

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street)

317 Massachusetts Avenue, NE

1st Floor

Check if different than previously reported. (ACC)

Washington

DC

20002

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00343137

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day

PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

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

07

01

2004

through

09

30

2004

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

James G. Davis, MD

Signature of Treasurer

Electronically Filed by James G. Davis, MD

Date

10

12

2004

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. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: ^M07 ^D01 ^Y2004 To: ^M09 ^D30 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^Y		388850.53
(b) Cash on Hand at Beginning of Reporting Period	558767.57	
(c) Total Receipts (from Line 19)	92413.95	646251.36
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	652201.52	1035101.89
<hr/>		
7. Total Disbursements (from Line 31)	304739.37	687639.74
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	347462.15	347462.15
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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Page 3

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: ^M07 ^D01 ^Y2004 To: ^M09 ^D30 ^Y2004

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)	80650.00	
(ii) Unitemized	8455.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	89105.00	634480.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	89105.00	634480.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1308.95	8771.36
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	2000.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
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 Transfer (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))	92413.95	646251.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	92413.95	646251.36

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	1298.82	8919.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1298.82	8919.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	103000.00	478280.12
24. Independent Expenditure (use Schedule E).....	200440.55	200440.55
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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 ActMty (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))..	304739.37	687639.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	304739.37	687639.74

DETAILED SUMMARY PAGE
of Disbursements

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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)	89105.00	634480.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	89105.00	634480.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1298.82	8919.07
37. Offsets to Operating Expenditures (from Line 15, page 3)	1308.95	8771.36
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-10.13	147.71

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

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

FOR LINE NUMBER: PAGE 6 / 73

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Richard M Dix, MD		Date of Receipt M / D / Y 07 / 14 / 2004
Mailing Address PD Box 50129		Transaction ID: 18808833
City Henderson	State NV	Zip Code 89016-0129
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jonathan T Deland, MD		Date of Receipt M / D / Y 07 / 14 / 2004
Mailing Address Hospital for Special Surgery 535 E 70th St		Transaction ID: 18808839
City New York	State NY	Zip Code 10021-4892
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. E Burke Evans, MD		Date of Receipt M / D / Y 07 / 14 / 2004
Mailing Address Dept of Orthopaedic Surgery 3D1 University Blvd		Transaction ID: 18808838
City Galveston	State TX	Zip Code 77555-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Univ of Texas	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 73
(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. Dr. Harris Gelman, MD		Date of Receipt M / D / Y 07 / 14 / 2004
Mailing Address 3100 Coral Hills Dr, #305		Transaction ID: 18808911
City	State	Zip Code
Coral Springs	FL	33065-4138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John Akiu Mbituma, MD		Date of Receipt M / D / Y 07 / 14 / 2004
Mailing Address 20 Beacon Hill Dr		Transaction ID: 18808838
City	State	Zip Code
Dobbs Ferry	NY	10522-2402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Arnold Ray Pentz, MD		Date of Receipt M / D / Y 07 / 14 / 2004
Mailing Address 482 Pineview Drive		Transaction ID: 18808837
City	State	Zip Code
Gallipolis	OH	45631-9038
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Holzer Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 8 / 73

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Kenneth A Pettine, MD		Date of Receipt M / D / Y 07 / 14 / 2004
Mailing Address 381 D Grant Ave		Transaction ID: 18808934
City Loveland	State CO	Zip Code 80538-8412
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Juan J Rodrigo, MD		Date of Receipt M / D / Y 07 / 14 / 2004
Mailing Address 10 Pine Valley Court		Transaction ID: 18808935
City Spartanburg	State SC	Zip Code 29306-6632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Stedman Hawkins Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David G M Schiff, MD		Date of Receipt M / D / Y 07 / 14 / 2004
Mailing Address PO Box 1208		Transaction ID: 18808940
City Fort Bragg	State CA	Zip Code 95437-1208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 73

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Erik C Gryler, MD		Date of Receipt M / D / Y 07 / 19 / 2004
Mailing Address 55 West Titan St		Transaction ID: 18809403
City Walla Walla	State WA	Zip Code 99362-4498
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Alan Horowitz, MD		Date of Receipt M / D / Y 07 / 19 / 2004
Mailing Address 1763 W. 24th St		Transaction ID: 18809406
City Yuma	State AZ	Zip Code 85364-6219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Peter T Hurley, MD		Date of Receipt M / D / Y 07 / 19 / 2004
Mailing Address 214 18th St SE		Transaction ID: 18809437
City Hickory	State NC	Zip Code 28602-1368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hickory Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 73
(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. Dr. W Benjamin Kibler, MD		Date of Receipt M / D / Y 07 / 19 / 2004
Mailing Address 700 Bob-Dlink Drive		Transaction ID: 18812619
City Lexington	State KY	Zip Code 40504-2701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Lexington Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert E Stein, MD		Date of Receipt M / D / Y 07 / 19 / 2004
Mailing Address 301 21st Ave N		Transaction ID: 18811558
City Nashville	State TN	Zip Code 37203-1898
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Edward J Ater, MD		Date of Receipt M / D / Y 07 / 19 / 2004
Mailing Address 151B Plaza Encantada NW		Transaction ID: 18809439
City Albuquerque	State NM	Zip Code 87107-5255
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer New Mexico Orthopaedic As- sociates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 73

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Clifford W Colvel, Jr. MD		Date of Receipt M / D / Y 07 / 10 / 2004
Mailing Address 11025 N Torrey Pines Rd Ste 140		Transaction ID: 18809438
City La Jolla	State CA	Zip Code 92037-1030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Scripps Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Karl F Dickson, MD		Date of Receipt M / D / Y 07 / 21 / 2004
Mailing Address 500 W Main St Ste 200 PO BOX 977		Transaction ID: 18820767
City Lewisville	State TX	Zip Code 75057-3639
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Barbara G Frieman, MD		Date of Receipt M / D / Y 07 / 21 / 2004
Mailing Address 925 Chestnut St 5th Fl		Transaction ID: 18820800
City Philadelphia	State PA	Zip Code 19107-4218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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FOR LINE NUMBER: PAGE 12 / 73
(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. Dr. Robert A Harf, MD		Date of Receipt M / D / Y Y Y Y 07 / 21 / 2004
Mailing Address 181 Andrieux St Ste#111		Transaction ID: 18820796
City Sonoma	State CA	Zip Code 95476-6832
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard L Handerson, MD		Date of Receipt M / D / Y Y Y Y 07 / 21 / 2004
Mailing Address 202 Lawrence Ln		Transaction ID: 18820762
City Yreka	State CA	Zip Code 96097-3341
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David M Henneghan, MD		Date of Receipt M / D / Y Y Y Y 07 / 21 / 2004
Mailing Address 824 Illinois Ave Rice Medical Center		Transaction ID: 18820764
City Stevens Point	State WI	Zip Code 54481-3112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Rice Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 73
(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. Dr. Elliot Hershman, MD		Date of Receipt M / D / Y Y Y Y 07 / 21 / 2004
Mailing Address 130 E 77th St 7th Floor		Transaction ID: 18820798
City New York	State NY	Zip Code 10021-1851
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Manhattan Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Regina O Hillsman, MD		Date of Receipt M / D / Y Y Y Y 07 / 21 / 2004
Mailing Address 1771 Post Rd E		Transaction ID: 18820768
City Westport	State CT	Zip Code 06880-5658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William John Hopkinson, MD		Date of Receipt M / D / Y Y Y Y 07 / 21 / 2004
Mailing Address 2180 S First Ave Dept of Orthopaedic Surgery		Transaction ID: 18820763
City Maywood	State IL	Zip Code 60153-5500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Loyola Univ Medical Ctr	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 73

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. E Michael Keating, MD		Date of Receipt M / D / Y 07 / 21 / 2004
Mailing Address 119B Hadley Rd		Transaction ID: 18820765
City Mooreville	State IN	Zip Code 46158-1787
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Joint Replacement Surgeons of Indiana	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David Michael Klein, MD		Date of Receipt M / D / Y 07 / 21 / 2004
Mailing Address 5741 Bee Ridge Road Suite 280		Transaction ID: 18820766
City Sarasota	State FL	Zip Code 34233-5064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Moosa Kohanin, MD		Date of Receipt M / D / Y 07 / 21 / 2004
Mailing Address 14516 S Hawthorne Blvd		Transaction ID: 18820799
City Lawndale	State CA	Zip Code 90260-1519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 73

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Kevin W Langan, MD		Date of Receipt M / D / Y Y Y Y 07 / 21 / 2004	
Mailing Address 5527 Pine Loch Lane		Transaction ID: 18820750	
City Buffalo	State NY	Zip Code 14221-2851	Amount of Each Receipt this Period 1000.00
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		
Full Name (Last, First, Middle Initial) B. Dr. Robert H May, Jr, MD		Date of Receipt M / D / Y Y Y Y 07 / 21 / 2004	
Mailing Address 115 Skyline Dr		Transaction ID: 18820792	
City Russellville	State AR	Zip Code 72802-3339	Amount of Each Receipt this Period 500.00
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		
Full Name (Last, First, Middle Initial) C. Dr. Patrick M Palmer, MD		Date of Receipt M / D / Y Y Y Y 07 / 21 / 2004	
Mailing Address 540 Madison Oak Dr, #500		Transaction ID: 18820794	
City San Antonio	State TX	Zip Code 78258-3523	Amount of Each Receipt this Period 250.00
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		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 73

(check only one)

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

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Jacquelin Perry, MD		Date of Receipt M / D / Y Y Y Y 07 / 21 / 2004	
Mailing Address 12319 Brock Ave		Transaction ID: 18820753	
City State Zip Code Downey CA 90242-3503	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) B. Dr. Richard L Wison, MD		Date of Receipt M / D / Y Y Y Y 07 / 21 / 2004	
Mailing Address 876 N St Clair St Ste 450		Transaction ID: 18820793	
City State Zip Code Chicago IL 60611-2849	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Northwestern Center for Orthopedics	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) C. Karen L Hackett, FACHE, D		Date of Receipt M / D / Y Y Y Y 07 / 21 / 2004	
Mailing Address 185 N Canal St, #512		Transaction ID: 18820752	
City State Zip Code Chicago IL 60608-1504	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American Academy of Orthopaedic Surgeons	Occupation Chief Executive Officer		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 73
(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. Dr. Charles T Gauntt, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2004
Mailing Address 10210 North 32 St Ste 203B		Transaction ID: 18835516
City Phoenix	State AZ	Zip Code 85028-3827
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey Brewster Persons, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2004
Mailing Address 1247 Murhpy's Mill Road		Transaction ID: 18835514
City Suffolk	State VA	Zip Code 23434-7506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Surgery Centers	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mary Ann Shannon, MD		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2004
Mailing Address 501 S Rancho #1-67		Transaction ID: 18835519
City Las Vegas	State NV	Zip Code 89108-4862
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 73

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Steven B Waskow, MD		Date of Receipt M / D / Y Y Y Y 07 / 26 / 2004
Mailing Address 14785 Sun Hill Drive		Transaction ID: 18835515
City	State	Zip Code
Colorado Springs	CO	80821-2853
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Colorado Springs Health Partners	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Basel I Al-Aswad, MD		Date of Receipt M / D / Y Y Y Y 07 / 26 / 2004
Mailing Address 2850 W 95th St, #406		Transaction ID: 18835502
City	State	Zip Code
Evergreen Park	IL	60805-2790
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John H Mahon, MD		Date of Receipt M / D / Y Y Y Y 07 / 29 / 2004
Mailing Address 3225 N Civic Center Plaza #1		Transaction ID: 18812152
City	State	Zip Code
Scottsdale	AZ	85251-6519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Scottsdale Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 73

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Dennis Martin Walker, MD		Date of Receipt M / D / Y 07 / 29 / 2004
Mailing Address 1717 Oak Park Blvd 3rd Floor		Transaction ID: 18812153
City Lake Charles	State LA	Zip Code 70601-8891
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Center for Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Andrew H Borom, MD		Date of Receipt M / D / Y 07 / 29 / 2004
Mailing Address 3858 Uncle Glover Road		Transaction ID: 18812156
City Tallahassee	State FL	Zip Code 32312-1036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Northern Arizona Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John J Gallagher, MD		Date of Receipt M / D / Y 07 / 29 / 2004
Mailing Address University of Iowa Health Care 200 Hawkins Drive		Transaction ID: 18812155
City Iowa City	State IA	Zip Code 52242-1009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University of Iowa Hospital and Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 73
(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. Dr. Harry Anderson Doleahite, MD		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 1401 Eighth Ave		Transaction ID: 18875544
City Fort Worth	State TX	Zip Code 76104-4111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas J Fischer, MD		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 8501 Harcourt Rd PO Box 80434		Transaction ID: 18875546
City Indianapolis	State IN	Zip Code 46280-2089
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Indiana Hand Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mark C Gregerson, MD		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 6800 Excelsior Blvd, #171		Transaction ID: 18875552
City Saint Louis Park	State MN	Zip Code 55428-4747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TNs Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 21 / 73

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Karl W Hubbard, MD		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 114D N Road St		Transaction ID: 18874983
City	State	Zip Code
Elizabeth City	NC	27808-3353
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mark S Leslie, MD		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 701 Third St		Transaction ID: 18875550
City	State	Zip Code
Traverse City	MI	49684-2227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Melvin L Patel, MD		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 4224 Houma Blvd, #205		Transaction ID: 18874884
City	State	Zip Code
Metairie	LA	70008-2535
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 73

(check only one)

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

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. William C Roden, MD		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004	
Mailing Address 431D James Casey Suite 3-C		Transaction ID: 18875545	
City Austin	State TX	Zip Code 78745-1120	Amount of Each Receipt this Period 250.00
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		
Full Name (Last, First, Middle Initial) B. Dr. Richard G Bush, MD		Date of Receipt M / D / Y Y Y Y 07 / 30 / 2004	
Mailing Address 7777 Forest Ln Bldg C Ste 737		Transaction ID: 18875548	
City Dallas	State TX	Zip Code 75230-2505	Amount of Each Receipt this Period 1000.00
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		
Full Name (Last, First, Middle Initial) C. Dr. Joseph L D'Silva, MD		Date of Receipt M / D / Y Y Y Y 08 / 10 / 2004	
Mailing Address 4801 W Peterson, #314		Transaction ID: 18983337	
City Chicago	State IL	Zip Code 60648-5728	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Illinois Bone & Joint	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 73

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. James Marino, MD		Date of Receipt M / D / Y 08 / 10 / 2004
Mailing Address 9900 Genesee Ave Ste E		Transaction ID: 18983345
City La Jolla	State CA	Zip Code 92037-1210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Daniel J McGuire, MD		Date of Receipt M / D / Y 08 / 10 / 2004
Mailing Address 1300 Des Moines Ste 104		Transaction ID: 18983335
City Des Moines	State IA	Zip Code 50309-5502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas C Peff, MD		Date of Receipt M / D / Y 08 / 10 / 2004
Mailing Address 8407 Bustleton Ave		Transaction ID: 18983338
City Philadelphia	State PA	Zip Code 19152-1568
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 73

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Harry Schmetz, MD		Date of Receipt M / D / Y 08 / 10 / 2004
Mailing Address 231 Northern Blvd		Transaction ID: 18983341
City Clarks Summit	State PA	Zip Code 18411-9189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Scranton Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Casey R. Bartman, MD		Date of Receipt M / D / Y 08 / 10 / 2004
Mailing Address 751 Kenmoor, S E		Transaction ID: 18983342
City Grand Rapids	State MI	Zip Code 49546-2391
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Joseph A. Bosco, III, MD		Date of Receipt M / D / Y 08 / 10 / 2004
Mailing Address 530 1st Ave. Suite 8U		Transaction ID: 18983343
City New York	State NY	Zip Code 10018-6497
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 73

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Chandra Dissanayake, MD		Date of Receipt M / D / Y 08 / 16 / 2004	
Mailing Address 19112 Chauncey Dr		Transaction ID: 18983212	
City	State	Zip Code	Amount of Each Receipt this Period 500.00
Cerritos	CA	90703-7220	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Richard J Feldman, MD		Date of Receipt M / D / Y 08 / 16 / 2004	
Mailing Address 10749 Riverside Dr		Transaction ID: 18983273	
City	State	Zip Code	Amount of Each Receipt this Period 1000.00
North Hollywood	CA	91602-2324	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. David H Godfrid, MD		Date of Receipt M / D / Y 08 / 16 / 2004	
Mailing Address 89 Remington Road		Transaction ID: 18983274	
City	State	Zip Code	Amount of Each Receipt this Period 250.00
Manhasset	NY	11030-2728	
FEC ID number of contributing federal political committee. C			
Name of Employer Children's Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 73

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Richard E Gordon, MD		Date of Receipt M / D / Y 08 / 16 / 2004
Mailing Address P.O. Box 6250		Transaction ID: 18982917
City Logan	State UT	Zip Code 84341-6250
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Dominic Linus Gross, MD		Date of Receipt M / D / Y 08 / 16 / 2004
Mailing Address 520 S Eagle Rd Ste 21D4		Transaction ID: 18983209
City Meridian	State ID	Zip Code 83642-6363
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Horizon Orthopaedic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jonathan L Holder		Date of Receipt M / D / Y 08 / 16 / 2004
Mailing Address 311 North St Suite 4D8		Transaction ID: 18983213
City White Plains	State NY	Zip Code 10605-2217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 73
(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. Dr. Christopher C Kain, MD		Date of Receipt M / D / Y 08 / 16 / 2004
Mailing Address 2500 Cherry Ave, #304		Transaction ID: 18983333
City Bremerton	State WA	Zip Code 98310-4202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Alan T Kawaguchi, MD		Date of Receipt M / D / Y 08 / 16 / 2004
Mailing Address Alpine Orthopaedic Medical Group 333 E Alpine Ave.		Transaction ID: 18983329
City Stockton	State CA	Zip Code 95204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Alpina Orthopaedic Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John O Lytle, MD		Date of Receipt M / D / Y 08 / 16 / 2004
Mailing Address 1809 W 40th Ave, Ste 501		Transaction ID: 18982820
City Pine Bluff	State AR	Zip Code 71603-6364
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 28 / 73
(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. Dr. Marc I Maberg, MD		Date of Receipt M / D / Y 08 / 16 / 2004
Mailing Address 1527 State Hwy 27, #1300		Transaction ID: 18982921
City Somerset	State NJ	Zip Code 08873-2079
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Center of N.J.	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard G McCollum, MD		Date of Receipt M / D / Y 08 / 16 / 2004
Mailing Address 4155 Boulevard Place		Transaction ID: 18983330
City Mercer Island	State WA	Zip Code 98040-3403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mark C Remington, MD		Date of Receipt M / D / Y 08 / 16 / 2004
Mailing Address 4011 Talbot Rd South #300		Transaction ID: 18982825
City Renton	State WA	Zip Code 98055-5791
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Valley Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 28 / 73
(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. Dr. Merrill A Ritter, MD		Date of Receipt M / D / Y 08 / 16 / 2004
Mailing Address 119B Hadley Rd		Transaction ID: 18983334
City Mooreville	State IN	Zip Code 46158-1797
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Raymond Paul Robinson, MD		Date of Receipt M / D / Y 08 / 16 / 2004
Mailing Address 110D 9th Ave P O Box 800		Transaction ID: 18983208
City Seattle	State WA	Zip Code 98101-2799
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Virginia Mason	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Sarah J Shah, MD		Date of Receipt M / D / Y 08 / 16 / 2004
Mailing Address 601 E Sample Rd, #109		Transaction ID: 18983210
City Pompano Beach	State FL	Zip Code 33064-4443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 30 / 73

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Manuel A. Badillo-Collazo, MD		Date of Receipt M / D / Y 08 / 16 / 2004
Mailing Address Pibirre St, #101 Montehiedra Development		Transaction ID: 18983275
City San Juan	State PR	Zip Code 00926-7100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John Thomas Bolger, MD		Date of Receipt M / D / Y 08 / 16 / 2004
Mailing Address 1111 Delafield St #120		Transaction ID: 18982926
City Waukesha	State WI	Zip Code 53188-3402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates of Wisconsin	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Steven Arthur Herbst, MD		Date of Receipt M / D / Y 08 / 16 / 2004
Mailing Address 8820 S County Rd 560 E		Transaction ID: 18983272
City Selma	State IN	Zip Code 47383-9664
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 31 / 73

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Fredrick Huang, MD		Date of Receipt M / D / Y 08 / 16 / 2004
Mailing Address 4011 Talbot Road S. Ste 300		Transaction ID: 18983332
City Renton	State WA	Zip Code 98055-5773
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Valley Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jose A. Marcuenda, MD		Date of Receipt M / D / Y 08 / 16 / 2004
Mailing Address Dept of Orthopaedics 200 Hawkins Drive		Transaction ID: 18983269
City Iowa City	State IA	Zip Code 52242-1009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University of Iowa	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Philip F Corbett, MD		Date of Receipt M / D / Y 08 / 23 / 2004
Mailing Address 125 E Maxwell St #200		Transaction ID: 18984877
City Lexington	State KY	Zip Code 40508-2678
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer COS	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 32 / 73

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Joseph C Darrow, Jr. MD		Date of Receipt M / D / Y 08 / 23 / 2004	
Mailing Address 31480 Chieftain Dr. Ste A		Transaction ID: 18994991	
City Logan	State OH	Zip Code 43138-8420	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Antonio A Ghiselli, MD		Date of Receipt M / D / Y 08 / 23 / 2004	
Mailing Address 227 Montego Bay Dr		Transaction ID: 18994972	
City El Paso	State TX	Zip Code 79912-4411	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Semi-retired	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Mark A Peala, MD		Date of Receipt M / D / Y 08 / 23 / 2004	
Mailing Address 145 Hospital Ave Ste 311		Transaction ID: 18994989	
City Du Bois	State PA	Zip Code 15801-1485	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 73

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. David Shane Buggay, MD		Date of Receipt M / D / Y 08 / 23 / 2004
Mailing Address 3024 Sterling Rd		Transaction ID: 18994976
City	State	Zip Code
Birmingham	AL	35213-3522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Specialists of Alabama	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James A. Antinnes, MD		Date of Receipt M / D / Y 08 / 23 / 2004
Mailing Address 74 Shady Lane		Transaction ID: 18994974
City	State	Zip Code
Hattiesburg	MS	39402-9508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Matthew J. Garberina		Date of Receipt M / D / Y 08 / 23 / 2004
Mailing Address 1304 Enoch Ct		Transaction ID: 18994887
City	State	Zip Code
Yardley	PA	19087-2765
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 34 / 73

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Jeffrey C Dick, MD		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 7373 France Ave S Ste 312		Transaction ID: 19044670
City	State	Zip Code
Edina	MN	55435-4549
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer TCO	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael J Dewoli, MD		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address PO Box 1363		Transaction ID: 19044642
City	State	Zip Code
Chickasha	OK	73023-1363
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey S Flehgrund		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 27207 Lahser Rd Ste 200B		Transaction ID: 19044669
City	State	Zip Code
Southfield	MI	48034-6471
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Weissman, Gilin, Herkowitz MD PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 35 / 73
(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. Dr. Arlen D Hansen, MD		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address Dept of Orthopaedic Surgery 200 First Street, SW		Transaction ID: 19044636
City Rochester	State MN	Zip Code 55905-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Mayo Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Arthur M Jansa, MD		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address 1400 Herman Dr SE		Transaction ID: 19044667
City Houston	State TX	Zip Code 77004-7136
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University of Texas Medical School	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Scott P Steinmann, MD		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004
Mailing Address Dept of Orthopaedic Surgery 200 First Street, SW		Transaction ID: 19044635
City Rochester	State MN	Zip Code 55905-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mayo Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 73
(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. Dr. Daniel L Zimet, MD		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 842 N. Shenandoah Ave		Transaction ID: 19044633
City Front Royal	State VA	Zip Code 22630-3543
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Daniel Rolfe Benson, MD		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 496D Y St Ste 3800		Transaction ID: 19044631
City Sacramento	State CA	Zip Code 95817-2307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Bruce A Bollinger, MD		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 800 12th Ave Ste 300		Transaction ID: 19044634
City Fort Worth	State TX	Zip Code 76104-2519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 37 / 73
(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. Dr. Allen D Boyd, Jr. MD		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 801 Elmwood Ave Box 665		Transaction ID: 19044666
City Rochester	State NY	Zip Code 14642-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University of Rochester Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard S Glasser, MD		Date of Receipt M / D / Y 09 / 14 / 2004
Mailing Address Baptist Medical Arts Bldg Suite 407		Transaction ID: 20201660
City Miami	State FL	Zip Code 33176
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Caren R Ires, MD		Date of Receipt M / D / Y 09 / 14 / 2004
Mailing Address 13215 Valle Verda Ter		Transaction ID: 20201648
City Poway	State CA	Zip Code 92064-1619
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kaiser	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 38 / 73
(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. Dr. David A McGuire, MD		Date of Receipt M / D / Y 09 / 14 / 2004
Mailing Address 4100 Lake Otis Parkway #320		Transaction ID: 20202110
City Anchorage	State AK	Zip Code 99508-5231
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William L Mills, MD		Date of Receipt M / D / Y 09 / 14 / 2004
Mailing Address 2376 Cypress Circle Ste 300		Transaction ID: 20201844
City Conway	State SC	Zip Code 29526-8864
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Coastal Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Gregory R Misenheimer, MD		Date of Receipt M / D / Y 09 / 14 / 2004
Mailing Address 2150 Travwood Dr, Ste A150		Transaction ID: 20202107
City El Paso	State TX	Zip Code 79935-5323
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 73
(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. Dr. Kevin K. Nishigan, MD		Date of Receipt M / D / Y 09 / 14 / 2004
Mailing Address 1732 Villagepark Dr		Transaction ID: 20201962
City Orangeburg	State SC	Zip Code 29118-2457
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jacob F. Peterson, MD		Date of Receipt M / D / Y 09 / 14 / 2004
Mailing Address 1339 Phay Ave		Transaction ID: 20202101
City Canon City	State CO	Zip Code 81212-2301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John G. Thometz, MD		Date of Receipt M / D / Y 09 / 14 / 2004
Mailing Address 8701 Wabertown Plank Rd #3018		Transaction ID: 20202098
City Milwaukee	State WI	Zip Code 53228-3548
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 40 / 73

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Archie Kent Whittemore, MD		Date of Receipt M / D / Y 09 / 14 / 2004
Mailing Address 830 W 34th St, #302		Transaction ID: 20201956
City Austin	State TX	Zip Code 78705-1229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer The Orthopaedic Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Eduardo L Amy, MD		Date of Receipt M / D / Y 09 / 14 / 2004
Mailing Address Box 74D1		Transaction ID: 20201950
City Ponce	State PR	Zip Code 00732-7401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. D Greg Anderson, MD		Date of Receipt M / D / Y 09 / 14 / 2004
Mailing Address 321 Farmdale Rd.		Transaction ID: 20201847
City Moorestown	State NJ	Zip Code 08057-1723
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Rothman Institute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1100.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 73
(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. Dr. Robert J Andrus, MD		Date of Receipt M / D / Y 09 / 14 / 2004
Mailing Address Suite 210D 1380 E Medical Center Dr		Transaction ID: 20201945
City Saint George	State UT	Zip Code 84780
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Frank S Bryan, MD		Date of Receipt M / D / Y 09 / 14 / 2004
Mailing Address 8027 Triple Crown Circle		Transaction ID: 20202102
City Greensburg	State PA	Zip Code 15601-9207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Paul J Mason, MD		Date of Receipt M / D / Y 09 / 14 / 2004
Mailing Address 5056 Rockhaven Drive		Transaction ID: 20201849
City Clarence	State NY	Zip Code 14031-2435
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 42 / 73

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Donald G Fareed, MD		Date of Receipt M / D / Y 09 / 24 / 2004	
Mailing Address PD Box 50547		Transaction ID: 20276789	
City Santa Barbara	State CA	Zip Code 93150-0547	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Bruce N Jones, MD		Date of Receipt M / D / Y 09 / 24 / 2004	
Mailing Address 224 Woods Mill Rd Ste #255 S		Transaction ID: 20276786	
City Chesterfield	State MO	Zip Code 63017-3451	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Archie Kent Whitemore, MD		Date of Receipt M / D / Y 09 / 24 / 2004	
Mailing Address 630 W 34th St, #302		Transaction ID: 20276788	
City Austin	State TX	Zip Code 78705-1229	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Orthopaedic Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 73
(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. Dr. Courtney W Brown, MD		Date of Receipt M / D / Y 09 / 24 / 2004
Mailing Address 880 Golden Ridge Road Suite 250		Transaction ID: 20276257
City Golden	State CO	Zip Code 80401-9541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Panorama Ortho Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey C Diek, MD		Date of Receipt M / D / Y 09 / 28 / 2004
Mailing Address 7373 France Ave S Ste 312		Transaction ID: 20276843
City Edina	State MN	Zip Code 55435-4549
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer TCO	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Roger Arnold Freeman, MD		Date of Receipt M / D / Y 09 / 28 / 2004
Mailing Address 7485 Mission Valley Rd #103		Transaction ID: 20276888
City San Diego	State CA	Zip Code 92108-4422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 73

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Stuart Alexander Gardner, MD		Date of Receipt M / D / Y 09 / 28 / 2004
Mailing Address 401 N Jefferson St		Transaction ID: 20276980
City New Castle	State PA	Zip Code 16101-2238
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeff Gerr, MD		Date of Receipt M / D / Y 09 / 28 / 2004
Mailing Address 1229 Madison Street Suite 165D		Transaction ID: 20276993
City Seattle	State WA	Zip Code 98104-3586
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Brian E Gunnlaugson, MD		Date of Receipt M / D / Y 09 / 28 / 2004
Mailing Address 1257 Laurel View Dr		Transaction ID: 20276982
City Johnstown	State PA	Zip Code 15506-1509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 73
(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. Dr. Howard P Hogsheed, MD		Date of Receipt M / D / Y 09 / 28 / 2004
Mailing Address Jacksonville Ortho Inst 1325 San Marco Blvd, #200		Transaction ID: 20276941
City Jacksonville	State FL	Zip Code 32207-8566
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael D Kasten, MD		Date of Receipt M / D / Y 09 / 28 / 2004
Mailing Address 801 John St #M-206 C		Transaction ID: 20276896
City Kalamazoo	State MI	Zip Code 49007-5341
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Gerald W King, MD		Date of Receipt M / D / Y 09 / 28 / 2004
Mailing Address Calhoun Orthopaedics, Inc. 110 Hospital Dr		Transaction ID: 20276894
City Calhoun	State GA	Zip Code 30701-2079
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 73

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. John S Kirkpatrick, MD		Date of Receipt M / D / Y 09 / 28 / 2004
Mailing Address Univ of Alabama at Birmingham 510 20th Street South, FOT940		Transaction ID: 20276942
City Birmingham	State AL	Zip Code 35294-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Univ of Alabama at Birmingham	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David J Kolessar, MD		Date of Receipt M / D / Y 09 / 28 / 2004
Mailing Address Geisinger Wyoming Valley Medical C 1000 E Mountain Blvd		Transaction ID: 20276998
City Wilkes-Barre	State PA	Zip Code 18711-3751
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Manuel M Monasterio, MD		Date of Receipt M / D / Y 09 / 28 / 2004
Mailing Address PO Box 7401		Transaction ID: 20276891
City Ponce	State PR	Zip Code 00732-7401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 73
(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. Dr. Louis Edward Seade, MD		Date of Receipt M / D / Y 09 / 28 / 2004
Mailing Address 830 W 34th St #302		Transaction ID: 20276803
City Austin	State TX	Zip Code 78705-1232
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John G Thometz, MD		Date of Receipt M / D / Y 09 / 28 / 2004
Mailing Address 8701 Wabertown Plank Rd #3018		Transaction ID: 20276885
City Milwaukee	State WI	Zip Code 53226-3548
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Donald O Warren, MD		Date of Receipt M / D / Y 09 / 28 / 2004
Mailing Address 700 Sunset Dr, #F		Transaction ID: 20276887
City La Grande	State OR	Zip Code 97850-1280
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 73

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Husam Bahari, MD		Date of Receipt M / D / Y 09 / 28 / 2004
Mailing Address 17202 Red Oak Dr, #307		Transaction ID: 20276995
City Houston	State TX	Zip Code 77060-2647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Alexander Bell, MD		Date of Receipt M / D / Y 09 / 28 / 2004
Mailing Address 302 Oriol Court		Transaction ID: 20276793
City Evans City	State PA	Zip Code 16033-3836
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Russell A. Batchler, MD		Date of Receipt M / D / Y 09 / 28 / 2004
Mailing Address 112B E Weisgarber Rd		Transaction ID: 20276884
City Knoxville	State TN	Zip Code 37509-2674
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 48 / 73
(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. Dr. Paul Bisogotti, MD		Date of Receipt M / D / Y 09 / 28 / 2004
Mailing Address 8872 Professional Dr Ste B		Transaction ID: 20276990
City Cadillac	State MI	Zip Code 49601-8481
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard R Briggs, MD		Date of Receipt M / D / Y 09 / 28 / 2004
Mailing Address 7200 Cathedral Rock Dr #170		Transaction ID: 20276992
City Las Vegas	State NV	Zip Code 89128-0438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Howard Richter, MD		Date of Receipt M / D / Y 09 / 28 / 2004
Mailing Address 508 Acacia		Transaction ID: 20276981
City Corona Del Mar	State CA	Zip Code 92625-1505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	3250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 60 / 73

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Stephen Mendelson, MD		Date of Receipt M / D / Y 09 / 28 / 2004
Mailing Address 25870 Iwanhoe Road		Transaction ID: 20276979
City Huntington Woods	State MI	Zip Code 48070-1608
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert G Johnson, MD		Date of Receipt M / D / Y 09 / 28 / 2004
Mailing Address 441 D Medical Dr, #610		Transaction ID: 20276944
City San Antonio	State TX	Zip Code 78229-3755
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Paul E Popierski, MD		Date of Receipt M / D / Y 09 / 28 / 2004
Mailing Address 751 Kylemore Drive		Transaction ID: 20276845
City Des Plaines	State IL	Zip Code 60018-6718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	80650.00

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

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

FOR LINE NUMBER: PAGE 51 / 73

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 07 / 22 / 2004
Mailing Address 8300 N River Road		Transaction ID: 18824378
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 481.33
Name of Employer	Occupation	Reimb for bank fees from Affil Organization
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 7043.74	

Full Name (Last, First, Middle Initial) B. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 08 / 12 / 2004
Mailing Address 8300 N River Road		Transaction ID: 18861661
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 476.45
Name of Employer	Occupation	Reimbursement for bank fees from Affil Organization
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 8420.19	

Full Name (Last, First, Middle Initial) C. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 09 / 09 / 2004
Mailing Address 8300 N River Road		Transaction ID: 19091004
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 351.17
Name of Employer	Occupation	Reimbursement of bank fees from Affil Organization
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 8771.38	

SUBTOTAL of Receipts This Page (optional)	▶	1308.95
TOTAL This Period (last page this line number only)	▶	1308.95

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

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

FOR LINE NUMBER: PAGE 62 / 73

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Citizens For Arlen Specter		Date of Receipt M / D / Y 08 / 30 / 2004
Mailing Address 426 C Street Ne Carriage House		Transaction ID: 19034408
City State Zip Code Washington DC 20002	FEC ID number of contributing federal political committee. C C00280206	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Return of erroneous election contribution
Receipt For: 2002 Primary General X Other (specify) ▼ 2002 General Congress	Aggregate Year-to-Date ▼ 2000.00	

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

**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)

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

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

Full Name (Last, First, Middle Initial) A. Northern Trust Company		Transaction ID: 18798537 Date of Disbursement 07 / 05 / 2004	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 295.48	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Northern Trust Company		Transaction ID: 1883148 Date of Disbursement 07 / 26 / 2004	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 44.26	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Northern Trust Company		Transaction ID: 19057766 Date of Disbursement 08 / 03 / 2004	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 432.18	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	771.91
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)

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

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

Full Name (Last, First, Middle Initial) A. Northern Trust Company		Transaction ID: 19057767 Date of Disbursement 08 / 24 / 2004	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 67.85	
City Chicago	State IL	Zip Code 60675	001 Category/ Type
Purpose of Disbursement Bank fees deducted from account			
Candidate Name			Bank fees deducted from account
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Northern Trust Company		Transaction ID: 19057774 Date of Disbursement 09 / 03 / 2004	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 283.32	
City Chicago	State IL	Zip Code 60675	001 Category/ Type
Purpose of Disbursement Bank fees deducted from account			
Candidate Name			Bank fees deducted from account
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Northern Trust Company		Transaction ID: 20291744 Date of Disbursement 09 / 24 / 2004	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 175.74	
City Chicago	State IL	Zip Code 60675	001 Category/ Type
Purpose of Disbursement Bank fees deducted from account			
Candidate Name			Bank fees deducted from account
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	526.91
TOTAL This Period (last page this line number only)	1298.82

**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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Anne Northup For Congress

Mailing Address PO Box 7313

City Louisville State KY Zip Code 40257

Purpose of Disbursement

Candidate Name
Anne Meagher Northup

Office Sought: House Senate President
State: KY District 3

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18764586
Date of Disbursement
07 / 13 / 2004

Amount of Each Disbursement this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Price For Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

Candidate Name
Dr. Thomas Price

Office Sought: House Senate President
State: GA District 8

Disbursement For: 2004
 Primary General
 Other (specify) ▼
2004 Georgia Run-Off

011
Category/
Type

Transaction ID: 18764587
Date of Disbursement
07 / 13 / 2004

Amount of Each Disbursement this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Liane Levetan For Congress Inc

Mailing Address 2250 Chrysler Terrace Ne

City Atlanta State GA Zip Code 30345

Purpose of Disbursement

Candidate Name
Liane Levetan

Office Sought: House Senate President
State: GA District 4

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18764594
Date of Disbursement
07 / 13 / 2004

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ► **7000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Demint For Senate Committee Inc		Transaction ID: 18789875 Date of Disbursement 07 / 16 / 2004	
Mailing Address Post Office Box 10407		Amount of Each Disbursement this Period 2000.00	
City Greenville State SC Zip Code 29603	Purpose of Disbursement	011 Category/ Type	
Candidate Name Mr. James Demint			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: SC District: 2			

Full Name (Last, First, Middle Initial) B. Bob Schaffer For Senate		Transaction ID: 18789862 Date of Disbursement 07 / 16 / 2004	
Mailing Address 819 13th Avenue PO Box 828		Amount of Each Disbursement this Period 1000.00	
City Greeley State CO Zip Code 80632	Purpose of Disbursement	011 Category/ Type	
Candidate Name Mr. Robert Schaffer			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CO District: 2			

Full Name (Last, First, Middle Initial) C. Friends of Melissa Brown		Transaction ID: 18808825 Date of Disbursement 07 / 20 / 2004	
Mailing Address PO Box 498		Amount of Each Disbursement this Period 2000.00	
City Flouertown State PA Zip Code 19031	Purpose of Disbursement	011 Category/ Type	
Candidate Name Melissa Brown			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: PA District: 13			

SUBTOTAL of Disbursements This Page (optional) ▶ **5000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 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 Chris Dodd 2004

Mailing Address PO Box 270701

City West Hartford State CT Zip Code 06127

Purpose of Disbursement

Candidate Name
Sen. Christopher Dodd

Office Sought: House Disbursement For: 2004
 Senate X Primary General
 President
 State: CT District: 1 Other (specify) ▼

011
Category/
Type

Transaction ID: 18808827
Date of Disbursement

07 / 20 / 2004

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)
B. Westmoreland For Congress

Mailing Address 25 Brett'S Bend

City Sharpsburg State GA Zip Code 30277

Purpose of Disbursement

Candidate Name
Lynn Westmoreland

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President X Other (specify) ▼
 State: GA District: B 2004 Georgia Run-Off

011
Category/
Type

Transaction ID: 18802611
Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
C. COBURN FOR SENATE COMMITTEE

Mailing Address 3300 W OKMULGEE
PO BOX 977

City Muskogee State OK Zip Code 74401

Purpose of Disbursement

Candidate Name
Thomas A Coburn

Office Sought: House Disbursement For: 2004
 Senate Primary X General
 President
 State: OK District: Other (specify) ▼

011
Category/
Type

Transaction ID: 18802453
Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Shelley Moore Capito For Congress

Mailing Address P.O. Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement

Candidate Name
Shelley Capito

Office Sought: House
Senate
President
State: WV District 2

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18893164
Date of Disbursement

08 / 03 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
B. Westmoreland For Congress

Mailing Address 25 Brett's Bend

City Sharpsburg State GA Zip Code 30277

Purpose of Disbursement

Candidate Name
Lynn Westmoreland

Office Sought: House
Senate
President
State: GA District B

Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 Georgia Run-Off

011
Category/
Type

Transaction ID: 18893158
Date of Disbursement

08 / 03 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
C. Bill McCollum For US Senate

Mailing Address PO Box 532015

City Orlando State FL Zip Code 32853

Purpose of Disbursement

Candidate Name
Mr. Bill McCollum

Office Sought: House
 Senate
President
State: FL District 2

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18893169
Date of Disbursement

08 / 03 / 2004

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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)

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

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

Full Name (Last, First, Middle Initial)
A. Boucher For Congress Committee

Mailing Address PO Box 2000

City Abingdon State VA Zip Code 24212

Purpose of Disbursement

Candidate Name
Rep. Rick Boucher

Office Sought: House
Senate
President
State: VA District 9

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18893167
Date of Disbursement

08 / 09 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. The Hawkeye PAC

Mailing Address PO Box 7255

City Des Moines State IA Zip Code 50308

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18916617
Date of Disbursement

08 / 09 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Cardoza for Congress

Mailing Address 5576 Zeiner Court

City Atwater State CA Zip Code 95301

Purpose of Disbursement

Candidate Name
Dennis Cardoza

Office Sought: House
Senate
President
State: CA District 18

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18916658
Date of Disbursement

08 / 09 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Friends Of Roy Blunt

Full Name (Last, First, Middle Initial)
Friends Of Roy Blunt

Mailing Address PO Box 50100
PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement

Candidate Name Rep. Roy Blunt

Office Sought: House Senate President
State: MO District 7

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18916618
Date of Disbursement
08 / 09 / 2004

Amount of Each Disbursement this Period
5000.00

B. Sam Brownback For U S Senate

Full Name (Last, First, Middle Initial)
Sam Brownback For U S Senate

Mailing Address P.O. Box 2008

City Topeka State KS Zip Code 66601

Purpose of Disbursement

Candidate Name Sen. Sam Brownback

Office Sought: House Senate President
State: KS District 1

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18916657
Date of Disbursement
08 / 09 / 2004

Amount of Each Disbursement this Period
1000.00

C. Boyd For Congress

Full Name (Last, First, Middle Initial)
Boyd For Congress

Mailing Address P.O. Box 15703

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement

Candidate Name Rep. Allen Boyd

Office Sought: House Senate President
State: FL District 2

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18938750
Date of Disbursement
08 / 10 / 2004

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **7000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Bob Matsui For Congress Committee

Mailing Address 8665 Wilshire Blvd. Suite 220

City Beverly Hills State CA Zip Code 90211

Purpose of Disbursement

Candidate Name
Rep. Robert T. Matsui

Office Sought: House
Senate
President
State: CA District 5

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18938552
Date of Disbursement

08 / 10 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
B. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name
Rep. Frank Pallone, Jr.

Office Sought: House
Senate
President
State: NJ District 6

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18938718
Date of Disbursement

08 / 10 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Friends Of Clay Shaw

Mailing Address 2600 NE 14th Street Causeway

City Pompano Beach State FL Zip Code 33062

Purpose of Disbursement

Candidate Name
Rep. E. Clay Shaw, Jr.

Office Sought: House
Senate
President
State: FL District 22

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18938659
Date of Disbursement

08 / 10 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Simpson For Congress

Mailing Address 131 N. Oak

City Blackfoot State ID State Zip Code 83221

Purpose of Disbursement

Candidate Name
Rep. Michael K. Simpson

Office Sought: House Senate President

Disbursement For: 2004
Primary General Other (specify) ▼

State: ID District 2

011
Category/
Type

Transaction ID: 18938682
Date of Disbursement
08 / 10 / 2004

Amount of Each Disbursement this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Congressman Waxman Campaign Comm.

Mailing Address 8665 Wilshire Blvd #220

City Beverly Hills State CA Zip Code 90211

Purpose of Disbursement

Candidate Name
Henry A. Waxman

Office Sought: House Senate President

Disbursement For: 2004
Primary General Other (specify) ▼

State: CA District 29

011
Category/
Type

Transaction ID: 18938532
Date of Disbursement
08 / 10 / 2004

Amount of Each Disbursement this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Tiaht For Congress

Mailing Address 2250 N Rock Rd #118 A

City Wichita State KS Zip Code 67226

Purpose of Disbursement

Candidate Name
Rep. Todd Tiaht

Office Sought: House Senate President

Disbursement For: 2004
Primary General Other (specify) ▼

State: KS District 4

011
Category/
Type

Transaction ID: 18938475
Date of Disbursement
08 / 10 / 2004

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **3000.00**

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

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

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

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

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

Full Name (Last, First, Middle Initial)
A. Demint For Senate Committee Inc

Mailing Address Post Office Box 10407

City Greenville State SC Zip Code 29603

Purpose of Disbursement

Candidate Name
Mr. James Demint

Office Sought: House
 Senate
President
State: SC District 2

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18938569
Date of Disbursement

08 / 10 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Charlie Dent For Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

Candidate Name
Mr. Charles Dent

Office Sought: House
Senate
President
State: PA District 15

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18938503
Date of Disbursement

08 / 10 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. The Bluegrass Committee

Mailing Address 400 North Capital Street, NW
Suite 585

City Washington State DC Zip Code 20001

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18938587
Date of Disbursement

08 / 10 / 2004

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

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(check only one)

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

Mailing Address Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement

Candidate Name
Rep. Michael Rogers

Office Sought: House Senate President
State: MI District B

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18938615
Date of Disbursement
08 / 10 / 2004

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Friends Of Max Baucus

Mailing Address PO Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement

Candidate Name
Sen. Max Baucus

Office Sought: House Senate President
State: MT District 1

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18938654
Date of Disbursement
08 / 12 / 2004

Amount of Each Disbursement this Period
5000.00

Full Name (Last, First, Middle Initial)
C. A Lot of People Who Support Jeff Bingaman

Mailing Address PO Box 2048

City Albuquerque State NM Zip Code 87111

Purpose of Disbursement

Candidate Name
Jeff Bingaman

Office Sought: House Senate President
State: NM District 2

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18938652
Date of Disbursement
08 / 12 / 2004

Amount of Each Disbursement this Period
2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **8000.00**

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Pickering For Congress		Transaction ID: 18980651 Date of Disbursement 08 / 12 / 2004	
Mailing Address P.O. Box 6440 P.O. Box 6440		Amount of Each Disbursement this Period 1000.00	
City Laurel State MS Zip Code 39441	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Charles W. Pickering, Jr.			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District 3	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Pryce For Congress		Transaction ID: 18980649 Date of Disbursement 08 / 12 / 2004	
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 5000.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Deborah Pryce			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District 15	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Simmons For Congress		Transaction ID: 18980722 Date of Disbursement 08 / 12 / 2004	
Mailing Address P.O. Box 268 Drawer 271		Amount of Each Disbursement this Period 2000.00	
City Stonington State CT Zip Code 06378	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Robert Simmons			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District 2	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	8000.00
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)

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

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

Full Name (Last, First, Middle Initial)
A. John D. Dingell For Congress Committee

Mailing Address 607 14th Street N.W.
Suite 800
City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name
Rep. John D. Dingell

Office Sought: House
Senate
President
State: MI District 15

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18975589
Date of Disbursement

08 / 16 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)
B. Matheson For Congress

Mailing Address 677 South 200 West
Suite A
City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement

Candidate Name
Mr. James Matheson

Office Sought: House
Senate
President
State: UT District 2

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18975580
Date of Disbursement

08 / 16 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Nethercutt For Senate

Mailing Address 601 W Riverside #1800
City Spokane State WA Zip Code 99201

Purpose of Disbursement

Candidate Name
Mr. George Nethercutt

Office Sought: House
 Senate
President
State: WA District 2

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18975587
Date of Disbursement

08 / 16 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 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. OKLAHOMA VICTORY 2004

Mailing Address PO Box 1072

City Oklahoma City State OK Zip Code 73101

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 18975503
Date of Disbursement
08 / 16 / 2004

Amount of Each Disbursement this Period
5000.00

Full Name (Last, First, Middle Initial)
B. Ferguson for Congress

Mailing Address PO Box 4205

City Warron State NJ Zip Code 07050

Purpose of Disbursement

Candidate Name
Mike Ferguson

Office Sought: House Senate President State: NJ District 7

Disbursement For: 2004 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 18976753
Date of Disbursement
08 / 17 / 2004

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Friends Of Mark Foley

Mailing Address 1316 Lake Victoria Dr
1316 Lake Victoria Dr

City Lake Worth State FL Zip Code 33461

Purpose of Disbursement

Candidate Name
Rep. Mark Foley

Office Sought: House Senate President State: FL District 16

Disbursement For: 2004 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 18976754
Date of Disbursement
08 / 17 / 2004

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **7000.00**

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

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

Use separate schedule(s)
for each category of the
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(check only one)

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

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name
Rep. Frank Pallone, Jr.

Office Sought: House
Senate
President
State: NJ District 6

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18976763
Date of Disbursement

08 / 17 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Friends For Harry Reid

Mailing Address PO Box 85223

City Las Vegas State NV Zip Code 89185

Purpose of Disbursement

Candidate Name
Sen. Harry Reid

Office Sought: House
 Senate
President
State: NV District 1

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18976762
Date of Disbursement

08 / 17 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)
C. Stevens For Senate Committee

Mailing Address PO Box 100879

City Anchorage State AK Zip Code 99510

Purpose of Disbursement

Candidate Name
Sen. Ted Stevens

Office Sought: House
 Senate
President
State: AK District 1

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18976756
Date of Disbursement

08 / 17 / 2004

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Congressman Bill Young Campaign Committee

Mailing Address P. O. Box 47025

City St. Petersburg State FL Zip Code 33743

Purpose of Disbursement

Candidate Name
Rep. C.W. Bill Young

Office Sought: House Senate President
State: FL District 10

Disbursement For: 2004
Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 18976748
Date of Disbursement
08 / 17 / 2004

Amount of Each Disbursement this Period
2500.00

Full Name (Last, First, Middle Initial)
B. Friends Of Byron Dorgan

Mailing Address PO Box 871

City Bismarck State ND Zip Code 58502

Purpose of Disbursement

Candidate Name
Sen. Byron Dorgan

Office Sought: House Senate President
State: ND District 2

Disbursement For: 2004
Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 18982780
Date of Disbursement
08 / 17 / 2004

Amount of Each Disbursement this Period
2500.00

Full Name (Last, First, Middle Initial)
C. Gingrey For Congress

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement

Candidate Name
Mr. Phil Gingrey

Office Sought: House Senate President
State: GA District 11

Disbursement For: 2004
Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 19023796
Date of Disbursement
08 / 26 / 2004

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **6000.00**

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

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

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

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 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. Liane Levetan For Congress Inc

Mailing Address 2250 Chrysler Terrace Ne

City Atlanta State GA Zip Code 30345

Purpose of Disbursement
Void - Liane Levetan For Congress Inc

Candidate Name
Liane Levetan

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
Other (specify) ▼

State: GA District 4

011
Category/
Type

Transaction ID: 19032868
Date of Disbursement

08 / 30 / 2004

Amount of Each Disbursement this Period

-1000.00

Void - Liane Levetan For
Congress Inc

Full Name (Last, First, Middle Initial)
B. Norwood For Congress

Mailing Address PO Box 499
PO Box 499

City Evans State GA Zip Code 30808

Purpose of Disbursement

Candidate Name
Rep. Charlie Norwood

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
Other (specify) ▼

State: GA District 9

011
Category/
Type

Transaction ID: 19048974
Date of Disbursement

09 / 02 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Diedrich For Congress

Mailing Address PO Box 500

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

Candidate Name
Mr. Larry Diedrich

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
Other (specify) ▼

State: SD District 1

011
Category/
Type

Transaction ID: 19049975
Date of Disbursement

09 / 02 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

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

Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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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. Full Name (Last, First, Middle Initial)
Daniel K Inouye In 2004

Mailing Address 1088 Bishop St Suite 1009

City Honolulu State HI Zip Code 96813

Purpose of Disbursement

Candidate Name
Sen. Daniel K. Inouye

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 State: HI District 1 Other (specify) ▼

Transaction ID: 20181448
Date of Disbursement
09 / 15 / 2004

Amount of Each Disbursement this Period
2000.00

011
Category/
Type

B. Full Name (Last, First, Middle Initial)
The Blue Dog PAC

Mailing Address 227 Massachusetts Avenue, NE
Suite 101

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House Disbursement For:
 Senate Primary General
 President
 State: District Other (specify) ▼

Transaction ID: 20202032
Date of Disbursement
09 / 17 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

C. Full Name (Last, First, Middle Initial)
Upton For All Of Us

Mailing Address P.O. Box 480

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

Candidate Name
Rep. Fred Upton

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 State: MI District 6 Other (specify) ▼

Transaction ID: 20201965
Date of Disbursement
09 / 17 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ **4000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 507 Capitol Court, N.E. #100

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name Jon Kyl

Office Sought: House Senate President
 Senate

State: AZ District 2

Disbursement For: 2006
Primary X General
Other (specify) ▼

011
Category/
Type

Transaction ID: 20234859
Date of Disbursement
09 / 27 / 2004

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Price For Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

Candidate Name Dr. Thomas Price

Office Sought: House Senate President

State: GA District B

Disbursement For: 2004
Primary X General
Other (specify) ▼

011
Category/
Type

Transaction ID: 20234879
Date of Disbursement
09 / 27 / 2004

Amount of Each Disbursement this Period
5000.00

Full Name (Last, First, Middle Initial)
C. Good Government for America

Mailing Address PO Box 87
Suite 1

City Washington State DC Zip Code 22313

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District

Disbursement For: Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 20234898
Date of Disbursement
09 / 27 / 2004

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 7000.00

TOTAL This Period (last page this line number only) ▶ 103000.00

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons			FEC IDENTIFICATION NUMBER C C00343137		
Check if <input type="checkbox"/> 24-hour notice	<input type="checkbox"/> 48-hour notice		Date M / D / Y 07 / 30 / 2004	Amount 200000.00	
Full Name (Last, First, Middle, Initial) of Payee Mercury Group			Transaction ID: 20329184		
Mailing Address 1601 NW Expressway Suite 1100			Office Sought: <input checked="" type="checkbox"/> House State: <u>GA</u> <input type="checkbox"/> Senate District: <u>6</u> <input type="checkbox"/> Presidential		
City Oklahoma City	State OK	Zip Code 73118	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Purpose of Expenditure		Category/ Type	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2004 Other (specify): <u>2004 Georgia Run-Off</u>		
		004			
Name of Federal Candidate supported or Opposed by expenditure: Dr. Thomas Price					
Calendar Year-To-Date Per Election for Office Sought		200000.00			

Full Name (Last, First, Middle, Initial) of Payee Mercury Group			Date M / D / Y 08 / 19 / 2004		
Mailing Address 1601 NW Expressway Suite 1100			Amount 440.55		
Transaction ID: 20329385			Office Sought: <input checked="" type="checkbox"/> House State: <u>GA</u> <input type="checkbox"/> Senate District: <u>6</u> <input type="checkbox"/> Presidential		
City Oklahoma City	State OK	Zip Code 73118	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Purpose of Expenditure		Category/ Type	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2004 Other (specify): <u>2004 Georgia Run-Off</u>		
		004			
Name of Federal Candidate supported or Opposed by expenditure: Dr. Thomas Price					
Calendar Year-To-Date Per Election for Office Sought		200440.55			

(a) SUBTOTAL of Itemized Independent Expenditures	200440.55
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	200440.55
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
James G. Davis, MD Signature	Date M / D / Y 10 / 12 / 2004