				ορα		Jui	geon	5		
	ull Name (Last, First, Middle Initial) James A Shapiro MD				Data a	f Do	agint			
	failing Address 6308 8th Ave Ste 1020					Y Y	Y			
_					12		10		2012	
	ity Kenosha	State WI	Zip Code 53143-5031	-						
		VVI	55145-5051	_	Amoun	t of	Each R	eceipt th	is Period	ł
	EC ID number of contributing ederal political committee.	С			L		7	9	25	0.00
N	lame of Employer	Occupation								
	Inited Hospital Systems	Orthopaedie	c Surgeon		Date of Receipt          Date of Receipt         12       10         12       10         2012       Transaction ID : A4B2124C6072F4740A2E         Amount of Each Receipt this Period       250.00         250.00       250.00         Date of Receipt       13         12       13					
Н	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_	Date of Receipt Amount of Each Receipt Date of Receipt					
	Other (specify)		750.00							
	ull Name (Last, First, Middle Initial) Eric L L Hume MD				Date o	f Re	eceipt			
N	lailing Address 369 Penn Rd					/		/ Y		Y
C	lity	State	Zip Code			sacti		A48BF69		4A918D4
V	Vynnewood	PA	19096-1401		Amoun	t of	Each R	eceipt th	is Period	k
	EC ID number of contributing ederal political committee.	С					9	500	0.00	
	lame of Employer	Occupation								
-	Penn	Orthopaedic	: Surgeon							
п	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify) V		500.00	4						
	ull Name (Last, First, Middle Initial) Frank Eugene Whitney MD				Date o	f Re	eceipt			
_	ailing Address 21842 Lyons Bald Mtn Rd					/		/ Y		Y
	lity	State	Zip Code			sact		AFF31B		4DDFB77
_	Sonora	CA	95370-8768		Amoun	t of	Each R	eceipt th	is Period	ł
	EC ID number of contributing ederal political committee.	С					7		100	0.00
N	lame of Employer	Occupation								
	Self Employed	Orthopaedi	c Surgeon							
R	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		1000.00							
SU	BTOTAL of Receipts This Page (optional)			<u> </u>			7	7	1750	0.00

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## SCHEDULE A (FEC Form 3X) DEOEIDTO

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PAGE 21 OF

37

TTEMIZED RECEIPTS	for each cate Detailed Sun		X 11a 11b 11c 12 13 14 15 16 17
			rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee c	f the American Associa	tion of Ortho	paedic Surgeons
Full Name (Last, First, Middle Initial)         A.       Terence J Gioe MD         Mailing Address 13706 Dunbar Way         City         Saint Paul         FEC ID number of contributing federal political committee.         Name of Employer         Minneapolis VAMC         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         MN       55124-520         C       Occupation         Occupation       Orthopaedic Surgeon         Aggregate Year-to-Date ▼		Date of Receipt 12 16 2012 Transaction ID : ABCBC30970CDF4686BF4 Amount of Each Receipt this Period 250.00
B. A Herbert Alexander MD Mailing Address 100 Hospital Dr Ste 100			Date of Receipt
PO Box 6997 City Ketchum FEC ID number of contributing federal political committee.	State Zip Code ID 83340-699	7	12     28     2012       Transaction ID : A8C7E9458A9F147A89C6       Amount of Each Receipt this Period       250.00
Name of Employer Self Employed Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	500.00	
Full Name (Last, First, Middle Initial) C. Domingo Cheleuitte MD			Date of Receipt
Mailing Address 5270 N Gate Ridge Rd         City         Tucson         FEC ID number of contributing federal political committee.         Name of Employer         Self Employed         Receipt For:         Primary       General         Other (specify) ▼	State AZ     Zip Code 85750-608       C       Occupation Orthopaedic Surgeon       Aggregate Year-to-Date ▼	4 250.00	M M       Y
SUBTOTAL of Receipts This Page (option	al)		750.00

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

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

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FOR LINE NUMBER:

PAGE 22 OF

37

IT.			Use separate schedule(s)	(0	check onl	y or	ne)				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c			<u> </u>
Ar	ny information copied from such Reports and	Statements ma	Ay not be sold or used by any pu	erso	13 n for the	purp	oose of	soliciting	g con	tributi	0ns
or		e name and a	ddress of any political committee	e to	Solicit Co	ntrib	utions	rom suc	n con	nmitte	e.
	NAME OF COMMITTEE (In Full) Political Action Committee of the	ne America	an Association of Ortho	opa	edic S	Sur	geon	S			
Α.	Full Name (Last, First, Middle Initial) David Arthur Detrisac MD				Date o	f Re	ceipt				
	Mailing Address 3394 E Jolly Rd Ste A					/		) / Y			Y
	City	State	Zip Code			sacti		A2D721			5FF9E0
	Lansing	MI	48910-8595	_							
	FEC ID number of contributing federal political committee.	С					7			500.0	00
	Name of Employer	Occupation	1								
	East Lansing Orthopaedic Assoc	Orthopaedi	c Surgeon								
	Receipt For:	Aggregate	Year-to-Date ▼		13     14     15     16     17       n for the purpose of soliciting contributions solicit contributions from such committee.						
	Primary General Other (specify)		1000.00	1							
В.	Full Name (Last, First, Middle Initial) David Gay MD	1			Date o	f Re	ceipt				
	Mailing Address 61 Memorial Med Pkwy Ste 3	3802				/		) / Y	15       16       17         soliciting contributions om such committee.         /       2012         22D721E27C67245FF9E         acceipt this Period         500.00         /       2012         325BC28880DB41E3B8         acceipt this Period         500.00         /       2012         325BC28880DB41E3B8         acceipt this Period         500.00	Y	
	City	State	Zip Code		Trans	acti	on ID :	A325BC	2888	0DB4	1E3B86
	Palm Coast	FL	32164-5982	_	Amoun	t of	Each F	Receipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С				500.00					00
	Name of Employer	Occupation									
	Florida Hospital	Orthopaedi	c Surgeon								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]							
<u> </u>	Full Name (Last, First, Middle Initial) Clayton T Gibson MD				Date o	f Re	ceipt				
	Mailing Address 311 S 15th St					/		) / Y			Y
	City	State	Zip Code			sacti		A87F67			25DB88
	Coshocton	OH	43812-1873		Amoun	t of	Each F	Receipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С					y	- 7		1000.0	00
	Name of Employer	Occupation	l								
	Medical Services of Coshocton	Orthopaedi	c Surgeon								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	ı							
s	<b>CUBTOTAL</b> of Receipts This Page (optional)		, , , , , , , , , , , , , , , , , , , ,				5	7	2	2000.0	0

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

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CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 OF 37 (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 an or for commercial purposes, other than using	d Statements ma the name and a	ay not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of			
Full Name (Last, First, Middle Initial) A. Langdon A Hartsock MD			Date of Receipt
Mailing Address 96 Jonathan Lucas St CSI	3 708		12 28 2012
City Charleston	State SC	Zip Code 29425-8900	Transaction ID : AD610072EC8CC489EBE
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation	1	
MUSC	Orthopaedie	c Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1
Full Name (Last, First, Middle Initial) B. Christopher C Kain MD			Data of Dessint
Mailing Address 4409 NW Anderson Hill Ro	Ŀ		Date of Receipt
City	State	Zip Code	<u>12</u> <u>28</u> <u>2012</u>
Silverdale	WA	98383-6807	Transaction ID : A523DE3530E814A159AA           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer West Sound Orthopaedics	Occupation Orthopaedic		
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		, 1000.00	]
Full Name (Last, First, Middle Initial) C. Thomas B Kelso II, MD			Date of Receipt
Mailing Address 2680 Mariners Way			12 28 _2012 _
City	State	Zip Code	Transaction ID : A040295DAC1BB4BD29F
Southport	NC	28461-8512	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation		
Orthopedic Specialists	Orthopaedi	c Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1
SUBTOTAL of Receipts This Page (optional)	)		2000.00

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

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FOR LINE NUMBER:

PAGE 24 OF

37

IT.			Use separate schedule(s)	(0	check onl	ly or	ne)	L				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c	12	<u> </u>		
Ar	y information copied from such Reports and	Statements ma	l ay not be sold or used by any p	erso	n for the	pur	pose of	soliciting	g contrib	utions		
or		ne name and a	ddress of any political committee	e to	solicit co	ntrib	outions 1	from suc	h commi	ttee.		
	NAME OF COMMITTEE (In Full) Political Action Committee of the	he America	an Association of Orth	ора	edic S	Sur	geon	S				
Α.	Full Name (Last, First, Middle Initial) John Lawrence Marsh MD				Date of	f Re	eceipt					
	Mailing Address 200 Hawkins Dr				M M	/	DE	) / Ү	Y Y	Y		
	01071jpp	Ctoto	Zin Codo		12	١.,	28		2012	_		
	City Iowa City	State IA	Zip Code 52242-1009									
	FEC ID number of contributing federal political committee.	С					7		25	0.00		
	Name of Employer	Occupation	1									
	Univ of Iowa Hospitals	Orthopaedi	c Surgeon			ate of Receipt  ate of Receipt						
	Receipt For:	Aggregate	Year-to-Date ▼				11b 11c 12   14 15 16 17   urpose of soliciting contributions ributions from such committee. Irgeons Receipt / 28 2012 ction ID : A64E8B51F2C234B9AAD9 of Each Receipt this Period 250.00 Receipt / 28 2012 ction ID : A74A63998F24C4E12A39 of Each Receipt this Period 250.00 Section ID : A74A63998F24C4E12A39 of Each Receipt this Period 250.00 Section ID : A74A63998F24C4E12A39 of Each Receipt this Period 250.00 250.00					
	Primary General Other (specify) ▼		250.00	]								
в.	Full Name (Last, First, Middle Initial) George A Richardson MD				Date of	f Re	eceipt					
	Mailing Address 3201 University Dr East Ste	255			12 28 2012					Y		
	City	State	Zip Code		Trans	sacti	ion ID :	A74A63	998F24C	4E12A39		
	Bryan	ТХ	77802-3483		Amoun	t of	Each F	leceipt th	nis Perio	b		
	FEC ID number of contributing federal political committee.	С			Γ.		,	- 7	25	0.00		
	Name of Employer	Occupation	1									
	Self Employed	Orthopaedie	c Surgeon									
	Receipt For:	Aggregate	Year-to-Date <b>V</b>									
	Primary General Other (specify) ▼		, 250.00	1								
С.	Full Name (Last, First, Middle Initial) Brian C Schafer MD				Date of	f Re	eceipt					
	Mailing Address 1821 Turtle Lane				м м 12	/				Y		
	City	State	Zip Code			sact				4DFD950		
	Cape Girardeau	MO	63701-4400									
	FEC ID number of contributing federal political committee.	С					,		50	0.00		
	Name of Employer	1										
	Advanced Ortho Specialists	Orthopaedi	c Surgeon									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		500.00	]								
s	UBTOTAL of Receipts This Page (optional)						7		1000	0.00		

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

## SCHEDULE A (FEC Form 3X) MIZED DECEIDTE

## Use separate schedule(s)

FOR LINE NUMBER:

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PAGE 25 OF

37

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
		y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of t	the American Association of Or	thopaedic Surgeons
Full Name (Last, First, Middle Initial)         Jeffery P Beckenbaugh DO         Mailing Address 4121 8th St SW         City         Rochester         FEC ID number of contributing         federal political committee.         Name of Employer         Olmsted Medical Center         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         MN       55902-8751         C       Occupation         Occupation       Orthopaedic Surgeon         Aggregate Year-to-Date ▼         1100.00	Date of Receipt 12 29 2012 Transaction ID : A6B9172BA16604A89B7 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial)         William A Crotwell, III MD         Mailing Address 4217 River Oaks Lane         City         Mobile         FEC ID number of contributing federal political committee.         Name of Employer         Alabama Orthopaedic Clinic         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         AL       36619-9552         C       Occupation         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         4000.00       4000.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Daniel William Green MD         Mailing Address 535 E 70th St         City         New York         FEC ID number of contributing federal political committee.         Name of Employer         Hospital for Special Surgery         Receipt For:         Primary       General         Other (specify)	State     Zip Code       NY     10021-4823       C       Occupation       Orthopaedic Surgeon       Aggregate Year-to-Date ▼       2004.00	Date of Receipt 12 29 2012 Transaction ID : A11DCCED75E1E4EC0B Amount of Each Receipt this Period 167.00
SUBTOTAL of Receipts This Page (optional).	1	1267.00

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

FOR LINE NUMBER:

PAGE 26 OF

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	
	Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may not be sold or used by ar ng the name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	of the American Association of O	rthopaedic Surgeons
Full Name (Last, First, Middle Initial) Scott Edward Porter MD		Date of Receipt
Mailing Address Dept of Ortho, Acad Ser		
701 Grove Rd 2nd Fl Su City	State Zip Code	12 29 2012 Transaction ID : ABBAD316FD99443CEB8
Greenville	SC 29605-5601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer	Occupation	
Greenville Hospital System	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	1020.00	
Full Name (Last, First, Middle Initial) B. Bonhomme Joseph Prud'homm	e MD	Date of Receipt
Mailing Address 3400 Health Sciences C PO Box 9196		12 29 2012
City	State Zip Code	Transaction ID : AB3314FF810DA42919BB
Morgantown	WV 26506-9196	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer	Occupation	
West Virginia University Receipt For:	Orthopaedic Surgeon	
Primary General Other (specify)	Aggregate Year-to-Date ▼ 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		12 / Y Y Y Y 12 29 2012
City State College	State Zip Code PA 16803-6706	Transaction ID : A9A9BC3B432104A3BA4 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	
Penn State Hershey	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	749.97	
SUBTOTAL of Receipts This Page (option	al)	253.33
TOTAL This Period (last page this line nu	mber only)	

FOR LINE NUMBER:

PAGE 27 OF

37

IT.			Use separate schedule(s)	(ch	eck only	y on	e)	-			
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page					11c	12	Г	<b>_</b>
Ar	y information copied from such Reports and	Statements ma	A not be sold or used by any po	erson	13 for the	purp	14 ose of	15 soliciting	contrib	outio	17 ns
or	for commercial purposes, other than using th	he name and a	ddress of any political committee	e to se	olicit coi	ntribi	utions fi	rom such	o comm	ittee	
	NAME OF COMMITTEE (In Full) Political Action Committee of the	ne Americ	an Association of Ortho	opae	edic S	Sur	geons	6			
Α.	Full Name (Last, First, Middle Initial) Christopher A Wills MD				Date of	f Re	ceipt				
	Mailing Address 725 W La Veta Ave Ste 260				м м 12	/	29	/ Y	ү ү 2012		1
	City Orange	State CA	Zip Code 92868-4439					A6BC98 eceipt th			E9AA50
	FEC ID number of contributing federal political committee.	С					,	7	8	84.00	0
	Name of Employer	Occupation									
	Self Employed Receipt For:	Orthopaedi		_							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 756.00								
В.	Full Name (Last, First, Middle Initial) Joseph G Martin MD				Date of	f Re	ceipt				
	Mailing Address 2300 53rd Ave Ste 100				M M	/	31	/ Y	y y 2012	Y	1
	City Bettendorf	State IA	Zip Code 52722-7565					AE14DD eceipt th			2DA74
	FEC ID number of contributing federal political committee.	С					,	- 7	100	00.00	)
	Name of Employer ORA Orthopedics	Occupation Orthopaedi									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00								
— c.	Full Name (Last, First, Middle Initial)				Date of	f Ro	ceint				
0.	Mailing Address				M M	_		/ Y	Y Y	Y	1
	City	State	Zip Code		Amount	t of	Each Re	eceipt th	is Perio		
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	Name of Employer	Occupation	1								
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼								
s	UBTOTAL of Receipts This Page (optional)		•••••	<u> </u>			7	7	108	34.00	

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

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Use separate schedule(s)

FOR LINE NUMBER:

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PAGE 28 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 na	ements may not be sold or used by any p ame and address of any political committed	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Association of Orthe	opaedic Surgeons
A. Full Name (Last, First, Middle Initial) American Association of Orthopaedic Su Mailing Address 317 Massachusetts Avenue, NE 1st Floor	-	Date of Receipt
City Washington	State Zip Code DC 20002	Transaction ID : AC25DAFC2349942F183B
	C	Amount of Each Receipt this Period
Name of Employer C	Occupation	— Refund of bank fees from affiliated organization
Receipt For:       µ         Primary       General         Other (specify) ▼	Aggregate Year-to-Date ▼ 22914.72	]
Full Name (Last, First, Middle Initial) <b>B.</b>		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.	C	
Name of Employer C	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	]
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.	C	
Name of Employer	Occupation	
Receipt For:       A         Primary       General         Other (specify) ▼	Aggregate Year-to-Date ▼	]
SUBTOTAL of Receipts This Page (optional)		399.08
TOTAL This Period (last page this line number only		399.08

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IT	EMIZED DISBURSEMENTS	arate schedule(s) category of the	(C			nly o							1.05										
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$\square$	NAME OF COMMITTEE (In Full)																						
	Political Action Committee of the A	merican	Association	of (	Drt	tho	pae	edic S	Sur	geo	ns												
~	Full Name (Last, First, Middle Initial)							<b>D</b> .	( D.														
А.	Aristotle International, Inc							Date o															
	Mailing Address 205 Pennsylvania Ave SE					11 28 2012																	
	City	State DC	Zip Code	Transaction ID : E										CERT	1E03861								
	Washington					Trans	au		. DE		000	C0D1	4603001										
	Purpose of Disbursement Credit card processing fees	ocessing fees											Amount of Each Disbursement this Period										
	Candidate Name																						
	Office Coucht													4(	).00								
	Office Sought: House Disburse Senate	Primary	General																				
	President	Other (spe	cify) 🔻																				
	State: District:																						
D	Full Name (Last, First, Middle Initial)							Data a	<u>د</u> م														
D.	Aristotle International, Inc							Date o	_		D		V	Y	V								
	Mailing Address 205 Pennsylvania Ave SE							11	ĺ		80			012	T								
	City Washington											8396	266	0E604	5FB98E								
	Purpose of Disbursement		20003	_			-																
	Credit card processing fees			L.,				Amount of Each Disbursement this Period															
	Candidate Name			Cate	egoi ype					,		,			2.00								
	• <u> </u>	ment For:																					
	Senate President	Primary Other (and	General																				
	State: District:	Other (spe																					
_	Full Name (Last, First, Middle Initial)																						
C.	Northern Trust Company							Date o	f Di	sburse	ement												
	Mailing Address 50 S. LaSalle St.						_	м м 11	/		0	Y		012	Y								
	City	State	Zip Code					Trans	204					2450	4B3480C								
	Chicago Purpose of Disbursement	IL	60675					iialis	Jact		. 52	JUJF	-9F	2400	-004000								
	Correction to bank fee 11/5/2012							Amoun	t of	Each	Dich	urcor	nont	thic	Poriod								
	Candidate Name			Cate	egoi ype			Anoun		Lacii	DISD				6.00								
	Office Sought: House Disburse	ment For:					$\neg$	<u> </u>		7	_	7											
	Senate	Primary	General																				
	State: District:	Other (spe	city) 🔻																				
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s	<b>SUBTOTAL</b> of Disbursements This Page (optional).									,		,		26	.00								
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S	CHEDULE B (FEC Form 3X)										DF 37													
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(c		k only 21b		22	_	23	Г	24		25	<u> </u>									
			Summary Page			210 27		22 28a	-	23 28b	╞	28	,	29	30b									
	ny information copied from such Reports and for commercial purposes, other than using th																							
$\square$	NAME OF COMMITTEE (In Full)																							
	Political Action Committee of the	ne American	Association	n of (	Drt	hopa	aed	ic S	Sur	geo	n	5												
<u>—</u> А.	Full Name (Last, First, Middle Initial) Northern Trust Company						Da	te o	f Di	sburse	əm	ent												
							N	M	/	D	D	/	Y	YY	Y									
	Mailing Address 50 S. LaSalle St.							12		0	)5		2	2012										
	City Chicago	State IL	Zip Code 60675				Т	rans	sact	ion ID	):	B6A8	-C36	6D88B	45788B8									
	Purpose of Disbursement	5																						
	Candidate Name	ma											Amount of Each Disbursement this Period											
														73	8.99									
	Office Sought: House Dis Senate	bursement For:	General																					
	President	Other (spe	cify) 🔻																					
	State: District: Full Name (Last, First, Middle Initial)																							
В.	Northern Trust Company						Da	te o	f Di	sburse	em	ent												
	Mailing Address 50 S. LaSalle St.						IV	 12	/		D 05	/		2012	Y									
	Maining Address 50 S. Lasalle St.																							
	City Chicago	State IL	Zip Code 60675				Transaction ID : B02DC737D61D1473E																	
	Purpose of Disbursement Bank fees deducted from account			-	-		Amount of Each Disbursement this Perio																	
	Candidate Name			Cate	edor	v/	Amount of Each Disbursement this Period																	
					ype	<i>y'</i>				7	-	7	_	184	1.32									
	Office Sought: House Dis Senate	bursement For:	General																					
	President	Other (spe	cify) 🔻																					
	State: District: Full Name (Last, First, Middle Initial)																							
C.	Aristotle International, Inc						Da	te o	f Di	sburse	əm	ent												
	Mailing Address 205 Pennsylvania Ave SE						N	м 12	1		D 7	/		2012	Y									
	City	Ctata	Zin Codo																					
	Washington	State DC	Zip Code 20003				٦	rans	sact	ion ID	):	B53A	CE24	AF840	42E6977									
	Purpose of Disbursement Credit card processing fees				-		<b>A</b>			<b>F</b> I.	_			a al-1-	Devia									
	Candidate Name			Cate	egor ype	ry/	An	ioun	t of	Each	U	ISDUIS	emen	nt this 72	2.17									
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Ļ	SUBTOTAL of Disbursements This Page (option	וינו)					F	÷	÷	3	-													
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S	CHEDULE B (FEC Form 3X)		F	OR	LINE	NUMBER:			PA	GE	31	OF 37				
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	) (c			one)	~~~									
		Detailed Summary Page		×	21b 27	22 28a	23 28t	2	24 28c		25 29	26 30b				
	ny information copied from such Reports and S r for commercial purposes, other than using the															
	NAME OF COMMITTEE (In Full)															
$ \rangle$	Political Action Committee of th	e American Associatio	n of (	Ort	hop	aedic S	Surge	or	าร							
<u> </u>	Full Name (Last, First, Middle Initial)															
Α.	Aristotle International, Inc					Date of	f Disbur				Y Y	Y				
	Mailing Address 205 Pennsylvania Ave SE					12		1	5	2	2012					
	City Washington	State Zip Code DC 20003				Trans	action I	ID	: B9842E	BDB	C02F	5499C8CE				
	Purpose of Disbursement Credit card processing fees				Amount of Each Disbursement this Period											
	Candidate Name		Cat	egoi	ry/	/ moun			Disbuise			2.60				
	Office Sought: House Disb	ursement For:	Т	ype	-		- 7	÷	7	-	4,	2.00				
	Senate	Primary General														
	State: District:	Other (specify)														
	Full Name (Last, First, Middle Initial)															
Β.	Aristotle International, Inc						f Disbur		_							
	Mailing Address 205 Pennsylvania Ave SE					12	/ D	2			2012	Y				
	City Washington				Transaction ID : B83AEE9C924A845E											
	Purpose of Disbursement	DC 20003														
	Credit card processing fee Candidate Name					Amount of Each Disbursement this Period										
			Cate T	egoi ype	ry/						6	2.20				
	Ŭ	ursement For:														
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C.	Full Name (Last, First, Middle Initial) Aristotle International, Inc					Date of	f Disbur	se	ment							
	Mailing Address 205 Pennsylvania Ave SE					M M 12	/ D	28			2012	Y				
	City	State Zip Code				Trong	action		. DOCEO	A 20		E4167887				
	Washington Purpose of Disbursement	DC 20003		_	_	Trans	action	U	. 00023/	720	JUAC	_410/00/				
	Credit card processing fee					Amoun	t of Eac	h	Disburse	men	nt this	Period				
	Candidate Name		Cat T	egoi ype	ry/			Ì		Ţ	12	2.80				
	Ŭ	ursement For:	1	-				Ĩ	7							
	President	Primary General Other (specify) ▼														
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	SUBTOTAL of Disburgements This Dags (antis)							ľ		1	117	7.60				
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т	TOTAL This Period (last page this line number	only)									474	1.08				

ITEMIZED DISBURSEMENTS       Use separate schedule(s) for each category of the Detailed Summary Page       (check or thy one) (check or	SC	HEDULE B (FEC Form 3X)			F	OR		IUMBER	:			PAGE	32 (	DF 37										
Detailed Summary Page       210       22       23       23       24       25       35         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.         NAME OF COMMITTEE (In Full)       Political Action Committee of the American Association of Orthopaedic Surgeons         Full Name (Last, First, Middle Initial)       Date of Disbursement         A. Andy Barr for Congress       Date of Disbursement         Mailing Address P.O. Box 2059       KY         City       State       Zip Code         Lexingtion       KY       40588-2059         Purpose of Disbursement       Category/         2012 General Debt Retirement       Category/         Condidate Name       President         Garland Andy Barr       Other (specify) ♥         Office Sought:       House       Disbursement For: 2012         Full Name (Last, First, Middle Initial)       B       Dr. Raul Ruiz for Congress 2012 Committee         Mailing Address P.O. Box 6116       City       State         City       State       Zip Code         Purpose of Disbursement       Category/       Transaction ID : B8F644D36285145E7622         Full Name (Last, First, Middle Initial)       B       Dr. Raul Ruiz for Congress 2012 Commit	ITE	EMIZED DISBURSEMENTS				k only	one)			L		_												
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         Full Name (Last, First, Middle Initial)         A. Andy Barr for Congress         Mailing Address P.O. Box 2059         City       State         Lexington       KY         40588-2059         Purpose of Disbursement         2012 General Debt Retirement         Cardidate Name         Garland Andy Barr         Office Sought:         State:       KY         Disbursement For:       2012         City       Senate         President       Category/         Type       Other (specify)         Other (specify)       Other/2012         Full Name (Last, First, Middle Initial)       B.         B. Dr. Raul Ruiz for Congress 2012 Committee       Date of Disbursement         Mailing Address       P.O. Box 6116         City       State       Zip Code         La Quinta       CA       92248-6116         Purpose of Disbursement       Category/         Type       State       State         20	_			, ,					×	4				26 30b										
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       State         Lexington       KY         Purpose of Disbursement         2012       Category/         Garland Andy Barr       Category/         Office Sought:       House         State:       KY         President       Other (specify)         State:       KY         Mailing Address       P.O. Box 6116         City       State         President       Category/         State:       KY         Disbursement       Other (specify)         Other (specify)       Other 2012         Full Name (Last, First, Middle Initial)       Date of Disbursement         B. Dr. Raul Ruiz for Congress 2012 Committee       Date of Disbursement         Mailing Address       P.O. Box 6116       Transaction ID : B8F644D36285145E782:         City       Category/       Transaction ID : B8F644D36285145E782:         Amount of Each Disbursement       Category/         2012       Transaction ID : B8F644D36285145E782:         Amount of Each Disbursement this Period																								
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_	Full Name (Last, First, Middle Initial)						Data	( D)					
А.	Volunteers for Shimkus						Date o	t Dis					
	Mailing Address P.O. Box 661						11	/	3	_		2012	Ŷ
	,	State	Zip Code				Trans	acti	ion ID	· BBD	3830/	4751F	471D9E8
	Collinsville	IL	62234-0661				Trails	acti			50507	-/ 511 /	4710320
	Purpose of Disbursement						Amoun	t of	Fach	Disbur	semer	nt this	Period
	Candidate Name			Cat		m ( /				2.00 0			
	Rep. John Shimkus			Cate Ty	ype				7		,	5000	0.00
	Office Sought: X House Disburse	ment For:	2014										
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в.	Michaud for Congress						Date o	f Dis	sburse	ment			
	Michada for Congress						M M	/	D	_	Y	Y Y	Y
	Mailing Address 213 Lisbon Street						12	ĺ		4		2012	
	,	State	Zip Code				Trans	sacti	ion ID	: B010	4A5B	F9DC2	241779FE
	Lewiston Purpose of Disbursement	ME	04240-7704										
							Amoun	t of	Each	Disbur	semer	nt this	Period
	Candidate Name			Cate	one	rv/	-						_
	Rep. Mike H. Michaud				ype				,		,	100	0.00
		ment For:	2014										
		Primary	General										
	State: ME District: 02	Other (sp	pecity)										
_	Full Name (Last, First, Middle Initial)												
C.	Ron Barber for Congress						Date o	f Dis	sburse	ment			
	Mailing Address P.O. Box 57715						M M 12	/	D 0			2012	Y
	City	State	Zip Code				<b>.</b>						4400000
	Tucson	AZ	85732-7715				Trans	sact		: BFFI	-2468	5781A	440B9FA
	Purpose of Disbursement												
	Candidate Name		<u> </u>			Amoun	t of	Each	Disbur	semer	nt this	Period	
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	State: AZ District: 08												
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$\square$	NAME OF COMMITTEE (In Full)																
	Political Action Committee of the A	merican Asso	ociation	of C	Drt	hopa	edic S	Sur	geo	ns							
Α.	Full Name (Last, First, Middle Initial) BADGERPAC						Date o	f Dis	sburse	ement							
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	Mailing Address P.O. Box 70980						12		1	1	2	2012					
	,	State Zip Co DC 20024					Trans	sacti	ion ID	: BC8	45308	AC567	4440B7C				
	Washington Purpose of Disbursement																
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	Candidate Name	Cate											0.00				
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	Senate		General														
	President	Other (specify)															
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в.	Full Name (Last, First, Middle Initial) Citizens for Harkin						Date o	f Dis	sburse	ement							
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	Mailing Address P.O. Box 811						12			1		2012					
	City Des Moines	State Zip Co	ode 1-0811				Tran	sact	ion ID	: BAD	9407C	060A0E	04FF38D1				
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		ment For: 2014		IJ	/pe				7		,						
			eneral														
	President	Other (specify)															
	State: IA District:																
С	Full Name (Last, First, Middle Initial) Friends of Chris Murphy						Date o	f Dis	sburse	ement							
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	Mailing Address P.O. Box 127						12			1		2012					
	City	State Zip Co					Tran	sact	ion ID	: B783	34837	72D724	B6AA7D				
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	Christopher S Murphy				/pe	y,	L.		,		7	2500	0.00				
		ment For: 2012															
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$\mathbb{N}$	NAME OF COMMITTEE (In Full)			_	
	Political Action Committee of the A	American Associatio	n of Orth	opaedic Surg	jeons
Α.	Full Name (Last, First, Middle Initial) Hoosiers First PAC			Date of Dist	pursement
	TIOUSIEIS TIIST FAC			M M /	
	Mailing Address P.O. Box 772			12	11 2012
	City	State Zip Code		Transactio	on ID : B78C7DCEF025842B8940
	Indianapolis Purpose of Disbursement	IN 46206-0772			
	Donnelly's LPAC			Amount of E	each Disbursement this Period
	Candidate Name		Category/ Type		2500.00
	Office Sought: House Disburse	ment For: 2012	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Senate	Primary General			
	State: District:	Other (specify) ▼ Other2012			
_	Full Name (Last, First, Middle Initial)	Other2012			
В.	Iowa Democratic Party			Date of Dist	oursement
				M M /	D D / Y Y Y Y
	Mailing Address 5661 Fleur Drive			12	11 2012
	City Des Moines	State Zip Code IA 50321-2841		Transactio	on ID : B3F984B4052034BA486B
	Purpose of Disbursement	50521-2041		-	
				Amount of E	Each Disbursement this Period
	Candidate Name		Category/		5000.00
	Office Sought: House Disburse	ment For: 2012	Туре	_	
	Senate	Primary General			
	President	Other (specify)			
_	State: District:	Other2012			
C	Full Name (Last, First, Middle Initial) Kind for Congress Committee			Date of Dist	nursement
0.	Kind for Congress Committee				
	Mailing Address 205 5th Avenue South Suite 428			12	11 2012
	City	State Zip Code		Transactio	on ID : BCD5B39D124C74D49B78
	La Crosse Purpose of Disbursement	WI 54601-4059			
	Fulpose of Disbursement			Amount of F	Each Disbursement this Period
	Candidate Name	Category/			
	Rep. Ron Kind		Type		5000.00
	Office Sought: X House Disburse Senate X	ment For: 2014 Primary General			
	President	Other (specify)			
_	State: WI District: 03				
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^	Full Name (Last, First, Middle Initial)						Data d	f Diek		mont						
А.	To Organize a Majority PAC (TOM	IPAC)					Date of	r Disd			Y Y					
	Mailing Address 426 C Street, NE						12	/	11		2012	- Y				
	- )	State	Zip Code				Trans	actio	n ID :	: B90542	1EB040	C4B848C6				
	Washington Purpose of Disbursement	DC	20002-5839													
	Harkin's LPAC			Amount of Each Disbursement this Pe												
	Candidate Name			egor	y/	5000.00										
	Office Cought			ype			. ,	_	7	50	00.00					
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-	Full Name (Last, First, Middle Initial)															
В.	Conyers for Congress						Date of	t Disb								
	Mailing Address 228 2nd St. SE						12	1	D 19		2012					
	City Washington	State DC	Zip Code 20003-1943				Trans	sactio	n ID	: B5F37C	B56549	9C48F380C				
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	Candidate Name				egor	y/					50	00.00				
	Rep. John Conyers Jr.           Office Sought:         Y House         Disburser	mont Fam			ype			7	_		50	,00.00				
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_	Full Name (Last, First, Middle Initial)															
C.	Conyers for Congress						Date of	f Disb	urser		YY					
	Mailing Address 228 2nd St. SE						12		19		2012					
		State	Zip Code				Trans	actio	n ID	: BB1551	DA42R	34445C958				
	Washington Purpose of Disbursement	DC	20003-1943													
	r appear of Disbursement			<b>—</b>			Amount		ach I	Disburser	nont thi	e Pariod				
	Candidate Name			Cat	egor	v/	, anour			210001301						
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s	UBTOTAL of Disbursements This Page (optional)							- ,		,	150	00.00				
Т	OTAL This Period (last page this line number only)	)				►			_							

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 37 OF 37								
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check	only o	y one)						
			21b 27	22 28a	<u> </u>	23 28b	24 28c		25 29	26 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)										
Political Action Committee of the A	merican Association	of Orth	opae	edic S	Surg	geor	าร			
Full Name (Last, First, Middle Initial) A. Friends of Joe Pitts				Date of	Dist	burse	ment			
Mailing Address P.O. Box 775				12 19 2012						
	State Zip Code									
Unionville	PA 19375-0775			Trans	actio	on ID	: B87E1	762C8/	37424	0A7A
Purpose of Disbursement			1	Amount	t of E	Each	Disburse	ement th	nis Peri	iod
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State: PA District: 16 Full Name (Last, First, Middle Initial)										
B.				Date of Disbursement						
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Purpose of Disbursement				Amount of Each Disbursement this Period						
Candidate Name		Category/ Type	/						-	
Office Sought: House Disbursen Senate President	nent For: Primary General Other (specify) v	<u> </u>			,	,				
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