

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** C00343137
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 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 (12G)
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 01 01 2008 through 03 31 2008

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

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

Signature of Treasurer Electronically Filed by William J. Robb, III, MD Date 04 15 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		932940.54
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	932940.54									
(c) Total Receipts (from Line 19)	583404.47	583404.47								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1516345.01	1516345.01								
7. Total Disbursements (from Line 31)	264159.04	264159.04								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1252185.97	1252185.97								
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**

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	523485.00	523485.00
(i) Itemized (use Schedule A)	42681.68	42681.68
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	566166.68	566166.68
(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)	566166.68	566166.68
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)	7347.02	7347.02
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	9890.77	9890.77
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))	583404.47	583404.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	583404.47	583404.47

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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.....	12159.04	12159.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	12159.04	12159.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	252000.00	252000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
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 Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	264159.04	264159.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	264159.04	264159.04

DETAILED SUMMARY PAGE
of Disbursements

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	566166.68	566166.68
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	566166.68	566166.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12159.04	12159.04
37. Offsets to Operating Expenditures (from Line 15, page 3)	7347.02	7347.02
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4812.02	4812.02

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

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

FOR LINE NUMBER: PAGE 6 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Evan K Bash, MD

Mailing Address Premier Orthopaedic and Sports Med
One Med Ctr Boulevard

City Upland State PA Zip Code 19013

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

Name of Employer Premier Ortho & Sports Med Assoc
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 08 / 2008
Transaction ID: 27124638
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Theodore Firestone, MD

Mailing Address The Joint Replacement Center of Sc
10250 N 92nd St

City Scottsdale State AZ Zip Code 85258-4510

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

Name of Employer JRCS
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 08 / 2008
Transaction ID: 27124639
 Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Ronald M Carn, MD

Mailing Address 1355 East St Ste 110

City Redding State CA Zip Code 96001-0801

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

Name of Employer Self Employed
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 08 / 2008
Transaction ID: 27124640
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 325

(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

A.

Full Name (Last, First, Middle Initial)

Dr. Jaafar M Bazih, MD

Mailing Address 4802 S 109th East Ave

City State Zip Code
Tulsa OK 74146-5822

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

Name of Employer Occupation
Tulsa Bone and Joint Associates Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 8

Transaction ID: 27124642

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jack Farr, II, MD

Mailing Address 5255 E Stop 11 Rd Ste 300

City State Zip Code
Indianapolis IN 46237-6339

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 8

Transaction ID: 27124643

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Andrew C Kim, MD

Mailing Address 29373 Rancho California Rd

City State Zip Code
Temecula CA 92591-5201

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 8

Transaction ID: 27124645

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 325
(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

<p>A. Full Name (Last, First, Middle Initial) Dr. Leesa M Galatz, , MD</p> <p>Mailing Address Campus Box 8233 660 S Euclid Ave</p> <p>City State Zip Code Saint Louis MO 63110-1010</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 8</p> <p>Transaction ID: 27124646</p> <p>Amount of Each Receipt this Period 1000.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. James Gordon Brooks, Jr, MD</p> <p>Mailing Address 9330 Poppy Dr Ste 300</p> <p>City State Zip Code Dallas TX 75218-4624</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Dallas Bone & Joint Clinic Orthopaedic Surgeon</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 8</p> <p>Transaction ID: 27124647</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. David S Weisman, , MD</p> <p>Mailing Address 585 Cranbury Rd</p> <p>City State Zip Code East Brunswick NJ 08816-4026</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Pediatric Orthopedic Associates Orthopaedic Surgeon</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 8</p> <p>Transaction ID: 27124649</p> <p>Amount of Each Receipt this Period 1000.00</p>
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SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Douglas J Straehley, , MD	Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 8 / 2 0 0 8
	Mailing Address Panorama Orthopaedics 660 Golden Ridge Rd Ste 250	Transaction ID: 27124650
	City State Zip Code Golden CO 80401-9541	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Panorama Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Michael F Schafer, , MD	Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 8 / 2 0 0 8
	Mailing Address Dept of Orthopaedic Surgery Northwestern Univ - School of Med	Transaction ID: 27124651
	City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Northwestern Univ Medical School Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Kurt F Konkell, , MD	Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 8 / 2 0 0 8
	Mailing Address N 84 W 16889 Menomonee Ave	Transaction ID: 27124652
	City State Zip Code Menomonee Falls WI 53051	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Advanced Healthcare Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 10 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Luis H Urrea, II, MD

Mailing Address 5009 Vista Del Monte

City State Zip Code
El Paso TX 79922-2034

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

Name of Employer: El Paso Orthopaedic Group Occupation: Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 08 / 2008
Transaction ID: 27124653
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Daryl Sheldon Larke, MD

Mailing Address 4135 Tate Springs Rd

City State Zip Code
Big Stone Gap VA 24219-4272

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

Name of Employer: Hastings Orthopaedic Clinic, PC Occupation: Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 08 / 2008
Transaction ID: 27124657
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Prahlad S Pyati, MD

Mailing Address 906 Midwest Club

City State Zip Code
Oak Brook IL 60523-2533

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

Name of Employer: Self Employed Occupation: Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 08 / 2008
Transaction ID: 27124659
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Radhakrishnan V Nair, , MD

Mailing Address 3291 Lost Valley Dr

City State Zip Code
Jonesboro GA 30236-5479

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

Name of Employer Occupation
Resurgens Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 8

Transaction ID: 27124660

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Ashkan Lahiji, , MD

Mailing Address 2001 Peachtree St NE Ste 705

City State Zip Code
Atlanta GA 30309-4516

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

Name of Employer Occupation
Peachtree Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 8

Transaction ID: 27124661

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Philip G Ploska, , MD

Mailing Address 392 Wylde Woode Dr

City State Zip Code
McDonough GA 30253-7737

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

Name of Employer Occupation
Resurgens Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 8

Transaction ID: 27124662

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. John Anthony Prodoehl, MD	Date of Receipt MM / DD / YYYY 01 / 08 / 2008
	Mailing Address 594 Liberty Grove Rd	Transaction ID: 27124663
	City State Zip Code Port Deposit MD 21904-1019	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Edward J Troy, MD	Date of Receipt MM / DD / YYYY 01 / 08 / 2008
	Mailing Address 601 Kings Pl	Transaction ID: 27124664
	City State Zip Code Newport Beach CA 92663-5852	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Warman, MD	Date of Receipt MM / DD / YYYY 01 / 08 / 2008
	Mailing Address 18626 Hardy Oak Blvd Ste 320	Transaction ID: 27124665
	City State Zip Code San Antonio TX 78258-4210	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Brian Makhuli, MD		Date of Receipt MM / DD / YYYY 01 / 08 / 2008		
	Mailing Address 1748 Woodwalk Creek		Transaction ID: 27124666		
	City Atlanta	State GA	Zip Code 30339-8480	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Dr. Mark S Greenberg, MD		Date of Receipt MM / DD / YYYY 01 / 09 / 2008		
	Mailing Address Irving/Coppell Med Bldg 400 W LBJ Fwy Ste 330		Transaction ID: 27124925		
	City Irving	State TX	Zip Code 75063-3717	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Dr. Benjamin E Bierbaum, MD		Date of Receipt MM / DD / YYYY 01 / 09 / 2008		
	Mailing Address 91 Parker Hill Ave		Transaction ID: 27124926		
	City Roxbury Crossing	State MA	Zip Code 02120-3215	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Longwood Orthopaedics	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Willard B E Wong, , MD	Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 8
	Mailing Address Precision Orthopaedics 240 San Jose St	Transaction ID: 27124928
	City State Zip Code Salinas CA 93901-3901	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Precision Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Joel Wolfe, , MD	Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 8
	Mailing Address 370 N 120th Ste 20	Transaction ID: 27124930
	City State Zip Code Holland MI 49424-2196	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Shoreline Ortho & Sports Med Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Eric Novack, , MD	Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 8
	Mailing Address 4553 E Via Estrella	Transaction ID: 27124931
	City State Zip Code Phoenix AZ 85028-4212	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Phoenix Orthopaedic Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 325
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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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) Dr. Mark C Gebhardt, MD		Date of Receipt MM / DD / YYYY 01 / 09 / 2008
Mailing Address Beth Israel Deaconess Med Ctr 330 Brookline Ave		Transaction ID: 27124933
City Boston	State MA	
Zip Code 02215-5400		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Beth Israel Deaconess Medical Ctr	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Dr. Courtland G Lewis, MD		Date of Receipt MM / DD / YYYY 01 / 09 / 2008
Mailing Address Ortho Assoc of Hartford 85 Seymour St Ste 607		Transaction ID: 27124935
City Hartford	State CT	
Zip Code 06106-5525		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Ortho Associates of Hartford	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Dr. William O Samuelson, MD		Date of Receipt MM / DD / YYYY 01 / 09 / 2008
Mailing Address 2800 Pierce St Ste 101		Transaction ID: 27124936
City Sioux City	State IA	
Zip Code 51104-3707		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 325
(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

A.

Full Name (Last, First, Middle Initial) Dr. Babak S Lami, MD		Date of Receipt MM / DD / YYYY 01 / 09 / 2008
Mailing Address Illinois Spine Institute 1990 E Algonquin Rd Ste 160		Transaction ID: 27124937
City Schaumburg	State IL	Zip Code 60173-4164
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Illinois Spine Institute	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Dr. Alan G Lewis, MD		Date of Receipt MM / DD / YYYY 01 / 09 / 2008
Mailing Address Eastern Oklahoma Ortho Ctr 6475 S Yale Ave Ste 301		Transaction ID: 27124938
City Tulsa	State OK	Zip Code 74136-7815
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Eastern Oklahoma Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Dr. Roger Griffin Wilber, MD		Date of Receipt MM / DD / YYYY 01 / 09 / 2008
Mailing Address 2500 MetroHealth Dr		Transaction ID: 27124939
City Cleveland	State OH	Zip Code 44109-1900
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Metro Health Medical	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

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

FOR LINE NUMBER: PAGE 17 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. John T Harper, , MD

Mailing Address 1309 Milstead Rd NE Ste F

City State Zip Code
Conyers GA 30012-3874

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

Name of Employer Metro Ortho Associates Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 09 / 2008
Transaction ID: 27124940
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. F Thomas Davies Kaplan, , MD

Mailing Address 8501 Harcourt Rd Indiana Hand Center

City State Zip Code
Indianapolis IN 46260-2046

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

Name of Employer Indiana Hand Center Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 22 / 2008
Transaction ID: 27167046
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Alan H Wilde, , MD

Mailing Address 8542 Windsor Way

City State Zip Code
Broadview Heights OH 44147-1790

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

Name of Employer Lutheran Hospital Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 22 / 2008
Transaction ID: 27167048
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 325
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Stuart S Remer, , MD		Date of Receipt	
	Mailing Address 1170 Seawane Dr		M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27167050
	Hewlett	NY	11557-2649	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Dr. Leland R Mayer, , MD		Date of Receipt	
	Mailing Address S 5841 County Rd B		M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27167053
	Eau Claire	WI	54701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Luther/Midelfort		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Dr. David M Oster, , MD		Date of Receipt	
	Mailing Address 5290 S Geneva Way		M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27167054
	Englewood	CO	80111-6203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Robert R Madigan, , MD		Date of Receipt																					
	Mailing Address PO Box 51090		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	1		2	2		2	0	0	8														
	City State Zip Code Knoxville TN 37950-1090		Transaction ID: 27167056																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Southeastern Orthopaedics		Occupation Orthopaedic Surgeon																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

B.	Full Name (Last, First, Middle Initial) Dr. Anthony Andres Sanchez, , MD		Date of Receipt																					
	Mailing Address 869 Inverness Circle		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	1		2	2		2	0	0	8														
	City State Zip Code Spartanburg SC 29306-6680		Transaction ID: 27167057																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Orthopedic Specialties		Occupation Orthopaedic Surgeon																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

C.	Full Name (Last, First, Middle Initial) Dr. Anthony F Pachelli, , MD		Date of Receipt																					
	Mailing Address 201 Cedar SE Ste 6600		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	1		2	2		2	0	0	8														
	City State Zip Code Albuquerque NM 87106-5411		Transaction ID: 27167058																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																						
Name of Employer New Mexico Orthopaedic Associates		Occupation Orthopaedic Surgeon																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00																						

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. James C Karegeannes, MD

Mailing Address 123 Skyview Dr

City Asheville State NC Zip Code 28804-2720

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2008

Transaction ID: 27167059

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. David E Attarian, MD

Mailing Address Duke Health Ctr Ortho
3116 N Duke St

City Durham State NC Zip Code 27704-2102

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

Name of Employer Duke University Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2008

Transaction ID: 27167061

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. James M McKenzie, MD

Mailing Address 2201 NW Vassar Ct

City Bentonville State AR Zip Code 72712-8582

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2008

Transaction ID: 27167077

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 21 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. David F Beigler, , MD

Mailing Address Illinois Bone and Joint Institute
2401 Ravine Way Ste 206

City State Zip Code
Glenview IL 60025-7645

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

Name of Employer Illinois Bone & Joint Ins-titute
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 8

Transaction ID: 27167079

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Matthew S Shapiro, , MD

Mailing Address Slocum Center for Orthopedics and
55 Coburg Rd

City State Zip Code
Eugene OR 97401-2433

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

Name of Employer Slocum Center
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 8

Transaction ID: 27167080

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. David Brokaw, , MD

Mailing Address 1801 N Senate Blvd Ste 200

City State Zip Code
Indianapolis IN 46202-1243

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

Name of Employer Ortho Indy
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 8

Transaction ID: 27167082

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. William P Rix, , MD

Mailing Address 55 Audubon Way

City State Zip Code
Auburn NH 03032-3109

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

Name of Employer Occupation
NH Orthopaedic Surgery Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 8

Transaction ID: 27167083

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael T Stowell, , MD

Mailing Address 19254 Jamestown Dr

City State Zip Code
Hagerstown MD 21742-1718

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

Name of Employer Occupation
Mid Atlantic Orthopaedic Specialists Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 8

Transaction ID: 27167084

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Howard J Gelb, , MD

Mailing Address 6214 NW 120th Dr

City State Zip Code
Coral Springs FL 33076-1908

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 8

Transaction ID: 27167086

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 325
	<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	

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) Dr. Terrence J Endres, , MD		Date of Receipt																					
	Mailing Address 1655 Flowers Mill Dr		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	1		2	2		2	0	0	8														
	City State Zip Code Grand Rapids MI 49525-9694		Transaction ID: 27167089																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: Orthopaedic Associates of Grand Rapids Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		250.00																						

B.	Full Name (Last, First, Middle Initial) Dr. Raymond L Horwood, , MD		Date of Receipt																					
	Mailing Address 24723 Detroit Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	1		2	2		2	0	0	8														
	City State Zip Code Westlake OH 44145-2526		Transaction ID: 27167091																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: Orthopaedic Associates, Inc Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		250.00																						

C.	Full Name (Last, First, Middle Initial) Dr. Gary Ferguson, , MD		Date of Receipt																					
	Mailing Address 46 Nayatt Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	1		2	2		2	0	0	8														
	City State Zip Code Barrington RI 02806-3326		Transaction ID: 27167096																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: University Orthopaedics Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		500.00																						

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

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

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

FOR LINE NUMBER: PAGE 24 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Joseph A Suarez, MD
Mailing Address 3311 Hylan Blvd
City Staten Island State NY Zip Code 10306-3688
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 01 / 22 / 2008
Transaction ID: 27167097
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Douglas W Kiburz, MD
Mailing Address West Central Missouri Ortho
2301 S Ingram Ave
City Sedalia State MO Zip Code 65301-8121
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 01 / 22 / 2008
Transaction ID: 27167111
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr. James M Donley, MD
Mailing Address 5002 Lago Dr
City Madisonville State KY Zip Code 42431-9435
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 01 / 22 / 2008
Transaction ID: 27167113
Amount of Each Receipt this Period 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Torin Cunningham, MD	Date of Receipt MM / DD / YYYY 01 / 22 / 2008
	Mailing Address 488 E Ocean Blvd #316	Transaction ID: 27167114
	City State Zip Code Long Beach CA 90802-4765	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Thomas E Brown, MD	Date of Receipt MM / DD / YYYY 01 / 22 / 2008
	Mailing Address 412 Rockwood Dr	Transaction ID: 27167119
	City State Zip Code Charlottesville VA 22903-4732	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer University of Virginia Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Anthony L Brown, MD	Date of Receipt MM / DD / YYYY 01 / 22 / 2008
	Mailing Address 3235 Vollmer Rd Ste 147	Transaction ID: 27167121
	City State Zip Code Flossmoor IL 60422-2040	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Jonathan T Deland, MD	Date of Receipt MM / DD / YYYY 01 / 22 / 2008
	Mailing Address Hospl for Special Surgery 535 E 70th St	Transaction ID: 27167122
	City State Zip Code New York NY 10021-4872	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

B.	Full Name (Last, First, Middle Initial) Dr. Ray W Covington, MD	Date of Receipt MM / DD / YYYY 01 / 22 / 2008
	Mailing Address 3500 Hillcrest Dr Ste 1	Transaction ID: 27167125
	City State Zip Code Waco TX 76708-3144	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Waco Bone & Joint Clinic Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

C.	Full Name (Last, First, Middle Initial) Dr. Michael Pierce Connair, MD	Date of Receipt MM / DD / YYYY 01 / 22 / 2008
	Mailing Address 12 Village St	Transaction ID: 27167127
	City State Zip Code North Haven CT 06473-3828	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. David Arthur Detrisac, MD

Mailing Address East Lansing Ortho Assn
3394 E Jolly Rd Ste A

City State Zip Code
Lansing MI 48910-8595

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

Name of Employer East Lansing Orthopaedic Associates
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2008

Transaction ID: 27167161

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Brian E Gunnlaugson, MD

Mailing Address 1257 Laurel View Dr

City State Zip Code
Johnstown PA 15905-1509

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

Name of Employer Self Employed
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2008

Transaction ID: 27167162

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Charles Cannon Edwards, II, MD

Mailing Address 1826 Circle Rd

City State Zip Code
Towson MD 21204-6415

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

Name of Employer Self Employed
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2008

Transaction ID: 27167163

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 325
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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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)
Richard J Stewart

Mailing Address 1202 Barclay Circle

City State Zip Code
Barrington IL 60010-5263

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

Name of Employer American Academy of Orthopaedic Surgeon
Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2008

Transaction ID: 27167164

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. James Edward Carothers, MD

Mailing Address 1830 Mayfair Dr

City State Zip Code
Owensboro KY 42301-4669

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

Name of Employer Orthopedics & Sports Med
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2008

Transaction ID: 27167165

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. G Brian Holloway, MD

Mailing Address 260 Ft Sanders West Blvd

City State Zip Code
Knoxville TN 37922-3355

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

Name of Employer Self Employed
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2008

Transaction ID: 27167166

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 325
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. John M Schimpke, MD	Date of Receipt MM / DD / YYYY 01 / 22 / 2008
	Mailing Address 3431 Old Baldwin Rd	Transaction ID: 27167167
	City State Zip Code Lake Angelus MI 48326-1274	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. William J Markmann, MD	Date of Receipt MM / DD / YYYY 01 / 22 / 2008
	Mailing Address 7500 Central Ave Ste 108	Transaction ID: 27167170
	City State Zip Code Philadelphia PA 19111-2431	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. John D Lubahn, MD	Date of Receipt MM / DD / YYYY 01 / 22 / 2008
	Mailing Address 300 State St Ste 205	Transaction ID: 27167171
	City State Zip Code Erie PA 16507-1429	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hand Microsurgery Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 325
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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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)
Dr. Joshua H Urvater, MD

Mailing Address 401 Louisiana

City Libby State MT Zip Code 59923-2131

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

Name of Employer St John's Lutheran Hospital Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2008

Transaction ID: 27167172

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Hanes H Brindley, Jr, MD

Mailing Address Scott and White Memorial Hosp
2401 S 31st St

City Temple State TX Zip Code 76508-0001

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 22 / 2008

Transaction ID: 27167173

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Thomas W Wise, MD

Mailing Address 128 Medical Cir

City Winchester State VA Zip Code 22601-3322

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

Name of Employer Winchester Orthopaedic Associates Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2008

Transaction ID: 27167174

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. S Dale Yakish, MD

Mailing Address Beaver Medical Commons
1030 Beaver Hollow Rd

City State Zip Code
Beaver PA 15009-9723

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

Name of Employer Association of Specialty Physicians
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	8

Transaction ID: 27167176

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. David R Schmidt, MD

Mailing Address 21 Spurs Ln Ste 300

City State Zip Code
San Antonio TX 78240-1679

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

Name of Employer Sports Medicine Associates
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	8

Transaction ID: 27167177

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. John A Barrasso, MD

Mailing Address 4140 Centennial Hills Blvd Ste A

City State Zip Code
Casper WY 82609-3265

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

Name of Employer Self Employed
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	8

Transaction ID: 27167178

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 325
(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

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)
Dr. Clark P Searle, , MD

Mailing Address N5390 Rancho Viejo Rd

City State Zip Code
Fond Du Lac WI 54935-9373

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

Name of Employer Occupation
Fond du Lac Regional Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 8

Transaction ID: 27167179

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Sean E McCance, , MD

Mailing Address 1155 Park Ave

City State Zip Code
New York NY 10128-1209

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 8

Transaction ID: 27167180

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert H Sandmeier, , MD

Mailing Address 2038 NW 127th Pl

City State Zip Code
Portland OR 97229-8552

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 8

Transaction ID: 27167181

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 325

(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

A.

Full Name (Last, First, Middle Initial)

Dr. David L Waxman, MD

Mailing Address 600 Davisson Run Rd Ste 102

City State Zip Code
Clarksburg WV 26301-9307

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2008

Transaction ID: 27167182

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Frank V Aluisio, MD

Mailing Address 2608 Southwick Dr

City State Zip Code
Greensboro NC 27455-0833

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

Name of Employer Occupation
Greensboro Orthopaedic Center, PA Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2008

Transaction ID: 27167183

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joseph C Tauro, MD

Mailing Address 9 Hospital Dr

City State Zip Code
Toms River NJ 08755-6425

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

MM / DD / YYYY
01 / 22 / 2008

Transaction ID: 27167184

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Preston M Wolin

Mailing Address Center for Athletic Medicine
830 W Diversey Pkwy Ste 300

City Chicago State IL Zip Code 60614-1454

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 23 / 2008

Transaction ID: 27175129

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael R Sheen, MD

Mailing Address 2200 Kellwest Blvd

City Wichita Falls State TX Zip Code 76309

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 23 / 2008

Transaction ID: 27175130

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Bronier Lastrapes Costas, MD

Mailing Address 980 Johnson Ferry Rd Ste 1020

City Atlanta State GA Zip Code 30342-1609

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

Name of Employer Hand & Upper Extremity Ctr of Georgia Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 23 / 2008

Transaction ID: 27175132

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 325
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Daryl Sheldon Larke, , MD		Date of Receipt	
	Mailing Address 4135 Tate Springs Rd		M M / D D / Y Y Y Y Y 0 1 / 2 3 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27175133
	Big Stone Gap	VA	24219-4272	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Hastings Orthopaedic Clinic, PC		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00		

B.	Full Name (Last, First, Middle Initial) Dr. Scott Gunnar Quisling, , MD		Date of Receipt	
	Mailing Address 758 Old Norcross Rd Ste 100		M M / D D / Y Y Y Y Y 0 1 / 2 3 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27175134
	Lawrenceville	GA	30045-3386	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Resurgens Orthopedics		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

C.	Full Name (Last, First, Middle Initial) Dr. Marc J Rosen, , MD		Date of Receipt	
	Mailing Address 5605 W Eugie Ste 111		M M / D D / Y Y Y Y Y 0 1 / 2 3 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27175135
	Glendale	AZ	85304-1273	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Phoenix Orthopaedic Consultants		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 325
(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

A.

Full Name (Last, First, Middle Initial) Dr. Gerald R Williams, Jr, MD		Date of Receipt MM / DD / YYYY 01 / 23 / 2008
Mailing Address The Rothman Institute 925 Chestnut St		Transaction ID: 27175136
City Philadelphia	State PA	Zip Code 19107-4201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Rothman Institute	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Dr. Javad Parvizi, MD		Date of Receipt MM / DD / YYYY 01 / 23 / 2008
Mailing Address Rothman Institute 925 Chestnut St-5th Fl		Transaction ID: 27175137
City Philadelphia	State PA	Zip Code 19107
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Dr. Tye Ouzounian, MD		Date of Receipt MM / DD / YYYY 01 / 23 / 2008
Mailing Address 5620 Wilbur Ave Ste 216		Transaction ID: 27175138
City Tarzana	State CA	Zip Code 91356-1309
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Mark E Baratz, MD

Mailing Address Allegheny Ortho Associates
1307 Federal St 2nd FL

City Pittsburgh State PA Zip Code 15212-4769

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

Name of Employer Allegheny General Hospital Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 23 / 2008
Transaction ID: 27175253
Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Philip R Hardy, MD

Mailing Address 1325 San Marco Blvd Ste 200

City Jacksonville State FL Zip Code 32207-8566

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

Name of Employer Jacksonville Orthopaedic Institute Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 23 / 2008
Transaction ID: 27175254
Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Dr. K Daniel Riew, MD

Mailing Address Washington University Orthopedics
660 S Euclid Ave

City Saint Louis State MO Zip Code 63110-1010

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

Name of Employer Washington University Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 23 / 2008
Transaction ID: 27175255
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Mark W Diehl, , MD

Mailing Address 1110 Hazeltine Ln

City Kennesaw State GA Zip Code 30152-4742

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

Name of Employer Pinnacle Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 23 / 2008
Transaction ID: 27175256
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Kourosh Korsh Jafarnia, , MD

Mailing Address 617 Little John

City Houston State TX Zip Code 77024-5720

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 23 / 2008
Transaction ID: 27175257
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Gregory S Slappey, , MD

Mailing Address 139 Fairway Dr

City Carrollton State GA Zip Code 30117-4134

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

Name of Employer Carrollton Orthopaedic Clinic Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 23 / 2008
Transaction ID: 27175258
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Alan B Thomas, MD

Mailing Address Lakewood Orthopaedic Surgeon
7308 Bridgeport Way W Ste 201

City Lakewood State WA Zip Code 98499-8000

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

Name of Employer Proliance Surgeons Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 23 / 2008
Transaction ID: 27175259
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Robert S Schultz, MD

Mailing Address 3015 17th St W

City Billings State MT Zip Code 59102-0703

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

Name of Employer Billings Clinic Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 23 / 2008
Transaction ID: 27175260
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Timothy J Clader, MD

Mailing Address 10 Hagen Dr Ste 20 LL

City Rochester State NY Zip Code 14625-2663

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 23 / 2008
Transaction ID: 27175261
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. William R Buschmann, , MD

Mailing Address 7 Reservoir Rd

City State Zip Code
White Plains NY 10603-2522

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

Name of Employer Occupation
Bone & Joint Associates Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2008

Transaction ID: 27175264

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Steven Berkowitz, , MD

Mailing Address 1200 Eagle Ave

City State Zip Code
Ocean NJ 07712-7631

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

Name of Employer Occupation
Seaview Orthopaedics Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2008

Transaction ID: 27175265

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Timothy J Bopp, , MD

Mailing Address 310 N 9th St

City State Zip Code
Bismarck ND 58501-4508

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

Name of Employer Occupation
The Bone and Joint Center Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2008

Transaction ID: 27175270

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 325

(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

A.

Full Name (Last, First, Middle Initial)

Dr. Richard M Terek, , MD

Mailing Address University Orthopedics
2 Dudley St Ste 200

City State Zip Code
Providence RI 02905-3248

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

Name of Employer Occupation
University Orthopedics Inc Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 8

Transaction ID: 27175271

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Dr. David J Caucci, , MD

Mailing Address 3355 Lake Ariel Hwy

City State Zip Code
Honesdale PA 18431-1174

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 8

Transaction ID: 27175272

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bryan Bomberg, , MD

Mailing Address 940 Central Park Dr Ste 190

City State Zip Code
Steamboat Springs CO 80487-8816

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

Name of Employer Occupation
Steamboat Orthopaedic Associates Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 8

Transaction ID: 27175273

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 325

(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

A.

Full Name (Last, First, Middle Initial)

Dr. Russell A Hudgens, , MD

Mailing Address 3610 Springhill Memorial Dr N

City State Zip Code
Mobile AL 36608-1162

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

Name of Employer Occupation
Alabama Orthopaedic Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 8

Transaction ID: 27175274

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. John B Weltmer, Jr, MD

Mailing Address 12639 Old Tesson Ferry Rd Ste 115

City State Zip Code
Saint Louis MO 63128-2795

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

Name of Employer Occupation
Signature Health Services Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 8

Transaction ID: 27175275

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David B Thordarson, , MD

Mailing Address 1520 San Pablo St Ste 2000

City State Zip Code
Los Angeles CA 90033-5322

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 8

Transaction ID: 27175276

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 325
(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

A. Full Name (Last, First, Middle Initial)
Peter C C Rink, , DO

Mailing Address 1414 W Lombard
Orthopaedic and Rheumatology Assoc

City Davenport State IA Zip Code 52804-2148

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

Name of Employer Ortho & Rheumatology Associates Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 23 / 2008
Transaction ID: 27175278
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Neal D Lintecum, , MD

Mailing Address 1112 W 6th St Ste 124

City Lawrence State KS Zip Code 66044-2249

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

Name of Employer Lawrence Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 23 / 2008
Transaction ID: 27175279
 Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Holly J Duck, , MD

Mailing Address Bone & Joint Surgery Associates
340 S Whitney Way

City Madison State WI Zip Code 53705-4656

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

Name of Employer Bone & Joint Surgery Associates Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 23 / 2008
Transaction ID: 27175280
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 325
(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

A.

Full Name (Last, First, Middle Initial) Dr. Robert C Durkin, , MD		Date of Receipt MM / DD / YYYY 01 / 23 / 2008
Mailing Address Kapiolani Med Ctr 1319 Punahou St Ste 630		Transaction ID: 27175283
City Honolulu	State HI	Zip Code 96826-1044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kapiolani Medical Center	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Dr. Gary M Zartman, , MD		Date of Receipt MM / DD / YYYY 01 / 23 / 2008
Mailing Address Lancaster Ortho Group 231 Granite Run		Transaction ID: 27175286
City Lancaster	State PA	Zip Code 17601-6823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Lancaster Orthopaedic Gro- up	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Dr. Denis Burke Drennan, , MD		Date of Receipt MM / DD / YYYY 01 / 23 / 2008
Mailing Address 1316 Sherman Ave		Transaction ID: 27175287
City Evanston	State IL	Zip Code 60201-4361
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer DM Systems Inc	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 45 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Robert A Sciortino, MD

Mailing Address 2821 N Ballas Rd Ste C-15

City State Zip Code
Saint Louis MO 63131-2300

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

Name of Employer St Louis Orthopaedic Surgeons Occupation Orthopaedic Surgeon

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 8

Transaction ID: 27175289

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Scott A McPherson, MD

Mailing Address 406 15 th Ave N

City State Zip Code
Hopkins MN 55343-7221

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

Name of Employer Park Nicollet Clinic Occupation Orthopaedic Surgeon

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 8

Transaction ID: 27186872

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Rolando Colon-Nebot, MD

Mailing Address PO Box 668

City State Zip Code
Arecibo PR 00613-0668

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

Name of Employer Self Employed Occupation

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 8

Transaction ID: 27186873

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

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

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

FOR LINE NUMBER: PAGE 46 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Charles M Ruland, MD

Mailing Address 1507 Severncroft Rd

City State Zip Code
Annapolis MD 21409-5811

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

Name of Employer Occupation
Anne Arundel Orthopaedic Surgeons Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 8

Transaction ID: 27186874

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Sidney N Martin, MD

Mailing Address 7041 Linden Rd

City State Zip Code
Fenton MI 48430-9324

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

Name of Employer Occupation
Family Orthopaedic Associates Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 8

Transaction ID: 27186875

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Jonathan P Keeve, MD

Mailing Address Northwest Ortho Spec
E 12410 Sinto Ste 201

City State Zip Code
Spokane Valley WA 99216-2280

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

Name of Employer Occupation
Northwest Orthopedic Specialists Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 8

Transaction ID: 27186876

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Robert H Haralson, III, MD, M

Mailing Address American Academy of Orthopaedic Su
6300 N. River Rd

City State Zip Code
Rosemont IL 60018-4206

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

Name of Employer American Academy of Orthopaedic Surgeon
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	0	8

Transaction ID: 27186877

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Daniel Thompson McGuire, , MD

Mailing Address Down East Orthopedics
404 State St Ste 610

City State Zip Code
Bangor ME 04401-6623

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

Name of Employer Down East Orthopedics
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	0	8

Transaction ID: 27186878

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Charles Edward Barnes, , MD

Mailing Address 3308 Bondwood Cir

City State Zip Code
Johnson City TN 37604-8907

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

Name of Employer Appalachian Orthopaedic Associates
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	0	8

Transaction ID: 27186879

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Jonathan R Fox, , MD	Date of Receipt MM / DD / YYYY 01 / 24 / 2008
	Mailing Address 5929 E Via del Cielo	Transaction ID: 27186881
	City State Zip Code Paradise Valley AZ 85253-8107	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Desert Orthopaedic Specialists Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. William T Grant, , MD	Date of Receipt MM / DD / YYYY 01 / 24 / 2008
	Mailing Address Albemarle Orthopaedics PO Box 1646	Transaction ID: 27186882
	City State Zip Code Charlottesville VA 22902-1646	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Albemarle Orthopaedics Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Dr. Kevin G Vesey, , MD	Date of Receipt MM / DD / YYYY 01 / 24 / 2008
	Mailing Address 48 Route 25-A Ste 106	Transaction ID: 27186884
	City State Zip Code Smithtown NY 11787-1447	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: North Shore Orthopaedic Surgery Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Thomas J Mathews, MD

Mailing Address 2200 Forest Ridge Pkwy Ste 240

City State Zip Code
New Castle IN 47362-2943

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

Name of Employer Henry County Hospital Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 8

Transaction ID: 27186885

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Don P Sanders, MD

Mailing Address King/Drew Med Ctr
12021 S Wilmington Ave Ste 3024

City State Zip Code
Los Angeles CA 90059-3019

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

Name of Employer South Bay Orthopaedic Specialists Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 8

Transaction ID: 27186886

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Ronald Moskovich, MD

Mailing Address Hosp for Joint Disease
301 E 17th St

City State Zip Code
New York NY 10003-3804

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

Name of Employer NYU Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 8

Transaction ID: 27186887

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Christopher C Kaeding, , MD	Date of Receipt MM / DD / YYYY 01 / 24 / 2008
	Mailing Address OSU Sports Medicine Ctr 2050 Kenny Rd	Transaction ID: 27186888
	City Columbus State OH Zip Code 43221-3502	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Ohio State University Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. James Craig Lilley, , MD	Date of Receipt MM / DD / YYYY 01 / 24 / 2008
	Mailing Address 2776 N Garey Ave	Transaction ID: 27186889
	City Pomona State CA Zip Code 91767-1810	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Pamela L Jones, , MD	Date of Receipt MM / DD / YYYY 01 / 24 / 2008
	Mailing Address 50 Beacon St Ste 2	Transaction ID: 27186890
	City Boston State MA Zip Code 02108-3524	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Associates in Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 51 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. E Bruce Bynum, , DO
Mailing Address 4292 SW Agate Ave
City State Zip Code
Corvallis OR 97333-1178
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Corvallis Clinic Orthopaedic Surgeon
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 8
Transaction ID: 27186891
Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. David A Fisher, , MD
Mailing Address 8450 Northwest Blvd
City State Zip Code
Indianapolis IN 46278-1381
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Orthopaedics of Indianapo- Orthopaedic Surgeon
lis
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 8
Transaction ID: 27186892
Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert E Coles, , MD
Mailing Address 3714 Guardian Ave
City State Zip Code
Morehead City NC 28557-4322
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Carteret Surgical Associa- Orthopaedic Surgeon
tes
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 8
Transaction ID: 27186893
Amount of Each Receipt this Period
1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Christian P Christensen, , MD		Date of Receipt MM / DD / YYYY 01 / 24 / 2008		
	Mailing Address 700 Bob-O-Link Dr		Transaction ID: 27186894		
	City Lexington	State KY	Zip Code 40504	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lexington Clinic	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Dr. James J Purtill, , MD		Date of Receipt MM / DD / YYYY 01 / 24 / 2008		
	Mailing Address The Rothman Institute 925 Chestnut St 5th Fl		Transaction ID: 27186895		
	City Philadelphia	State PA	Zip Code 19107-4206	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Rothman Institute	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Dr. Edwin L Ferren, , MD		Date of Receipt MM / DD / YYYY 01 / 24 / 2008		
	Mailing Address 1023 N Mound St Ste E		Transaction ID: 27186896		
	City Nacogdoches	State TX	Zip Code 75961-4453	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 325
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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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) Dr. Clay M Wertheimer, , MD		Date of Receipt MM / DD / YYYY 01 / 24 / 2008
Mailing Address 1100 Pacific Ave Ste 300 Everett Bone and Joint		Transaction ID: 27186897
City Everett	State WA	Zip Code 98201-4261
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Proliance Surgeons	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Dr. Daniel C Johnson, , MD		Date of Receipt MM / DD / YYYY 01 / 24 / 2008
Mailing Address Yankton Bone & Joint Center 1000 W 4th St Ste 1		Transaction ID: 27186898
City Yankton	State SD	Zip Code 57078-3700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Yankton Bone and Joint Center	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr. Joseph F Curtis, Jr, MD		Date of Receipt MM / DD / YYYY 01 / 24 / 2008
Mailing Address PO Box 250450		Transaction ID: 27186900
City Montgomery	State AL	Zip Code 36125-0450
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Southern Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 54 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Thomas Woo, MD
 Mailing Address 5255 E Stop 11 Rd Ste 300
 City Indianapolis State IN Zip Code 46237
 Date of Receipt 01 / 24 / 2008
Transaction ID: 27186901
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedics Indianapolis Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Richard L Worland, MD
 Mailing Address 635 Walsing Dr
 City Richmond State VA Zip Code 23229-8136
 Date of Receipt 01 / 24 / 2008
Transaction ID: 27186902
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Orthopedic Centers Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. David F Dalury, MD
 Mailing Address 8322 Bellona Ave Ste 100
 City Baltimore State MD Zip Code 21204-2065
 Date of Receipt 01 / 24 / 2008
Transaction ID: 27186903
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. John A Yezerski, , MD	Date of Receipt MM / DD / YYYY 01 / 24 / 2008
	Mailing Address 300 S 8th St Ste 178w	Transaction ID: 27186904
	City State Zip Code Murray KY 42071-2444	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Jonathan P Garino, , MD	Date of Receipt MM / DD / YYYY 01 / 24 / 2008
	Mailing Address 835 Stoke Rd	Transaction ID: 27186905
	City State Zip Code Villanova PA 19085-2031	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer University of Pennsylvania	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Neal L Rockowitz, , MD	Date of Receipt MM / DD / YYYY 01 / 24 / 2008
	Mailing Address 3104 E Indian School Rd Ste 100	Transaction ID: 27186906
	City State Zip Code Phoenix AZ 85016-6873	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 56 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Charles M Blitzer, MD

Mailing Address New Hampshire Ortho Society
237 Route 108 Ste 205

City Somersworth State NH Zip Code 03878-1517

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

Name of Employer New Hampshire Ortho Society Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 24 / 2008
Transaction ID: 27186907
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Karl E Rathjen, MD

Mailing Address Texas Scottish Rite Hosp
Dept of Orthopaedics

City Dallas State TX Zip Code 75219-3993

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

Name of Employer Scottish Rite-Dallas Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 24 / 2008
Transaction ID: 27186908
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. David C Markel, MD

Mailing Address 22250 Providence Dr Ste 401

City Southfield State MI Zip Code 48075-6212

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

Name of Employer Porretta Center for Orthopaedic Surger Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 24 / 2008
Transaction ID: 27186909
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. James R Dyreby, , MD	Date of Receipt
	Mailing Address Northland Orthopaedic Assoc, S C 444 E Timber Dr	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 4 / 2 0 0 8
	City State Zip Code Rhineland WI 54501-2852	Transaction ID: 27186910
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 1000.00
	Name of Employer Occupation Northland Orthopaedics Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Kumar Bipin Amin, , MD	Date of Receipt
	Mailing Address PO Box 2507	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 4 / 2 0 0 8
	City State Zip Code Wintersville OH 43953-0507	Transaction ID: 27186911
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 1000.00
	Name of Employer Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Harlan C Amstutz, , MD	Date of Receipt
	Mailing Address 2200 W Third St Ste 400	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 4 / 2 0 0 8
	City State Zip Code Los Angeles CA 90057-1937	Transaction ID: 27186912
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 1000.00
	Name of Employer Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 58 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Wayne M Goldstein, MD

Mailing Address 9000 Waukegan Rd

City Morton Grove State IL Zip Code 60053-2127

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

Name of Employer Illinois Bone & Joint Institute Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 24 / 2008
Transaction ID: 27186913
 Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. John S Place, MD

Mailing Address 3907 Creekside Loop Ste 100

City Yakima State WA Zip Code 98902-4879

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 24 / 2008
Transaction ID: 27186914
 Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. John W Adkison, MD

Mailing Address 1211 N 16th Ave

City Yakima State WA Zip Code 98902-1347

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

Name of Employer Orthopedics Northwest Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 24 / 2008
Transaction ID: 27186915
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Benjamin E Bierbaum, MD

Mailing Address 91 Parker Hill Ave

City State Zip Code
Roxbury Crossing MA 02120-3215

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

Name of Employer Longwood Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2008

Transaction ID: 27186916

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. John A Stevens, MD

Mailing Address POB 693

City State Zip Code
Salem OR 97308-0693

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2008

Transaction ID: 27186917

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Dennis Martin Walker, MD

Mailing Address 1717 Oak Park Blvd 3rd Fl

City State Zip Code
Lake Charles LA 70601-8990

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

Name of Employer Lake Charles Memorial Hospital Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2008

Transaction ID: 27186918

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Thomas J Ditkoff, MD

Mailing Address 6900 Orchard Lake Rd Ste 103

City State Zip Code
West Bloomfield MI 48322-3424

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2008

Transaction ID: 27186920

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Thomas L Martin, MD

Mailing Address SUN Orthopaedic Group
900 Buffalo Rd

City State Zip Code
Lewisburg PA 17837-2800

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2008

Transaction ID: 27186922

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert Brent Blake, MD

Mailing Address Bridger Ortho & Sports Med
1450 Ellis St Ste 201

City State Zip Code
Bozeman MT 59715-8813

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

Name of Employer Bridger Orthopaedic and Sports Medicin Occupation
Bridger Orthopaedic and Sports Medicin Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2008

Transaction ID: 27186925

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 325
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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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) Dr. Jon F Robinson, , MD		Date of Receipt MM / DD / YYYY 01 / 24 / 2008
Mailing Address Bridger Orthopedic and Sports Medi 1450 Ellis St Ste 201		Transaction ID: 27186926
City Bozeman		Amount of Each Receipt this Period 250.00
State MT		
Zip Code 59715-8813		
FEC ID number of contributing federal political committee. C		
Name of Employer Bridger Orthopedic and Sports Medicine	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. Daniel M Gannon, , MD		Date of Receipt MM / DD / YYYY 01 / 24 / 2008
Mailing Address Bridger Ortho & Sports Med PC 1450 Ellis St Ste 201		Transaction ID: 27186927
City Bozeman		Amount of Each Receipt this Period 500.00
State MT		
Zip Code 59715-8813		
FEC ID number of contributing federal political committee. C		
Name of Employer Bridger Ortho & Sports Med PC	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Dr. John D Campbell, , MD		Date of Receipt MM / DD / YYYY 01 / 24 / 2008
Mailing Address Bridger Orthopedic and Sports Medi 1450 Ellis St Ste 201		Transaction ID: 27186928
City Bozeman		Amount of Each Receipt this Period 250.00
State MT		
Zip Code 59715-8813		
FEC ID number of contributing federal political committee. C		
Name of Employer Bridger Orthopedic and Sports Medicine	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 325

(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

A.

Full Name (Last, First, Middle Initial)

Dr. S Gopal Krishnan, MD

Mailing Address 1331 E 6th St

City

Weslaco

State

TX

Zip Code

78596-6601

FEC ID number of contributing federal political committee.

C

Name of Employer
Krishnan and Associates

Occupation
Orthopaedic Surgeon

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 24 / 2008

Transaction ID: 27186929

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. John English Feighan, MD

Mailing Address 2260 Harcourt Dr

City

Cleveland Heights

State

OH

Zip Code

44106-4610

FEC ID number of contributing federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
01 / 24 / 2008

Transaction ID: 27186930

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert H Harrington, MD

Mailing Address 237 Route 108 Ste 205

City

Somersworth

State

NH

Zip Code

03878-1517

FEC ID number of contributing federal political committee.

C

Name of Employer
Seacoast Orthopedics and
Sports Medici

Occupation
Orthopaedic Surgeon

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 24 / 2008

Transaction ID: 27186932

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 325

(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

A.

Full Name (Last, First, Middle Initial)

Dr. David R Hootnick, , MD

Mailing Address 7806 Clearwater Circle

City State Zip Code
Manlius NY 13104-9326

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 8

Transaction ID: 27186934

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Daniel J Nagle, , MD

Mailing Address 737 N Michigan Ave Ste 700

City State Zip Code
Chicago IL 60611-6662

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 8

Transaction ID: 27186935

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. John G Birch, , MD

Mailing Address Texas Scottish Rite Hosp
2222 Welborn St

City State Zip Code
Dallas TX 75219-3924

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

Name of Employer Occupation
Texas Scottish Rite Hospital Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 8

Transaction ID: 27186936

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 / 325
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Cary T Tanamachi, MD		Date of Receipt MM / DD / YYYY 01 / 24 / 2008		
	Mailing Address 1010 N Beltline Ste 101		Transaction ID: 27186937		
	City Mesquite	State TX	Zip Code 75149-1770	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Dr. George W Brindley, MD		Date of Receipt MM / DD / YYYY 01 / 25 / 2008		
	Mailing Address TX Tech Univ Hlth Sci Ctr Dept of Orthopaedic Surgery		Transaction ID: 27186938		
	City Lubbock	State TX	Zip Code 79430-0001	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Texas Tech University		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Dr. Timothy J Bonatus, DO		Date of Receipt MM / DD / YYYY 01 / 25 / 2008		
	Mailing Address Northern Arizona Ortho, Ltd 1485 N Turquoise Dr Ste 200		Transaction ID: 27186940		
	City Flagstaff	State AZ	Zip Code 86001-2000	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer No AZ Ortho & Neurosurgery		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Einer Johnson, MD	Date of Receipt MM / DD / YYYY 01 / 25 / 2008
	Mailing Address Washington Univ Orthopaedic Surg 14532 S Outer Forty Dr	Transaction ID: 27186941
	City State Zip Code Chesterfield MO 63017-5701	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Washington University School of Medicine Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Dr. George F Chimento, MD	Date of Receipt MM / DD / YYYY 01 / 25 / 2008
	Mailing Address 2405 Chester St	Transaction ID: 27186943
	City State Zip Code Metairie LA 70001-3029	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Yram Jan Groff, MD	Date of Receipt MM / DD / YYYY 01 / 25 / 2008
	Mailing Address 4815 Liberty Ave Ste 250	Transaction ID: 27186945
	City State Zip Code Pittsburgh PA 15224-2156	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 325

(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

A.

Full Name (Last, First, Middle Initial)

Dr. Peter White Whitfield, , MD

Mailing Address 201 E Wendover Ave

City State Zip Code
Greensboro NC 27401-1205

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 8

Transaction ID: 27186947

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Peter W Mitchell, , MD

Mailing Address 2222 E Highland Ste 425

City State Zip Code
Phoenix AZ 85016-4881

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 8

Transaction ID: 27186949

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. J Gregory Kinnett, , MD

Mailing Address 5534 Saint Charles Ave

City State Zip Code
New Orleans LA 70115-5048

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

Name of Employer Occupation
McLeod Physicians Assoc Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 8

Transaction ID: 27186950

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 325
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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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)
Dr. Thomas G Friermood, , MD

Mailing Address 660 Golden Ridge Rd Ste 250

City State Zip Code
Golden CO 80401-9541

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

Name of Employer Occupation
Panorama Orthopedics Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2008

Transaction ID: 27186951

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Edward C Tanner, , MD

Mailing Address 1445 Portland Ave Ste 210

City State Zip Code
Rochester NY 14621-3008

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2008

Transaction ID: 27186954

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Thomas W Wright, , MD

Mailing Address 8314 SW 42nd Ave

City State Zip Code
Gainesville FL 32608-3655

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

Name of Employer Occupation
University of Florida Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2008

Transaction ID: 27187063

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Jacquelin Perry, , MD		Date of Receipt	
	Mailing Address 12319 Brock Ave		M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27187066
	Downey	CA	90242-3503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		300.00	
Name of Employer Retired		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

B.	Full Name (Last, First, Middle Initial) Dr. Kent E Woo, , MD		Date of Receipt	
	Mailing Address 309 Mcalpin Dr		M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27187069
	Savannah	GA	31406-8923	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Southeastern Orthopedic Center, PC		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

C.	Full Name (Last, First, Middle Initial) Dr. Harry N Herkowitz, , MD		Date of Receipt	
	Mailing Address Medical Office Bldg 3535 W 13 Mile Rd Ste 744		M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27187070
	Royal Oak	MI	48073-6770	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Jeffrey R Cusmariu, , MD		Date of Receipt MM / DD / YYYY 01 / 25 / 2008		
	Mailing Address 513 Brookwood Blvd Ste 275		Transaction ID: 27187071		
	City Birmingham	State AL	Zip Code 35209-6806	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Orthopaedic Specialists of Alabama		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Dr. Alan M Reznik, , MD		Date of Receipt MM / DD / YYYY 01 / 25 / 2008		
	Mailing Address 199 Whitney Ave		Transaction ID: 27187072		
	City New Haven	State CT	Zip Code 06511-3786	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Dr. Steven I Grindel, , MD		Date of Receipt MM / DD / YYYY 01 / 25 / 2008		
	Mailing Address Medical College of Wisconsin Dept of Ortho Surg		Transaction ID: 27187073		
	City Milwaukee	State WI	Zip Code 53226	Amount of Each Receipt this Period 375.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Medical College of Wisconsin		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

SUBTOTAL of Receipts This Page (optional)	▶	875.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 325
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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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)
Dr. David E Nonweiler, , MD

Mailing Address William Medical Bldg
6585 S Yale Ste 200

City State Zip Code
Tulsa OK 74136-8315

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

Name of Employer Occupation
Central States Orthopaedic Specialists Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 8

Transaction ID: 27187074

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. George Joseph Zambetti, Jr, MD

Mailing Address 343 W 58th St

City State Zip Code
New York NY 10019-1108

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 8

Transaction ID: 27187406

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Brian S Ziegler, , MD

Mailing Address 830 Executive Ln Ste 120

City State Zip Code
Rockledge FL 32955-3595

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 8

Transaction ID: 27187408

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 71 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Frank A B Gottschalk, MD

Mailing Address U of TX Southwestern Med School
Dept of Ortho Surgery

City Dallas State TX Zip Code 75390-0001

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

Name of Employer UT Southwestern Medical Ctr Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 25 / 2008
Transaction ID: 27187409
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Howard R Epps, MD

Mailing Address 7401 S Main

City Houston State TX Zip Code 77030-4509

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 25 / 2008
Transaction ID: 27187411
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Kirk Kindsfater, MD

Mailing Address 1713 Brentford Ln

City Fort Collins State CO Zip Code 80525-4704

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 25 / 2008
Transaction ID: 27187416
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Brian A Shaw, , MD	Date of Receipt MM / DD / YYYY 01 / 25 / 2008
	Mailing Address 3010 N Circle Dr Ste 100A	Transaction ID: 27187417
	City State Zip Code Colorado Springs CO 80909-1182	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. W Grant Braly, , MD	Date of Receipt MM / DD / YYYY 01 / 25 / 2008
	Mailing Address 7401 S Main	Transaction ID: 27191396
	City State Zip Code Houston TX 77030-4509	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Michael Saul Sirkin, , MD	Date of Receipt MM / DD / YYYY 01 / 25 / 2008
	Mailing Address New Jersey Medical School 140 Bergen ACC D-1610	Transaction ID: 27191398
	City State Zip Code Newark NJ 07101	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer New Jersey Medical School Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Deanna M Boyette, MD

Mailing Address 602 Daventry Dr

City State Zip Code
Greenville NC 27858-6513

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2008

Transaction ID: 27191399

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. John J Larkin, Jr, MD

Mailing Address 320 Thomas Moore Pkwy

City State Zip Code
Crestview Hills KY 41017-3410

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2008

Transaction ID: 27191400

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. James W Gallentine, MD

Mailing Address 3121 Sheridan Blvd

City State Zip Code
Lincoln NE 68502-5232

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

Name of Employer Occupation
Nebraska Ortho & Sports Med Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2008

Transaction ID: 27191402

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 74 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. David M Lintner, , MD
Mailing Address 6348 Mercer

City State Zip Code
Houston TX 77005-3346

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

Name of Employer Occupation
Methodist Hospital Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 8

Transaction ID: 27191403
Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Warren Grossman, , MD
Mailing Address 10662 Zurich St

City State Zip Code
Hollywood FL 33026-4830

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 8

Transaction ID: 27191404
Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. E Anthony Rankin, , MD
Mailing Address Providence Hospital
1160 Varnum St NE Ste 312

City State Zip Code
Washington DC 20017-2103

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

Name of Employer Occupation
Rankin Ortho & Sports Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 8

Transaction ID: 27191405
Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 325

(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

A.

Full Name (Last, First, Middle Initial)
Dr. John D Miles, , MD

Mailing Address PO Box 0
400 Keene St

City State Zip Code
Columbia MO 65201-6626

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	0	8

Transaction ID: 27191406

Amount of Each Receipt this Period

375.00

B.

Full Name (Last, First, Middle Initial)
Dr. James C Walter, , MD

Mailing Address 2053 Remington Ln

City State Zip Code
Frisco TX 75034-7636

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	0	8

Transaction ID: 27191409

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Steven B Wertheim, , MD

Mailing Address 70 Old Stratton Chase NW

City State Zip Code
Atlanta GA 30328-3652

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

Name of Employer Resurgens Occupation
Resurgens Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	0	8

Transaction ID: 27205105

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2375.00

TOTAL This Period (last page this line number only)

--

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 325
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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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)
Dr. Mark A Coppes, , MD

Mailing Address 1 High St

City State Zip Code
Wakefield RI 02879-3103

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2008

Transaction ID: 27205106

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Randall Evan Marcus, , MD

Mailing Address 11100 Euclid Ave

City State Zip Code
Cleveland OH 44106-1716

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

Name of Employer Occupation
UNMG Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2008

Transaction ID: 27205108

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Ajoy K Jana, , MD

Mailing Address 15902 Patrick Ave

City State Zip Code
Omaha NE 68116-2430

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

Name of Employer Occupation
Physicians Clinic Sports Med Center Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2008

Transaction ID: 27205110

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 325
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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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)
Dr. Jason David Cohen, MD

Mailing Address 776 Shrewsbury Ave Ste 201

City State Zip Code
Tinton Falls NJ 07724-3006

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

Name of Employer Professional Orthopaedic Associates
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2008

Transaction ID: 27205112

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael A Simon, MD

Mailing Address 5841 S Maryland Ave
MC 3079

City State Zip Code
Chicago IL 60637-1447

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

Name of Employer University of Chicago
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2008

Transaction ID: 27205114

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Rick W Wright, MD

Mailing Address Dept of Orthopaedic Surgery
Ste 11300 West Pavilion

City State Zip Code
Saint Louis MO 63110

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

Name of Employer Washington University
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2008

Transaction ID: 27205116

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Joseph Assenmacher, MD		Date of Receipt MM / DD / YYYY 01 / 28 / 2008		
	Mailing Address 7024 White Tail Ct		Transaction ID: 27205117		
	City Toledo	State OH	Zip Code 43617-1391	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Dr. William James Jekot, MD		Date of Receipt MM / DD / YYYY 01 / 28 / 2008		
	Mailing Address 1029 N Highland Ave		Transaction ID: 27205118		
	City Murfreesboro	State TN	Zip Code 37130-2450	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Premier Ortho		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Dr. Michael S Schwartz, MD		Date of Receipt MM / DD / YYYY 01 / 28 / 2008		
	Mailing Address 4031 W Plano Pkwy Ste 100		Transaction ID: 27205119		
	City Plano	State TX	Zip Code 75093-5617	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. John T Gill, , MD

Mailing Address 8230 Walnut Hill Ln Ste 708

City State Zip Code
Dallas TX 75231-4431

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 8

Transaction ID: 27205122

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Mohammed-Tarek Al-Fahl, , MD

Mailing Address 604 Reinerman St

City State Zip Code
Houston TX 77007-5235

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

Name of Employer Occupation
Texas Orthopaedic & Sports Medicine Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 8

Transaction ID: 27205123

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Arnold R Miller, , MD

Mailing Address 724 Main St

City State Zip Code
Laconia NH 03246-2742

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

Name of Employer Occupation
Laconia Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 8

Transaction ID: 27205126

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. David S Girdany, , MD		Date of Receipt	
	Mailing Address 249 Hospital Dr		M M / D D / Y Y Y Y Y 0 1 / 2 8 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27205127
	Everett	PA	15537-7020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer UPMC Bedford		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Dr. Junichi Tamai, , MD		Date of Receipt	
	Mailing Address 356 Warren Ave		M M / D D / Y Y Y Y Y 0 1 / 2 8 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27205128
	Cincinnati	OH	45220-1135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Cincinnati Children's Medical Center		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Dr. Thomas G Padanilam, , MD		Date of Receipt	
	Mailing Address 528 Forest Lake Dr		M M / D D / Y Y Y Y Y 0 1 / 2 8 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27205129
	Holland	OH	43528-9028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Univ of Toledo		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Patrick B Leach, , MD

Mailing Address Orthopedic Specialists of Southwes
2531 Cleveland Ave Ste 1

City State Zip Code
Fort Myers FL 33901-4900

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

Name of Employer Orthopaedic Specialists of Southwest F
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 8

Transaction ID: 27205131

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Scott Beecher Scutchfield, , MD

Mailing Address 1591 Lexington Rd

City State Zip Code
Danville KY 40422-9795

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

Name of Employer Univ of Kentucky
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 8

Transaction ID: 27205133

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Robert H Anschuetz, , MD

Mailing Address 6770 Mayfield Rd Ste 441

City State Zip Code
Mayfield Heights OH 44124-2299

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

Name of Employer Self Employed
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 0 8

Transaction ID: 27205134

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Timothy Allen Gibbons, MD	Date of Receipt MM / DD / YYYY 01 / 28 / 2008
	Mailing Address 250 S Crescent Dr	Transaction ID: 27205136
	City State Zip Code Mason City IA 50401-2926	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Mason City Clinic	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Courtney W Brown, MD	Date of Receipt MM / DD / YYYY 01 / 28 / 2008
	Mailing Address Panorama Orthopedics 660 Golden Ridge Rd Ste 250	Transaction ID: 27205140
	City State Zip Code Golden CO 80401-9541	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Panorama Ortho Clinic	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. George E Lewinnek, MD	Date of Receipt MM / DD / YYYY 01 / 28 / 2008
	Mailing Address 33 Electric Ave Ste B03	Transaction ID: 27205141
	City State Zip Code Fitchburg MA 01420-7954	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	1365.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 83 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. William L Oppenheim, MD

Mailing Address **UCLA Med Ctr**
Rm 76-134 CHS

City **Los Angeles** State **CA** Zip Code **90095-0001**

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

Name of Employer **UCLA Medical Center** Occupation **Orthopaedic Surgeon**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **01 / 28 / 2008**
Transaction ID: 27205142
 Amount of Each Receipt this Period **250.00**

B. Full Name (Last, First, Middle Initial)
Dr. Steven M Mardjetko, MD

Mailing Address **9000 Waukegan Rd**

City **Morton Grove** State **IL** Zip Code **60053-2127**

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**

Date of Receipt **01 / 28 / 2008**
Transaction ID: 27205143
 Amount of Each Receipt this Period **1000.00**

C. Full Name (Last, First, Middle Initial)
Dr. Adolph V Lombardi, Jr, MD

Mailing Address **Joint Implant Surgeons, Inc**
7277 Smith's Mill Rd Ste 200

City **New Albany** State **OH** Zip Code **43054-8195**

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

Name of Employer **Joint Implant Surgeons, Inc** Occupation **Orthopaedic Surgeon**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **01 / 28 / 2008**
Transaction ID: 27205144
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Roberts, MD		Date of Receipt	
	Mailing Address 24723 Detroit Rd		M M / D D / Y Y Y Y Y 0 1 / 2 8 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27205145
	Westlake	OH	44145-2526	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Orthopaedic Associates		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) Dr. Thomas W Currey, MD		Date of Receipt	
	Mailing Address 979 E 3rd St Ste B202		M M / D D / Y Y Y Y Y 0 1 / 2 8 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27205146
	Chattanooga	TN	37403-2136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Univ of Tenn		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

C.	Full Name (Last, First, Middle Initial) Dr. Gregory William Stocks, MD		Date of Receipt	
	Mailing Address Fondren Orthopaedic Group 7401 S Main St		M M / D D / Y Y Y Y Y 0 1 / 2 8 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27205147
	Houston	TX	77030-4509	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Fondren Orthopaedic Group		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 / 325
	(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

A.	Full Name (Last, First, Middle Initial) Dr. Joe L Gerald, , MD		Date of Receipt
	Mailing Address 2116 Southwinds Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 8 / 2 0 0 8
	City	State	Zip Code
	Birmingham	AL	35244-3298
	FEC ID number of contributing federal political committee. C		Transaction ID: 27205148
Name of Employer Orthopaedic Specialists of Alabama		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) Dr. James J York, , MD		Date of Receipt
	Mailing Address Chesapeake Ortho & Sports Med Empire Medical Bldg 2nd Fl		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 8 / 2 0 0 8
	City	State	Zip Code
	Glen Burnie	MD	21061-5877
	FEC ID number of contributing federal political committee. C		Transaction ID: 27205151
Name of Employer Chesapeake Ortho & Sports Medicine		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

C.	Full Name (Last, First, Middle Initial) Dr. Joseph J Calandra, , MD		Date of Receipt
	Mailing Address 2514 Harriet's Island Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 8 / 2 0 0 8
	City	State	Zip Code
	Mount Pleasant	SC	29466-8048
	FEC ID number of contributing federal political committee. C		Transaction ID: 27205153
Name of Employer Retired		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1550.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. James A Keeney, , MD		Date of Receipt MM / DD / YYYY 01 / 28 / 2008		
	Mailing Address 102 Yaupon Trail		Transaction ID: 27205155		
	City San Antonio	State TX	Zip Code 78256-1625	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00		
Name of Employer USAF		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) Dr. Jose A Ramirez, , MD		Date of Receipt MM / DD / YYYY 01 / 28 / 2008		
	Mailing Address 325-E Kennedy Memorial Dr		Transaction ID: 27205156		
	City Waterville	State ME	Zip Code 04901-4531	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
Name of Employer Self Employed		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Dr. Billy Paul Leon, , MD		Date of Receipt MM / DD / YYYY 01 / 28 / 2008		
	Mailing Address 130 W Route 66 Ste 222		Transaction ID: 27205157		
	City Glendora	State CA	Zip Code 91740-6251	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 350.00		
Name of Employer Self Employed		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Pierre Durand, MD

Mailing Address 375 Rolling Oaks Dr Ste 200

City State Zip Code
Thousand Oaks CA 91361-1027

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2008

Transaction ID: 27205158

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Don A Kovalsky, MD

Mailing Address 4121 Veterans Memorial Dr

City State Zip Code
Mount Vernon IL 62864-6262

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

Name of Employer Occupation
James C Chow, MD, Ltd Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27220760

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Robert M Dimick, MD

Mailing Address Premier Orthopaedics
5651 Frist Blvd Ste 500

City State Zip Code
Hermitage TN 37076-2059

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

Name of Employer Occupation
Premier Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27220761

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Donald William Bryan, MD	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 4403 Harrison Blvd Ste 2600	Transaction ID: 27220762
	City State Zip Code Ogden UT 84403-3277	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Gregg Berkowitz, MD	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 4247 Route 9 North Bldg 1	Transaction ID: 27220763
	City State Zip Code Freehold NJ 07728-8307	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Advanced Orthopaedics & Sports Med Ins	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Steven J Morgan, MD	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address Denver Health Med Ctr 777 Bannock St #0188	Transaction ID: 27220764
	City State Zip Code Denver CO 80204-4507	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Denver Health Medical Ctr	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 89 / 325

(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

A.

Full Name (Last, First, Middle Initial)
Dr. Roger A Mueller, , MD

Mailing Address 4505 Memorial Cir

City State Zip Code
Oklahoma City OK 73142-5004

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

Name of Employer Occupation
OSSO Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27220765

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Kenneth Levitsky, , MD

Mailing Address 28-04 Broadway

City State Zip Code
Fair Lawn NJ 07410-3913

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

Name of Employer Occupation
Garden State Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27220766

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Dr. William D Allen, , MD

Mailing Address Orthopedic Assoc Of Zanesville
2854 Bell St

City State Zip Code
Zanesville OH 43701-1721

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

Name of Employer Occupation
Orthopaedic Associates of Zanesville Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27220767

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. John D Bowman, , MD

Mailing Address 8266 Atlee Rd Ste 133

City State Zip Code
Mechanicsville VA 23116-1805

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

Name of Employer Occupation
West End Orthopedic Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27220768

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Lawrence Berson, , MD

Mailing Address 410 Saybrook Rd Ste 100

City State Zip Code
Middletown CT 06457-4780

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

Name of Employer Occupation
MOS, PC Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27220769

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. John W Xeroageanes, , MD

Mailing Address 265 Trimble Crst NE

City State Zip Code
Atlanta GA 30342-2489

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

Name of Employer Occupation
Emory University Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27220770

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 325

(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

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Urrea, MD

Mailing Address 6211 Edgemere Blvd Ste 1

City State Zip Code
El Paso TX 79925-3444

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27220771

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Marc J Michaud, MD

Mailing Address 11 Cherry Ln

City State Zip Code
Bedford NH 03110-4339

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

Name of Employer Occupation
NH Orthopaedic Surgery, PA Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27220801

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. James C Vailas, MD

Mailing Address Orthopaedic Center
35 Kosciuszko St

City State Zip Code
Manchester NH 03101-1608

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

Name of Employer Occupation
The Orthopaedic Center Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27220802

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Steven R Garfin, , MD

Mailing Address UCSD Dept of Orthopaedics
350 Dickinson St Ste 121

City San Diego State CA Zip Code 92103-1913

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

Name of Employer UCSD Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 29 / 2008
Transaction ID: 27220803
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Alexandre S Kindy, , MD

Mailing Address 101 3rd Ave SW Ste 101

City Minot State ND Zip Code 58701-3880

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

Name of Employer Trinity Health Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 29 / 2008
Transaction ID: 27220804
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Dr. David Laurence Boardman, , MD

Mailing Address Sunnybrook Medical Office
Dept of Ortho Surgery

City Clackamas State OR Zip Code 97015

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

Name of Employer Northwest Permanente, PC Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 29 / 2008
Transaction ID: 27220805
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 325

(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

A.

Full Name (Last, First, Middle Initial)

Dr. Brian Jeffrey Bear, MD

Mailing Address 324 Roxbury Rd

City

Rockford

State

IL

Zip Code

61107-5090

FEC ID number of contributing federal political committee.

C

Name of Employer
Rockford Orthopedic Associates

Occupation
Orthopaedic Surgeon

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27220806

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Craig Robert Mahoney, MD

Mailing Address 2004 S 40th Ct

City

West Des Moines

State

IA

Zip Code

50265-5764

FEC ID number of contributing federal political committee.

C

Name of Employer
Iowa Ortho Center

Occupation
Orthopaedic Surgeon

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27220811

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gregory R Misenhimer, MD

Mailing Address 104 Calle Cumbre

City

El Paso

State

TX

Zip Code

79912-3433

FEC ID number of contributing federal political committee.

C

Name of Employer
El Paso Orthopedic Surgery Group

Occupation
Orthopaedic Surgeon

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27220813

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. George R Bradbury, III, MD		Date of Receipt
	Mailing Address 150 N Avenida de San Ramon		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Tucson	AZ	85710-2112
	FEC ID number of contributing federal political committee. C		Transaction ID: 27220814
Name of Employer Arizona Orthopedics		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 750.00
		<input type="text"/> 750.00	

B.	Full Name (Last, First, Middle Initial) Dr. Laurette A Chang, , MD		Date of Receipt
	Mailing Address PO Box 3474		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	FORT STEWART	GA	31315-3474
	FEC ID number of contributing federal political committee. C		Transaction ID: 27220815
Name of Employer U.S. Army		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. John David Hannah, , MD		Date of Receipt
	Mailing Address 215 McNeel Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	North Platte	NE	69101-6054
	FEC ID number of contributing federal political committee. C		Transaction ID: 27220818
Name of Employer North Platte Orthopaedics		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Timothy W Talbert, MD	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 216 W Union Ste A	Transaction ID: 27220819
	City State Zip Code Minden LA 71055-3216	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Joseph M Erpelding, MD	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 4770 Rockledge Rd	Transaction ID: 27220822
	City State Zip Code Billings MT 59106-9523	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. William J Robb, III, MD	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address Evanston Hospital Walgreen Bldg 2650 Ridge Ave Ste 2505	Transaction ID: 27220823
	City State Zip Code Evanston IL 60201-1718	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Illinois Bone & Joint Ins- titute Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 96 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Harry Schmaltz, , MD

Mailing Address 334 Main St Ste 1

City State Zip Code
Dickson City PA 18519-1668

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

Name of Employer Occupation
Scranton Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27220824

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. David Teuscher, , MD

Mailing Address Beaumont Bone & Joint Institute
3650 Laurel Ave

City State Zip Code
Beaumont TX 77707-2216

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27220825

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Paul G Johnson, , MD

Mailing Address Park Nicollet Med Ctr Ortho Dept
6490 Excelsior Blvd Ste E400

City State Zip Code
Saint Louis Park MN 55426-4721

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

Name of Employer Occupation
Park Nicollet Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27220828

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 325

(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

A.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Chase, MD Mailing Address PO Box 8179 City State Zip Code St Thomas VI 00801-1179 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 8 Transaction ID: 27220829 Amount of Each Receipt this Period 500.00
	Name of Employer Virgin Islands Orthopaedics & Sports M Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	
B.	Full Name (Last, First, Middle Initial) Dr. Edward R McDevitt, MD Mailing Address Bay Area Orthopaedics & Sports Med 1300 Ritchie Hwy Ste A City State Zip Code Arnold MD 21012-2244 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 8 Transaction ID: 27220830 Amount of Each Receipt this Period 1000.00
	Name of Employer Bay Area Orthopaedics & Sports Medicin Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	
C.	Full Name (Last, First, Middle Initial) Dr. Mark A Wolgin, MD Mailing Address Orthopaedic Associates 2002 Palmyra Rd Ste 100 City State Zip Code Albany GA 31701-1592 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 8 Transaction ID: 27220831 Amount of Each Receipt this Period 300.00
	Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶

1800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Kristy L Weber, , MD	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address Johns Hopkins Outpatient Center Dept of Ortho Surg	Transaction ID: 27220832
	City Baltimore State MD Zip Code 21287-0001	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Johns Hopkins University Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Todd A Sacks, , MD	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address Resurgens Orthopaedics 2041 Mesa Valley Way Ste 100	Transaction ID: 27220834
	City Austell State GA Zip Code 30106-6828	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Kenneth J Edwards, , MD	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 183 Peace Blvd	Transaction ID: 27220835
	City Saint Joseph State MI Zip Code 49085-9146	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SW Michigan Ortho & Sports Med Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 325
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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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)
Dr. Marc Romayne Davidson, MD

Mailing Address 2088 Alpine Dr

City State Zip Code
West Linn OR 97068-8618

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

Name of Employer Advantage Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27220836

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Edward Adrian Connolly, MD

Mailing Address 520 Valley View Dr

City State Zip Code
Moline IL 61265-6152

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

Name of Employer Orthopaedic & Rheumatology Associates Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27220837

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Thomas E Menke, MD

Mailing Address Orthopaedic Consultants, PSC
1760 Nicholasville Rd Ste 604

City State Zip Code
Lexington KY 40503-1474

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

Name of Employer Orthopaedic Consultants Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27220838

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Scott P Steinmann, , MD	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address Mayo Grad School of Medicine 200 First St SW	Transaction ID: 27220839
	City Rochester State MN Zip Code 55905-0001	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Mayo Clinic Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Peter C Amadio, , MD	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address Mayo Clinic 200 1st St S W	Transaction ID: 27220841
	City Rochester State MN Zip Code 55905-0001	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Mayo Clinic Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. David M Dines, , MD	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 935 Northern Blvd Ste 303	Transaction ID: 27220842
	City Great Neck State NY Zip Code 11021-5328	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 101 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. John J Giacchetto, MD

Mailing Address Medical Office Bldg
330 Washington St Ste 320

City Norwich State CT Zip Code 06360-2700

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 29 / 2008
Transaction ID: 27220843
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Robert P Lyons, MD

Mailing Address Penn State Milton Hershey Med Ctr
500 Univeristy Dr, PO Box 850

City Hershey State PA Zip Code 17033-2360

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

Name of Employer Penn State Milton S. Hershey Med Ctr Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 29 / 2008
Transaction ID: 27220844
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Rodolfo E Lawson, MD

Mailing Address 7150W 20th Ave Ste 215

City Hialeah State FL Zip Code 33016-1849

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 29 / 2008
Transaction ID: 27220846
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Louis J Mariorenzi, , MD

Mailing Address 725 Reservoir Ave Ste 101

City Cranston State RI Zip Code 02910-4450

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

Name of Employer Orthopaedic Associates, Inc
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 29 / 2008
Transaction ID: 27220849
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Susan E Stephens, , MD

Mailing Address 1776 Chartley

City Gates Mills State OH Zip Code 44040-9725

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

Name of Employer Self Employed
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 29 / 2008
Transaction ID: 27220850
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. William G Hamilton, , MD

Mailing Address 8299 Glen Cove Ct

City Alexandria State VA Zip Code 22308-1657

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

Name of Employer Anderson Orthopaedic Clinic
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 29 / 2008
Transaction ID: 27220851
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Joel D Thompson, MD

Mailing Address 4396 N Atfield Pl

City State Zip Code
Tucson AZ 85719-1175

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

Name of Employer Southwest Hand Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27220852

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Burt F Taylor, Jr, MD

Mailing Address PO Box 86144

City State Zip Code
Mobile AL 36689-6144

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

Name of Employer The Orthopedic Group Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27220855

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. M Bradford Henley, MD, MBA

Mailing Address Harborview Orthopaedics
Box 359798

City State Zip Code
Seattle WA 98195-9798

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

Name of Employer University of Washington Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27220856

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Kevin Coupe, MD

Mailing Address 10333 Kuykendahl Ste D

City State Zip Code
The Woodlands TX 77382-2878

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

Name of Employer Occupation
Fondren Ortho Group Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 29 / 2008
Transaction ID: 27220861
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Martin Gillespie, MD

Mailing Address 1058 Valley View Dr

City State Zip Code
Latrobe PA 15650-4721

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 29 / 2008
Transaction ID: 27220862
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Scott M Morrell, MD

Mailing Address 3211 Iris Dr

City State Zip Code
Covington GA 30016-0907

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

Name of Employer Occupation
Resurgeons, PC Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 29 / 2008
Transaction ID: 27220863
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Gerald Q Greenfield, Jr, MD

Mailing Address 2829 Babcock Rd Ste 700

City State Zip Code
San Antonio TX 78229-6015

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27220868

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Jeffrey B Burnette, MD

Mailing Address Wm Beaumont Army Med Ctr
5005 N Piedras St

City State Zip Code
El Paso TX 79920-5001

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

Name of Employer Occupation
U S Army Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27220869

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Dennis P Rivero, MD

Mailing Address Univ of New Mexico
MSC 10-5600 Dept of Ortho & Rehab

City State Zip Code
Albuquerque NM 87131-0001

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

Name of Employer Occupation
UNM Health Science Center Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27220870

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 325
(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

A.

Full Name (Last, First, Middle Initial) Dr. Humberto A Galleno, , MD		Date of Receipt MM / DD / YYYY 01 / 29 / 2008
Mailing Address Inter-Community Prof Plaza 315 N 3rd Ave Ste 302		Transaction ID: 27220872
City Covina	State CA	Zip Code 91723-1916
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. Dale R Anderson, , MD		Date of Receipt MM / DD / YYYY 01 / 29 / 2008
Mailing Address 101 E Minnesota Ave		Transaction ID: 27220875
City Rapid City	State SD	Zip Code 57701-7756
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr. Robert John D'Agostini, , MD		Date of Receipt MM / DD / YYYY 01 / 29 / 2008
Mailing Address 1590 Rt 206 N Ste 101		Transaction ID: 27220876
City Bedminster	State NJ	Zip Code 07921
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 107 / 325

(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

A.

Full Name (Last, First, Middle Initial)

Dr. William J Williams, , MD

Mailing Address 933 Alpine Ave

City State Zip Code
Boulder CO 80304-3305

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

Name of Employer Occupation
Boulder Orthopedic, PC Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27220878

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. John K Bradway, , MD

Mailing Address 10213 N 92nd St Ste 101

City State Zip Code
Scottsdale AZ 85258-4561

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27220881

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Farrington Pope, , MD

Mailing Address 224 Pecan Park Ave

City State Zip Code
Alexandria LA 71303-3308

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

Name of Employer Occupation
Ortho & Sports Medicine Sp- cialists Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27220882

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) ▶

1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 108 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Andrew J Vicar, , MD

Mailing Address 1801 N Senate Blvd

City Indianapolis State IN Zip Code 46202-1228

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

Name of Employer Ortho Indy Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 29 / 2008

Transaction ID: 27220885

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Peter F Sharkey, , MD

Mailing Address Thomas Jefferson Univ Hosp
925 Chestnut St 5th Fl

City Philadelphia State PA Zip Code 19107-4206

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

Name of Employer Reconstructive Orthopaedic Associates Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 29 / 2008

Transaction ID: 27220893

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey A Baum, , MD

Mailing Address 200 Delafield Rd Ste 1040

City Pittsburgh State PA Zip Code 15215-3234

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

Name of Employer UPMC Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 29 / 2008

Transaction ID: 27220894

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. R Scott Oliver, , MD	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address Plymouth Bay Orthopedic Assoc 95 Tremont Ste One	Transaction ID: 27220895
	City State Zip Code Duxbury MA 02332-4738	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. James K McKechnie, , MD	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 103 Professional Plz	Transaction ID: 27220896
	City State Zip Code Mattoon IL 61938-9252	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer LTOC, S.C Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. David A Dodgin, , MD	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 19352 Briar Dr	Transaction ID: 27220897
	City State Zip Code Bloomington IL 61704-4035	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Orthopedic Sports Medicine Center Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Patrick M Sullivan, , MD		Date of Receipt	
	Mailing Address 6001 Westown Pkwy		M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27220898
	West Des Moines	IA	50266-7702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer DMOS		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) Dr. Thomas John Haverbush, , MD		Date of Receipt	
	Mailing Address 315 E Warwick Rd Ste A		M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27220900
	Alma	MI	48801-1083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Dr. Samuel J Snyder, , MD		Date of Receipt	
	Mailing Address 57 Leach Ave		M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27220902
	Park Ridge	NJ	07656-1908	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 / 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Douglas W Lundy, , MD	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 61 Whitcher #1100	Transaction ID: 27220903
	City State Zip Code Marietta GA 30060-1177	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Frank J Eismont, , MD	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address Univ of Miami School of Med Dept of Orthopaedics	Transaction ID: 27220904
	City State Zip Code Miami FL 33101	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer University of Miami Miller School of M	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. John Larry Fambrough, , MD	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 15781 Professional Plaza	Transaction ID: 27220906
	City State Zip Code Hammond LA 70403-1452	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 112 / 325
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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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) Dr. William N Capello, MD		Date of Receipt MM / DD / YYYY 01 / 29 / 2008
Mailing Address Indiana University 541 Clinical Dr Rm CL600		Transaction ID: 27220908
City Indianapolis	State IN	Zip Code 46202-5233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Indiana University	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Dr. Raymond M P Sherman, MD		Date of Receipt MM / DD / YYYY 01 / 29 / 2008
Mailing Address 114 Doral Ln		Transaction ID: 27220909
City North Sioux City	State SD	Zip Code 57049-5394
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Dr. Louis U Bigliani, MD		Date of Receipt MM / DD / YYYY 01 / 29 / 2008
Mailing Address PH-1130 Center 622 W 168th St		Transaction ID: 27220910
City New York	State NY	Zip Code 10032-3720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Columbia University	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Robert Thomas Fisher, , MD		Date of Receipt	
	Mailing Address 52 Thomas Johnson Dr		M M / D D / Y Y Y Y Y 0 1 / 2 9 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27220912
	Frederick	MD	21702-4300	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Orthopaedic Specialists of Frederick		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Dr. Casey R Bartman, , MD		Date of Receipt	
	Mailing Address 751 Kenmoor, S E		M M / D D / Y Y Y Y Y 0 1 / 2 9 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27231483
	Grand Rapids	MI	49546-2388	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

C.	Full Name (Last, First, Middle Initial) Dr. Stewart Shanfield, , MD		Date of Receipt	
	Mailing Address 101 Laguna Rd Ste A		M M / D D / Y Y Y Y Y 0 1 / 2 9 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27231484
	Fullerton	CA	92835-3635	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Fullerton Orthopedics		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. David Thomas Sowa, MD		Date of Receipt MM / DD / YYYY 01 / 29 / 2008		
	Mailing Address 301 Center Meeting Rd		Transaction ID: 27231485		
	City Wilmington	State DE	Zip Code 19807-1307	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer First State Orthopaedics	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Dr. Thomas C Schuler, MD		Date of Receipt MM / DD / YYYY 01 / 29 / 2008		
	Mailing Address 1831 Wiehle Ave 2nd Fl		Transaction ID: 27231488		
	City Reston	State VA	Zip Code 20190-5266	Amount of Each Receipt this Period 750.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Virginia Spine Institute	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			

C.	Full Name (Last, First, Middle Initial) Dr. Charles D Cardenas, MD		Date of Receipt MM / DD / YYYY 01 / 29 / 2008		
	Mailing Address Calallen Orthopaedics LLP 14317 Northwest Blvd		Transaction ID: 27231489		
	City Corpus Christi	State TX	Zip Code 78410-5536	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 115 / 325
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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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)
Dr. Thomas L Erickson, , MD

Mailing Address 1780 E Florence Blvd Ste 106

City State Zip Code
Casa Grande AZ 85222-4782

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

Name of Employer Occupation
Sierra Orthopaedics PC Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27231490

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Robert A Kelly, , MD

Mailing Address 270 Chastain Rd NW

City State Zip Code
Kennesaw GA 30144-3012

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

Name of Employer Occupation
Resurgens Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27231491

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Berton R Moed, , MD

Mailing Address 801 S Skinker Apt 6a

City State Zip Code
Saint Louis MO 63105-3228

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

Name of Employer Occupation
St Louis University Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27231493

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 116 / 325
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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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)
Dr. Carlton G Savory, , MD, FACS

Mailing Address 6262 Veterans Pkwy

City Columbus State GA Zip Code 31909-3540

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

Name of Employer Hughston Clinic Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 29 / 2008
Transaction ID: 27231495
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Jeffrey Evan Budoff, , MD

Mailing Address 6620 Main St 13th Fl
Baylor College of Med-Dept of Orth

City Houston State TX Zip Code 77030-2348

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

Name of Employer Baylor College of Medicine Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 29 / 2008
Transaction ID: 27231496
Amount of Each Receipt this Period 250.00

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

Mailing Address 139 McIntosh Bluff

City Fairhope State AL Zip Code 36532-3327

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

Name of Employer Bayside Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 29 / 2008
Transaction ID: 27231497
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 117 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. David L Bankoff, , MD

Mailing Address 53880 Carmichael Dr

City State Zip Code
South Bend IN 46635-1567

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

Name of Employer Occupation
South Bend Orthopaedics Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27231498

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Anthony J Shaia, , MD

Mailing Address 7650 E Parham Rd Ste 100

City State Zip Code
Richmond VA 23294-4373

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

Name of Employer Occupation
WEOC Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27231499

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Arthur L Malkani, , MD

Mailing Address 201 Abraham Flexner Way Ste 100

City State Zip Code
Louisville KY 40202-3841

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

Name of Employer Occupation
University of Louisville Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27231500

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Fred C Redfern, , MD		Date of Receipt MM / DD / YYYY 01 / 29 / 2008		
	Mailing Address 600 Whitney Ranch Dr Ste D22		Transaction ID: 27231501		
	City Henderson	State NV	Zip Code 89014-2632	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Dr. Randeep S Kahlon, , MD		Date of Receipt MM / DD / YYYY 01 / 30 / 2008		
	Mailing Address 4745 Ogletown-Stanton Rd Ste 225		Transaction ID: 27236875		
	City Newark	State DE	Zip Code 19713-1340	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer First State Orthopaedics	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Dr. John D Bailey, , MD		Date of Receipt MM / DD / YYYY 01 / 30 / 2008		
	Mailing Address 4140 Centennial Hills Blvd Ste C		Transaction ID: 27236877		
	City Casper	State WY	Zip Code 82609-3265	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Casper Orthopaedic Associates	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. David Huang, MD		Date of Receipt MM / DD / YYYY 01 / 30 / 2008		
	Mailing Address Texoma Med Ctr 1518 10th St		Transaction ID: 27236878		
	City Wichita Falls	State TX	Zip Code 76301-4405	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Dr. James R Kasser, MD		Date of Receipt MM / DD / YYYY 01 / 30 / 2008		
	Mailing Address Children's Hospital 300 Longwood Ave		Transaction ID: 27236879		
	City Boston	State MA	Zip Code 02115-5724	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Children's Hospital		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Dr. Robert C Martin, DO		Date of Receipt MM / DD / YYYY 01 / 30 / 2008		
	Mailing Address 901 N Winstead Ave Ste 210		Transaction ID: 27236881		
	City Rocky Mount	State NC	Zip Code 27804-8745	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Carolina Regional Orthopaedics		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 120 / 325
(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

A.	Full Name (Last, First, Middle Initial) Dr. Frederick N Meyer, , MD		Date of Receipt MM / DD / YYYY 01 / 30 / 2008	
	Mailing Address 6505 Sugar Pointe Ct		Transaction ID: 27236882	
	City	State	Zip Code	Amount of Each Receipt this Period
	Mobile	AL	36695-2741	1000.00
	FEC ID number of contributing federal political committee. C			
Name of Employer University of South Alaba- ma		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) Dr. Felix H Savoie, III, MD		Date of Receipt MM / DD / YYYY 01 / 30 / 2008	
	Mailing Address Dept of Ortho 1430 Tulane Ave SL-32		Transaction ID: 27236883	
	City	State	Zip Code	Amount of Each Receipt this Period
	New Orleans	LA	70112-2632	1000.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Tulane University		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

C.	Full Name (Last, First, Middle Initial) Dr. Jerome Conrad Bernhoft, , MD		Date of Receipt MM / DD / YYYY 01 / 30 / 2008	
	Mailing Address Muir Orthopaedic Specialists 2405 Shadelands Dr Ste 210		Transaction ID: 27236884	
	City	State	Zip Code	Amount of Each Receipt this Period
	Walnut Creek	CA	94598-5905	1000.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Muir Orthopaedic Speciali- sts		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶

3000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 121 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Richard A Cautilli, Jr, MD

Mailing Address Cautilli Orthopaedic Surgical Spec
115 Floral Vale Blvd Ste C

City State Zip Code
Yardley PA 19067-5522

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

Name of Employer Cautilli Orthopaedic Surgical Special
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: 27236885

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Richard Mills Roberts, , MD

Mailing Address 2120 N MacArthur Blvd Ste 100

City State Zip Code
Irving TX 75061-2260

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

Name of Employer Self Employed
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: 27236886

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Robert S Gorab, , MD

Mailing Address Orthopaedic Specialty Inst
280 S Main St Ste 200

City State Zip Code
Orange CA 92868-3852

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

Name of Employer Self Employed
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: 27236887

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

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

FOR LINE NUMBER: PAGE 122 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Gregory Scott DiFelice, MD

Mailing Address 500 E 77th St Apt 2524

City State Zip Code
New York NY 10162-0028

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

Name of Employer Occupation
NYMA Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2008

Transaction ID: 27236888

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Murray Allan Morrison, MD

Mailing Address Orthopaedic Specialty Group, PC
75 Kings Hwy Cutoff

City State Zip Code
Fairfield CT 06824-5340

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

Name of Employer Occupation
Orthopaedic Surgery Group, PC Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2008

Transaction ID: 27236889

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark D Perry, MD

Mailing Address University of South Alabama
Dept of Orthopaedic Surgery

City State Zip Code
Mobile AL 36693-3330

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

Name of Employer Occupation
University of South Alabama Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2008

Transaction ID: 27236892

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. David R Lionberger, , MD		Date of Receipt
	Mailing Address 6560 Fannin Ste 1016		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 01 / 2008
	City	State	Zip Code
	Houston	TX	77030-2725
	FEC ID number of contributing federal political committee. C		Transaction ID: 27238014
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) Dr. Joseph E Mumford, , MD		Date of Receipt
	Mailing Address 909 SW Mulvane St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 01 / 2008
	City	State	Zip Code
	Topeka	KS	66606-1677
	FEC ID number of contributing federal political committee. C		Transaction ID: 27238015
Name of Employer Kansas Orthopaedic & Sports Medicine		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Dr. Robert Riederman, , MD		Date of Receipt
	Mailing Address 2700 Quarry Lake Dr Ste 300		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 01 / 2008
	City	State	Zip Code
	Baltimore	MD	21209-3746
	FEC ID number of contributing federal political committee. C		Transaction ID: 27238016
Name of Employer Ortho Maryland		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Joseph Thomas Johnson, , MD	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 1765 Old West Broad St Bldg 2 Ste 200	Transaction ID: 27238017
	City Athens State GA Zip Code 30606-2853	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AOC Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. William P Barrett, , MD	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address 4011 Talbot Rd S Ste 300	Transaction ID: 27238018
	City Renton State WA Zip Code 98055-5791	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Proliance Surgeons Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Douglas Mark Cooper, , MD	Date of Receipt MM / DD / YYYY 02 / 01 / 2008
	Mailing Address Marshalltown Orthopaedics 312 E Main St Ste 2400	Transaction ID: 27238019
	City Marshalltown State IA Zip Code 50158-1885	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Marshalltown Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 125 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Bert C Callahan, MD

Mailing Address 705 S University Ave Ste 150

City State Zip Code
Beaver Dam WI 53916-3071

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

Name of Employer Occupation
Beaver Dam Orthopaedic Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 0 8

Transaction ID: 27238020

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Harold S Boyd, MD

Mailing Address 1600 State St NE

City State Zip Code
Salem OR 97301-4257

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 0 8

Transaction ID: 27238021

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Richard E Grant, MD

Mailing Address Dept of Ortho Surgery
11100 Euclid Ave

City State Zip Code
Cleveland OH 44106-1716

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 0 8

Transaction ID: 27238025

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

2400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 126 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Jorge Manuel Cabrera, , MD

Mailing Address 6341 Sunset Dr Ste 100

City State Zip Code
South Miami FL 33143-4842

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2008

Transaction ID: 27238026

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Mark J Sinnreich, , MD

Mailing Address Extremity Preservation, Inc
4701 Meridian Ave

City State Zip Code
Miami Beach FL 33140-2910

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

Name of Employer Extremity Preservation, Inc Occupation
Extremity Preservation, Inc Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2008

Transaction ID: 27238027

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark E Steiner, , MD

Mailing Address 7 Hewins Farm Rd

City State Zip Code
Wellesley Hills MA 02481-6838

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2008

Transaction ID: 27238030

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. William R Ford, Jr, MD		Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 2345 E Prater Way Ste 303		Transaction ID: 27238033
	City Sparks	State NV	Zip Code 89434-9639
	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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. James A Albright, , MD		Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 3932 Fairfield Ave		Transaction ID: 27238034
	City Shreveport	State LA	Zip Code 71106-1014
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Retired	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Michael M Durkee, , MD		Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 2751 Northgate Dr		Transaction ID: 27238035
	City Iowa City	State IA	Zip Code 52245-9509
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Steindler Clinic	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 128 / 325
(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
							17

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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) Dr. Matthew R Hwang, , MD		Date of Receipt MM / DD / YYYY 02 / 04 / 2008	
Mailing Address St Cloud Ortho Assoc 1555 Northway Dr		Transaction ID: 27238036	
City Saint Cloud	State MN	Zip Code 56303-4555	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer St Cloud Orthopedic Assoc	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

B.

Full Name (Last, First, Middle Initial) Dr. Joseph P Iannotti, , MD, PhD		Date of Receipt MM / DD / YYYY 02 / 04 / 2008	
Mailing Address Cleveland Clinic Foundation 9500 Euclid Ave A-41		Transaction ID: 27238037	
City Cleveland	State OH	Zip Code 44195-0001	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cleveland Clinic	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C.

Full Name (Last, First, Middle Initial) Dr. Mark Gillespy, , MD		Date of Receipt MM / DD / YYYY 02 / 04 / 2008	
Mailing Address 1075 Mason Ave		Transaction ID: 27238038	
City Daytona Beach	State FL	Zip Code 32117-4611	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. William John Hopkinson, , MD	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address Loyola Univ Med Ctr 2160 S 1st Ave	Transaction ID: 27238041
	City Maywood State IL Zip Code 60153-3328	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Loyola Univ Medical Ctr Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Gregory A Vrabec, , MD	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address Akron General Med Ctr Dept of Orthopaedic Surgery	Transaction ID: 27238042
	City Akron State OH Zip Code 44302	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. David B Robie, , MD	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 6585 Plesenton Dr S	Transaction ID: 27238043
	City Worthington State OH Zip Code 43085-3090	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Ohio Orthopedic Center of Excellence Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 130 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Michael Lee Granberry, MD

Mailing Address 3610 Springhill Memorial Dr N

City State Zip Code
Mobile AL 36608-1162

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

Name of Employer Occupation
Alabama Orthopaedic Clinics, PC Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 27238044

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. J Ollie Edmunds, Jr, MD

Mailing Address Tulane University Orthopaedic Surg
Ste 1500 Tidewater Pl

City State Zip Code
New Orleans LA 70112

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

Name of Employer Occupation
Tulane Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 27238045

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Chitranjan S Ranawat, MD

Mailing Address Lenox Hill Hosp-W Black Hall
130 E 77th St 11th Fl

City State Zip Code
New York NY 10075-1851

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

Name of Employer Occupation
Lenox Hill Hospital Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 27238047

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 131 / 325
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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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)
Dr. Alan S Routman, , MD

Mailing Address North Ridge Medical Plaza
5601 N Dixie Hwy Ste 210

City State Zip Code
Oakland Park FL 33334-4145

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 27238048

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Clarence L Shields, Jr, MD

Mailing Address Kerlan Jobe Clinic
6801 Park Ter 5th Fl

City State Zip Code
Los Angeles CA 90045-1543

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

Name of Employer Occupation
Kerlan Jobe Ortho Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 27238049

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Paul Calvin Collins, , MD

Mailing Address 1520 W State St Ste220

City State Zip Code
Boise ID 83702-4085

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

Name of Employer Occupation
Intermountain Orthopedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 27238050

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

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

FOR LINE NUMBER: PAGE 132 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Joseph P Pizzurro, , MD

Mailing Address 537 Franklin Ave

City State Zip Code
Wyckoff NJ 07481-1344

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 04 / 2008
Transaction ID: 27238051
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Leonard Thomas Fleske, , MD

Mailing Address Central Kansas Orthopedic Group
1514 K-96 Hwy

City State Zip Code
Great Bend KS 67530

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

Name of Employer Central Kansas Orthopaedi- cs Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 04 / 2008
Transaction ID: 27238052
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Fred G Corley, , MD

Mailing Address Univ TX Hlth Sci Ctr at San Antoni
7703 Floyd Curl Dr MC-7774

City State Zip Code
San Antonio TX 78229-3901

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

Name of Employer Univ of Texas Health Scie- nce Center Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 04 / 2008
Transaction ID: 27238054
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 133 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. John S Kirkpatrick, , MD

Mailing Address Univ of Florida Jacksonville
Dept of Orthopaedics

City Jacksonville State FL Zip Code 32209

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

Name of Employer University of Florida Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 27238055

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Vincent J Russo, , MD

Mailing Address 10290 N 92nd St Ste 103

City Scottsdale State AZ Zip Code 85258-4508

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 27238056

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. J Wills Oglesby, , MD

Mailing Address 301 21st Ave N

City Nashville State TN Zip Code 37203-1821

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

Name of Employer Tennessee Orthopaedic Alliance Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 27238058

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 134 / 325
(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

A.	Full Name (Last, First, Middle Initial) Dr. Jeffrey W Cook, , MD		Date of Receipt	
	Mailing Address Franklin Ortho & Sports Med 3310 Aspen Grove Dr Ste 102		M M / D D / Y Y Y Y Y 0 2 / 0 4 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27238059
	Franklin	TN	37067-2841	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Franklin Ortho & Sports Medicine		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Dr. Gregory G Orson, , MD		Date of Receipt	
	Mailing Address 2049 Rose Creek Blvd		M M / D D / Y Y Y Y Y 0 2 / 0 4 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27238061
	Fargo	ND	58104-6878	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Merit Care Health System		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Dr. Andrew H Schmidt, , MD		Date of Receipt	
	Mailing Address 3630 Rosewood Ln		M M / D D / Y Y Y Y Y 0 2 / 0 4 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27238062
	Plymouth	MN	55441-1126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Hennepin Faculty Associates		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Robert A Gurtler, , MD	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 2192 Wagon Trail Rd	Transaction ID: 27238064
	City State Zip Code White Heath IL 61884-9314	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Carle Clinic Assoc Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Steven D Glassman, , MD	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 210 E Gray St Ste 900	Transaction ID: 27238067
	City State Zip Code Louisville KY 40202-3905	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Spine Institute Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Vijay John Mani, , MD	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 240 E 47th St #21-D	Transaction ID: 27238068
	City State Zip Code New York NY 10017-2136	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Stephen G Silver, MD		Date of Receipt
	Mailing Address 113 Anderson Ave		<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Demarest	NJ	07627-1318
	FEC ID number of contributing federal political committee.		Transaction ID: 27238069
		Amount of Each Receipt this Period	
		<input type="text" value="500.00"/>	
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

B.	Full Name (Last, First, Middle Initial) Dr. Daryll C Dykes, MD, PhD		Date of Receipt
	Mailing Address 913 E 26th St Ste 600		<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Minneapolis	MN	55404-4515
	FEC ID number of contributing federal political committee.		Transaction ID: 27238071
		Amount of Each Receipt this Period	
		<input type="text" value="1000.00"/>	
Name of Employer Twin Cities Spine Center		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

C.	Full Name (Last, First, Middle Initial) Dr. Robert Clio Robertson, MD		Date of Receipt
	Mailing Address 6585 S Yale Ste 200		<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Tulsa	OK	74136-8315
	FEC ID number of contributing federal political committee.		Transaction ID: 27238078
		Amount of Each Receipt this Period	
		<input type="text" value="300.00"/>	
Name of Employer Central States Orthopaedics		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1800.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 137 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Jeffrey L Zilberfarb, MD

Mailing Address 1101 Beacon St Ste 5W

City State Zip Code
Brookline MA 02446-5587

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

Name of Employer Meeks & Zilberfarb Orthopaedics
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2008

Transaction ID: 27238080

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Harvey E Smires, Jr, MD

Mailing Address Princeton Orthopaedic Associates,
325 Princeton Ave

City State Zip Code
Princeton NJ 08540-1617

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

Name of Employer Princeton Ortho Associates
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2008

Transaction ID: 27238081

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Carey E Winder, MD

Mailing Address 8080 Bluebonnet Blvd Ste 1000

City State Zip Code
Baton Rouge LA 70810-7827

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

Name of Employer Self Employed
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2008

Transaction ID: 27238082

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Michael T Diment, MD	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 770 Riverside Ave Ste 105	Transaction ID: 27238084
	City State Zip Code Adrian MI 49221-1465	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Michael L Reid, MD	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 5651 Frist Blvd Ste 500	Transaction ID: 27238085
	City State Zip Code Hermitage TN 37076-2059	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Premier Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. James A Moore, MD	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 425 E 63rd St W2d	Transaction ID: 27238086
	City State Zip Code New York NY 10065-7821	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Lincoln Hospital	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Dwight W Burney, III, MD	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address New Mexico Orthopaedics 201 Cedar SE Ste 6600	Transaction ID: 27238087
	City State Zip Code Albuquerque NM 87106-5411	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer New Mexico Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Thomas K Fehring, MD	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 1915 Randolph Rd	Transaction ID: 27238090
	City State Zip Code Charlotte NC 28207-1101	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Ortho Carolina Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Chris John Dangles, MD	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 602 W University	Transaction ID: 27238091
	City State Zip Code Urbana IL 61801-2530	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Carle Clinic Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Jerome Kolavo, MD	Date of Receipt
	Mailing Address 27650 Ferry Rd Ste 100	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 4 / 2 0 0 8
	City State Zip Code Warrenville IL 60555-3846	Transaction ID: 27238092
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
	Name of Employer Occupation OAD Orthopaedics Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Roger B Collins, MD	Date of Receipt
	Mailing Address 105 N Greenleaf St	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 6 / 2 0 0 8
	City State Zip Code Gurnee IL 60031-3326	Transaction ID: 27239082
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
	Name of Employer Occupation Greenleaf Orthopaedic Associates Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Randall J Lewis, MD	Date of Receipt
	Mailing Address 2021 K St NW Ste 400	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 6 / 2 0 0 8
	City State Zip Code Washington DC 20006-1009	Transaction ID: 27239085
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
	Name of Employer Occupation Washington Orthopaedics & Sports Medic Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 141 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Emile C Li, MD

Mailing Address 1988 Luke Ln

City State Zip Code
Fort Dodge IA 50501-8730

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

Name of Employer
Orthopaedics and Sports Med

Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2008

Transaction ID: 27239089

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Tomasz W Borowiecki, MD

Mailing Address 49 Linden Ln

City State Zip Code
Springfield IL 62712-8965

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

Name of Employer
Springfield Clinic

Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2008

Transaction ID: 27239090

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Ray M Fitzgerald, MD

Mailing Address 17270 Red Oak Dr Ste 200

City State Zip Code
Houston TX 77090-2632

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

Name of Employer
KSF Orthopaedic Center

Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2008

Transaction ID: 27239091

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 142 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. James Gordon Brooks, Jr, MD

Mailing Address 9330 Poppy Dr Ste 300

City State Zip Code
Dallas TX 75218-4624

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

Name of Employer Dallas Bone & Joint Clinic Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2008

Transaction ID: 27239093

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. William Kemp Montgomery, , MD

Mailing Address 5228 W Plano Pkwy

City State Zip Code
Plano TX 75093-5005

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2008

Transaction ID: 27239094

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Mark Scioli, , MD

Mailing Address Center for Ortho Surg
4642 N Loop 289 Ste 101

City State Zip Code
Lubbock TX 79416-2422

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

Name of Employer Center for Ortho Surgery Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2008

Transaction ID: 27239095

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 143 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Joseph E Slaphey, Jr, MD

Mailing Address 1600 Forsyth St

City Macon State GA Zip Code 31201-1408

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

Name of Employer Forsyth Street Ortho Surg & Rehab. Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 06 / 2008
Transaction ID: 27239096
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Moheb S Moneim, MD

Mailing Address Univ of New Mexico
MSC10 5600 -1 Univ of New Mexico

City Albuquerque State NM Zip Code 87131-0001

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

Name of Employer University of New Mexico Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 06 / 2008
Transaction ID: 27239098
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. James D McKinney, MD

Mailing Address 404 N Hickory Ave

City Cookeville State TN Zip Code 38501-2431

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 06 / 2008
Transaction ID: 27239099
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 144 / 325
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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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)
Dr. T Clark Robinson, , MD

Mailing Address PO Box 1942

City State Zip Code
Nampa ID 83653-1942

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

Name of Employer Saltzer Medical Group Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2008

Transaction ID: 27239141

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. John W McAllister, , MD

Mailing Address 112 Piper Hill Dr

City State Zip Code
Saint Peters MO 63376-1690

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

Name of Employer St Peters Bone & Joint Surgery Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2008

Transaction ID: 27239142

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Richard Wathne, , MD

Mailing Address 333 N 18th Ave
18th Ave Medical Plaza Ste D1

City State Zip Code
Pocatello ID 83201-3358

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2008

Transaction ID: 27239145

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Michael J Axe, MD	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address Medical Arts Pavilion Ste 225 4745 Ogletown-Stanton Rd	Transaction ID: 27239149
	City State Zip Code Newark DE 19713-2067	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer First State Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) Dr. Thomas J Brodrick, MD	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 521 W State Rd 434 Ste 203	Transaction ID: 27239150
	City State Zip Code Longwood FL 32750-5165	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Seminole Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Stuart L Weinstein, MD	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address Univ of Iowa Hospital 200 Hawkins Dr Ste 01026 JPP	Transaction ID: 27239151
	City State Zip Code Iowa City IA 52242-1009	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer University of Iowa Hospital Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 146 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Robert E Miegel, , MD

Mailing Address 97 Payson Rd

City State Zip Code
Chestnut Hill MA 02467-3271

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

Name of Employer Pro Sports Orthopedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2008

Transaction ID: 27239152

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Carl E Becker, , MD

Mailing Address Westphal Group
2150 Harrisburg Pike #200

City State Zip Code
Lancaster PA 17601-2644

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 ▼ 1500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2008

Transaction ID: 27239153

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
Dr. Lesley J Anderson, , MD

Mailing Address 2100 Webster St Ste 309

City State Zip Code
San Francisco CA 94115-2376

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2008

Transaction ID: 27239154

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 147 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. W Norman Scott, , MD

Mailing Address 210 E 64th St 4th FL

City State Zip Code
New York NY 10065-7471

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

Name of Employer Occupation
Beth Israel Medical Center Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2008

Transaction ID: 27239155

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Michael Jacob Battaglia, , MD

Mailing Address 3 Church Circle Ste 210

City State Zip Code
Annapolis MD 21401-1933

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

Name of Employer Occupation
US Navy Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2008

Transaction ID: 27239220

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Eric Christopher Johnston, , MD

Mailing Address 1551 S Renaissance Town Dr Ste 400

City State Zip Code
Bountiful UT 84010-7676

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

Name of Employer Occupation
Mountain Orthopaedics Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2008

Transaction ID: 27239221

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 148 / 325
(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

A.

Full Name (Last, First, Middle Initial) Dr. R Pepper Murray, MD		Date of Receipt MM / DD / YYYY 02 / 06 / 2008
Mailing Address 1551 S Renaissance Town Dr Ste 400		Transaction ID: 27239222
City Bountiful	State UT	Zip Code 84010-7676
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Dr. John Dougald MacGillivray, MD		Date of Receipt MM / DD / YYYY 02 / 06 / 2008
Mailing Address Hosp for Special Surgery 535 E 70th St		Transaction ID: 27239223
City New York	State NY	Zip Code 10021-4872
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hospital for Special Surgery	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr. Lowry Jones, Jr, MD		Date of Receipt MM / DD / YYYY 02 / 06 / 2008
Mailing Address Dickson Diveley Midwest Orthopedic 3651 College Blvd		Transaction ID: 27239224
City Leawood	State KS	Zip Code 66211-1910
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Dickson Diveley Midwest Ortho Clinic	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 149 / 325
(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
							17

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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)
Dr. Stuart James Fischer, MD

Mailing Address 33 Overlook Rd Ste 301

City State Zip Code
Summit NJ 07901-3563

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2008

Transaction ID: 27239225

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Eric B Benz, MD

Mailing Address Champlain Valley Orthopedics
1436 Exchange St

City State Zip Code
Middlebury VT 05753-1185

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2008

Transaction ID: 27239226

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Adam S Bright, MD

Mailing Address 7309 Pine Needle

City State Zip Code
Sarasota FL 34242-2624

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2008

Transaction ID: 27239227

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **2300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 150 / 325

(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

A. Full Name (Last, First, Middle Initial)
Dr. Timothy J Glader, MD

Mailing Address 10 Hagen Dr Ste 20 LL

City State Zip Code
Rochester NY 14625-2663

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 ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2008

Transaction ID: 27239228

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Timothy Lamar Beck, MD

Mailing Address 3414 Golden Rd

City State Zip Code
Tyler TX 75701-8336

FEC ID number of contributing federal political committee. C

Name of Employer
Azalea Orthopedics

Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2008

Transaction ID: 27239229

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Richard J Barry, MD

Mailing Address 2031 Anderson Rd Ste A

City State Zip Code
Davis CA 95616-0621

FEC ID number of contributing federal political committee. C

Name of Employer
Valley Oak Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2008

Transaction ID: 27239230

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 151 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Bruce M Leslie, MD

Mailing Address 2000 Washington St Ste 343

City State Zip Code
Newton MA 02462-1625

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

Name of Employer Occupation
NWOA Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2008

Transaction ID: 27239231

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Andrew Peter Kant, MD

Mailing Address 17270 Red Oak Dr Ste 200

City State Zip Code
Houston TX 77090-2632

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

Name of Employer Occupation
KSF Orthopaedic Center Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2008

Transaction ID: 27239232

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Neil B Callister, MD

Mailing Address 1802 Quail Run Dr

City State Zip Code
Ogden UT 84403-3266

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2008

Transaction ID: 27239233

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 152 / 325
(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

A.	Full Name (Last, First, Middle Initial) Dr. Charles H Classen, Jr, MD		Date of Receipt MM / DD / YYYY 02 / 06 / 2008		
	Mailing Address 2104 N Heritage St		Transaction ID: 27239236		
	City Kinston	State NC	Zip Code 28501-2222	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Kinston Orthopaedic & Sports Med. Ctr.	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 300.00		

B.	Full Name (Last, First, Middle Initial) Dr. Robert Q Lewis, MD		Date of Receipt MM / DD / YYYY 02 / 06 / 2008		
	Mailing Address Orthopaedic Surgery and Sports Med 6118 Parkway Dr		Transaction ID: 27239237		
	City Corpus Christi	State TX	Zip Code 78414-2455	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		

C.	Full Name (Last, First, Middle Initial) Dr. John M Olsewski, MD		Date of Receipt MM / DD / YYYY 02 / 06 / 2008		
	Mailing Address 135 Bramble Brook Rd		Transaction ID: 27239238		
	City Ardsley	State NY	Zip Code 10502-2206	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		

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 325
(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

A.

Full Name (Last, First, Middle Initial) Dr. Samuel E Smith, , MD		Date of Receipt MM / DD / YYYY 02 / 06 / 2008
Mailing Address Front Range Orthopedic Surgery 1551 Professional Ln Ste 200		Transaction ID: 27239302
City Longmont	State CO	Zip Code 80501-6964
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Front Range Orthopedic	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Dr. Gregory Lane Hummel, , MD		Date of Receipt MM / DD / YYYY 02 / 06 / 2008
Mailing Address 15900 Ess Rd		Transaction ID: 27239304
City Kansas City	State MO	Zip Code 64136-1259
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Dr. Shepard R Hurwitz, , MD		Date of Receipt MM / DD / YYYY 02 / 06 / 2008
Mailing Address 400 Silver Cedar Ct		Transaction ID: 27239305
City Chapel Hill	State NC	Zip Code 27514-1585
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer ABOS	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 154 / 325
(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

A.	Full Name (Last, First, Middle Initial) Dr. Gary Drillings, , MD		Date of Receipt MM / DD / YYYY 02 / 06 / 2008		
	Mailing Address 1777 Hamburg Tpke Ste 305		Transaction ID: 27239306		
	City Wayne	State NJ	Zip Code 07470-5243	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. S Glen Neale, , MD		Date of Receipt MM / DD / YYYY 02 / 06 / 2008		
	Mailing Address 555 Washington Hwy Ste 1		Transaction ID: 27239308		
	City Morrisville	State VT	Zip Code 05661-8972	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Copley Hospital		Occupation Orthopaedic Surgeon		Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Toby B Husserl, , MD		Date of Receipt MM / DD / YYYY 02 / 06 / 2008		
	Mailing Address Orthopaedic Inst 226 Route 37 West		Transaction ID: 27239310		
	City Toms River	State NJ	Zip Code 08755-8047	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Charles T Price, , MD	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address ORHS Medical Education Pediatric O 86 W Underwood St Ste 101	Transaction ID: 27239311
	City Orlando State FL Zip Code 32806-1110	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Orlando Regional Healthca- re Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Todd Brodie, , MD	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address Towson Orthopaedic Assoc 8322 Bellona Ave	Transaction ID: 27239312
	City Baltimore State MD Zip Code 21204-2065	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Cameron B Huckell, , MD	Date of Receipt MM / DD / YYYY 02 / 07 / 2008
	Mailing Address 700 Michigan Ave	Transaction ID: 27250343
	City Buffalo State NY Zip Code 14203-1514	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Mark G Murphy, , MD	Date of Receipt MM / DD / YYYY 02 / 07 / 2008
	Mailing Address 111 S 5th	Transaction ID: 27250344
	City State Zip Code Douglas WY 82633-2434	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Thunder Basin Orthopaedics & Sports Me	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Peter J Mandell, , MD	Date of Receipt MM / DD / YYYY 02 / 07 / 2008
	Mailing Address 1663 Rollins Rd	Transaction ID: 27250346
	City State Zip Code Burlingame CA 94010-2301	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Mark Smith, , MD	Date of Receipt MM / DD / YYYY 02 / 07 / 2008
	Mailing Address 7910 Frost St Ste 200	Transaction ID: 27250347
	City State Zip Code San Diego CA 92123-2776	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Orthopaedic Trauma & Frac- ture Speciali	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 157 / 325
(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

A.	Full Name (Last, First, Middle Initial) Dr. James P Crutcher, Jr, MD		Date of Receipt MM / DD / YYYY 02 / 07 / 2008		
	Mailing Address 1229 Madison St Ste 1600		Transaction ID: 27250348		
	City Seattle	State WA	Zip Code 98104-3590	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Proliance Surgeons		Occupation Orthopaedic Surgeon			
		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Dr. Mark R Colville, , MD		Date of Receipt MM / DD / YYYY 02 / 07 / 2008		
	Mailing Address 200 NE Mother Joseph Pl Ste 210		Transaction ID: 27250349		
	City Vancouver	State WA	Zip Code 98664-3295	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self Employed		Occupation Orthopaedic Surgeon			
		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Dr. Kevin John Bozic, , MD, MBA		Date of Receipt MM / DD / YYYY 02 / 07 / 2008		
	Mailing Address Univ of CA San Francisco Dept of Orthopedic Surgery		Transaction ID: 27250350		
	City San Francisco	State CA	Zip Code 94143-0001	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Univ of CA San Francisco		Occupation Orthopaedic Surgeon			
		Aggregate Year-to-Date ▼ 250.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 158 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. D Gordon Newbern, , MD

Mailing Address 600 S McKinley St Ste 102

City State Zip Code
Little Rock AR 72205-5211

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

Name of Employer Occupation
Arkansas Specialty Orthop-ae-dics Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 7 / 2 0 0 8

Transaction ID: 27250351

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Timothy M Hosea, , MD

Mailing Address 215 Easton Ave

City State Zip Code
New Brunswick NJ 08901-1722

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 7 / 2 0 0 8

Transaction ID: 27250353

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Timothy S Johnson, , MD

Mailing Address National Sports Medicine Institute
19455 Deerfield Ave Ste 312

City State Zip Code
Lansdowne VA 20176-8102

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

Name of Employer Occupation
Johns Hopkins Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 7 / 2 0 0 8

Transaction ID: 27250354

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 159 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Samuel R Rosenfeld, MD

Mailing Address 1310 W Stewart Dr Ste 508

City State Zip Code
Orange CA 92868-3856

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

Name of Employer Occupation
APOS Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2008

Transaction ID: 27250355

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Stephen N Lang, MD

Mailing Address The University of No Carolina
Dept of Orthopaedics

City State Zip Code
Chapel Hill NC 27599-0001

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

Name of Employer Occupation
Univ of North Carolina-Chapel Hill Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2008

Transaction ID: 27250356

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Steven D Steinlauf, MD

Mailing Address 1514 Victoria Isle Way

City State Zip Code
Weston FL 33327-1315

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2008

Transaction ID: 27251209

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Joseph G Thometz, MD	Date of Receipt MM / DD / YYYY 02 / 08 / 2008
	Mailing Address 10500 Capistrano	Transaction ID: 27251210
	City State Zip Code Orland Park IL 60467-8245	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed Occupation Self Employed Orthopaedic Surgeon	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Dr. Charles J Winters, MD	Date of Receipt MM / DD / YYYY 02 / 08 / 2008
	Mailing Address 3635 Bienville Blvd	Transaction ID: 27251211
	City State Zip Code Ocean Springs MS 39564-5711	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed Occupation Self Employed Orthopaedic Surgeon	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Dr. Alexander Blevens, MD	Date of Receipt MM / DD / YYYY 02 / 08 / 2008
	Mailing Address 3635 Bienville Blvd	Transaction ID: 27251212
	City State Zip Code Ocean Springs MS 39564-5711	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed Occupation Self Employed Orthopaedic Surgeon	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 161 / 325
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Theodore M Pitts, MD		Date of Receipt
	Mailing Address 400 Crutchfield Ste B		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 0 8 / 2 0 0 8
	City	State	Zip Code
	Durham	NC	27704-2771
	FEC ID number of contributing federal political committee. C		Transaction ID: 27251213
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Dr. John McArthur Harris, III, MD		Date of Receipt
	Mailing Address Boston VA Med Ctr 150 S Huntington Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 1 / 2 0 0 8
	City	State	Zip Code
	Boston	MA	02130-4817
	FEC ID number of contributing federal political committee. C		Transaction ID: 27272329
Name of Employer Dept. of Veterans Affairs, Boston VAMC		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Dr. Sebastian B Ruggeri, MD		Date of Receipt
	Mailing Address 3104 E Indian School Rd Ste 200		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 1 / 2 0 0 8
	City	State	Zip Code
	Phoenix	AZ	85016-6889
	FEC ID number of contributing federal political committee. C		Transaction ID: 27272330
Name of Employer Aff. Arm, Shoulder & Hand Surgery		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 162 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Kelly Vince, MD

Mailing Address 501 Monterey Blvd

City State Zip Code
Hermosa Beach CA 90254-4543

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 0 8

Transaction ID: 27272331

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Rosemarie M Morwessel, MD

Mailing Address Azalea Orthopaedics & Sports Medic
2860B Dauphin St

City State Zip Code
Mobile AL 36606-2415

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

Name of Employer Occupation
Azalea Orthopaedics & Sports Medicine Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 0 8

Transaction ID: 27272332

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Kevin Addington Weidman, MD

Mailing Address 625 E St Paul Ave

City State Zip Code
Milwaukee WI 53202-5907

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 0 8

Transaction ID: 27272333

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Yves Boudreau, MD	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address Shelby Bone & Joint Clinic 807 Schenck St Ste 2	Transaction ID: 27272335
	City State Zip Code Shelby NC 28150-3933	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Shelby Bone & Joint Clinic Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Daniel D Buss, MD	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address 8100 W 78th St Ste 225	Transaction ID: 27272336
	City State Zip Code Edina MN 55439-2569	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Sports & Orthopaedic Specialists Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Clarence H Fossier, MD	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address 1050 Hattie's View	Transaction ID: 27272337
	City State Zip Code Greensboro GA 30642-5270	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 164 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Charles H Alexander, , MD

Mailing Address 5549 Green Oak Dr

City State Zip Code
Los Angeles CA 90068-2501

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 1 / 2 0 0 8

Transaction ID: 27272338

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Jose A Cobos, , MD

Mailing Address 1601 Treasure Hills Blvd

City State Zip Code
Harlingen TX 78550-8910

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 1 / 2 0 0 8

Transaction ID: 27272343

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. J Steven Shockey, , MD

Mailing Address Eastern Kentucky Bone & Joint Surg
108 N Auxier Ave

City State Zip Code
Pikeville KY 41501-9045

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

Name of Employer Occupation
Kentucky Orthopaedic Society Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 1 / 2 0 0 8

Transaction ID: 27272344

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 165 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Nick M DiGiovine, MD
Mailing Address 435 S Crystal St Ste 400
City Butte State MT Zip Code 59701-1506
FEC ID number of contributing federal political committee. **C**
Name of Employer Montana Orthopaedics Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 02 / 11 / 2008
Transaction ID: 27272345
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Edward A Toriello, MD
Mailing Address 7815 Eliot Ave
City Middle Village State NY Zip Code 11379-1300
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 02 / 11 / 2008
Transaction ID: 27272346
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr. David P Bealle, MD
Mailing Address 1717 High St Ste 3B
City Hopkinsville State KY Zip Code 42240-6300
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 02 / 11 / 2008
Transaction ID: 27272347
Amount of Each Receipt this Period 1000.00

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

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

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

FOR LINE NUMBER: PAGE 166 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Ori E Kaltenbaugh, MD

Mailing Address 307 St John's Way Ste 1

City State Zip Code
Lewiston ID 83501-2435

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY 02 / 11 / 2008
Transaction ID: 27272348
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. James J Hamilton, MD

Mailing Address Univ of MO at Kansas City
2301 Holmes, Dept of Ortho

City State Zip Code
Kansas City MO 64108-2677

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

Name of Employer University Physician Associates Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY 02 / 11 / 2008
Transaction ID: 27272384
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Richard F Kyle, MD

Mailing Address Hennepin County Med Ctr
701 Park Ave South G2

City State Zip Code
Minneapolis MN 55415-1623

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

Name of Employer Hennepin County Med Ctr Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY 02 / 11 / 2008
Transaction ID: 27272386
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 / 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Jonathan Daniel Main, MD	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address Comprehensive Orthopaedics 6308 8th Ave Ste 505	Transaction ID: 27272389
	City State Zip Code Kenosha WI 53143-5031	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Comprehensive Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Champ L Baker, Jr, MD	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address 6262 Veterans Pkwy PO Box 9517	Transaction ID: 27272392
	City State Zip Code Columbus GA 31909-3540	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hughston Orthopaedic Clinic Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. James R Cole, MD	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address 401 S Van Brunt St Ste 3	Transaction ID: 27272394
	City State Zip Code Englewood NJ 07631-4600	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Englewood Orthopaedic Associates Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 168 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Dudley S Burwell, MD

Mailing Address Advanced Orthopedics
2781 C T Switzer Sr Dr Ste 402

City State Zip Code
Biloxi MS 39531-4535

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

Name of Employer Occupation
Advanced Orthopedic Associates Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 0 8

Transaction ID: 27272397

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Gary M Schniegenberg, MD

Mailing Address 801 Medical Dr Ste A

City State Zip Code
Lima OH 45804-4099

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

Name of Employer Occupation
Orthopedic Institute of Ohio Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 0 8

Transaction ID: 27272399

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Theodore F Schlegel, MD

Mailing Address Steadman-Hawkins Clinic
8200 E Belleview Ave Ste 615

City State Zip Code
Greenwood Village CO 80111-2808

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

Name of Employer Occupation
Steadman Hawkins Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 0 8

Transaction ID: 27272400

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. William Robert Hobbs, , MD	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address 2111 Holly Creek Dr	Transaction ID: 27272402
	City State Zip Code Tyler TX 75703-0946	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Trinity Clinic	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Victor Goldberg, , MD	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address Case Western Reserve Univ 11100 Euclid Ave	Transaction ID: 27272403
	City State Zip Code Cleveland OH 44106-1716	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Case Western Reserve University	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Michael T Archdeacon, , MD	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address Dept of Ortho Surgery 231 Albert Sabin Way, ML 0212	Transaction ID: 27277124
	City State Zip Code Cincinnati OH 45267-0001	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer University Orthopaedic Consultants of	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 170 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Delwyn J Worthington, , MD
 Mailing Address 690 N Cofco Center Ct Ste 290
 City State Zip Code
 Phoenix AZ 85008-6474
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 2 / 2 0 0 8
Transaction ID: 27277125
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Arizona Orthopaedic Assoc- Orthopaedic Surgeon
 iates
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Joseph V Vernace, , MD
 Mailing Address 101 S Bryn Mawr Ave Ste 200
 City State Zip Code
 Bryn Mawr PA 19010-3123
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 2 / 2 0 0 8
Transaction ID: 27277126
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Main Line Orthopaedics Orthopaedic Surgeon
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Frank R Joseph, , MD
 Mailing Address 1285 Hembree Rd Ste 200A
 City State Zip Code
 Roswell GA 30076-4995
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 2 / 2 0 0 8
Transaction ID: 27277127
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Resurgens Orthopaedics Orthopaedic Surgeon
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Gary E Friedlaender, , MD		Date of Receipt MM / DD / YYYY 02 / 12 / 2008		
	Mailing Address Yale Univ School of Med 800 Howard Ave		Transaction ID: 27277128		
	City New Haven	State CT	Zip Code 06519-1369	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Yale University	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Dr. Gordon M Mead, , MD		Date of Receipt MM / DD / YYYY 02 / 12 / 2008		
	Mailing Address PO Box 51455		Transaction ID: 27277129		
	City Shreveport	State LA	Zip Code 71135-1455	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Highland Clinic	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Dr. Thomas J Dennie, Jr, MD		Date of Receipt MM / DD / YYYY 02 / 12 / 2008		
	Mailing Address 7099 Scenic Hwy		Transaction ID: 27277130		
	City Pensacola	State FL	Zip Code 32504-6842	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Scott Taylor McMullen, , MD		Date of Receipt MM / DD / YYYY 02 / 12 / 2008		
	Mailing Address 7710 Mercy Rd Ste 224		Transaction ID: 27277131		
	City Omaha	State NE	Zip Code 68124-2346	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GIKK Ortho Specialists	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Dr. Alan Rosen, , MD		Date of Receipt MM / DD / YYYY 02 / 12 / 2008		
	Mailing Address 17270 Red Oak Dr Ste 200		Transaction ID: 27277132		
	City Houston	State TX	Zip Code 77090-2632	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer KSF Orthopaedic Center	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Dr. Michael J Krnacik, , MD		Date of Receipt MM / DD / YYYY 02 / 12 / 2008		
	Mailing Address Umpqua Orthopaedics 2801 NW Mercy Dr Ste 300		Transaction ID: 27277133		
	City Roseburg	State OR	Zip Code 97470-2348	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Umpqua Orthopaedics	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

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

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

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

FOR LINE NUMBER: PAGE 173 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Michael Lloyd Parks, MD

Mailing Address Hospital for Special Surgery
535 E 70th St

City State Zip Code
New York NY 10021-4872

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

Name of Employer Occupation
Hospital for Special Surgery Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 2 / 2 0 0 8

Transaction ID: 27277134

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Russell Cecil, MD

Mailing Address 5010 St Hwy 30 Ste 205

City State Zip Code
Amsterdam NY 12010-7532

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 2 / 2 0 0 8

Transaction ID: 27277135

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr. David Turner Jones, MD

Mailing Address Bone and Joint Surgery Clinic
3410 Executive Dr Ste 103

City State Zip Code
Raleigh NC 27609-7457

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 2 / 2 0 0 8

Transaction ID: 27277136

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 174 / 325
(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

A.

Full Name (Last, First, Middle Initial)

Dr. James McMaster Bryan, MD

Mailing Address 1075 Mason Ave

City

Daytona Beach

State

FL

Zip Code

32117-4611

FEC ID number of contributing federal political committee.

C

Name of Employer
Orthopaedic Clinic of Day-
tona Beach

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2008

Transaction ID: 27277137

Amount of Each Receipt this Period

475.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ron D Schechter, MD

Mailing Address Paragould Orthopaedics, PLLC
1000 W Kingshighway Ste 10

City

Paragould

State

AR

Zip Code

72450-4197

FEC ID number of contributing federal political committee.

C

Name of Employer
Paragould Orthopaedics,
PLLC

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2008

Transaction ID: 27277138

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kenneth P Pohl, MD

Mailing Address 5692 Far Hills Ave Ste 4

City

Dayton

State

OH

Zip Code

45429-2202

FEC ID number of contributing federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2008

Transaction ID: 27277139

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1225.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 175 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. James W Nichols, , DO

Mailing Address 1112 Mill St

City State Zip Code
Camden SC 29020-3712

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

Name of Employer: Camden Bone & Joint, LLC Occupation: Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 12 / 2008
Transaction ID: 27277142
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Neil J Maki, , MD

Mailing Address 525 St Mary St

City State Zip Code
Thibodaux LA 70301-2627

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

Name of Employer: Thibodaux Orthopaedics Occupation: Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 12 / 2008
Transaction ID: 27277143
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Charles D Hummer, III, MD

Mailing Address 1 Med Ctr Blvd Ste 324

City State Zip Code
Chester PA 19013

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

Name of Employer: Premier Orthopaedics Occupation: Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 12 / 2008
Transaction ID: 27277144
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. August R Buerkle, Jr, MD	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 6846 Buckley Rd	Transaction ID: 27277145
	City State Zip Code North Syracuse NY 13212-4264	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Dolf R Ichtertz, , MD	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 1803 W Charles St	Transaction ID: 27277146
	City State Zip Code Grand Island NE 68803-5904	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NHSI, PC Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Benjamin N Rosenberg, , MD	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 1436 Exchange St	Transaction ID: 27277147
	City State Zip Code Middlebury VT 05753-1185	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Champlain Valley Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 177 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Andrew Robert Miller, MD

Mailing Address 1 City Pl
PH 3103

City State Zip Code
White Plains NY 10601-3345

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

Name of Employer Occupation
Brookville Hospital Orthopaedic Surgeon

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2008

Transaction ID: 27277148

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. John S Place, MD

Mailing Address 3907 Creekside Loop Ste 100

City State Zip Code
Yakima WA 98902-4879

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2008

Transaction ID: 27277149

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael A Thorpe, MD

Mailing Address 2979 Squalicum Pkwy Ste 203

City State Zip Code
Bellingham WA 98225-1813

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

Name of Employer Occupation
Pacific Rim Ortho Orthopaedic Surgeon

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2008

Transaction ID: 27277150

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 178 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Kenneth G Tomberlin, MD

Mailing Address 3817 Forrest Gate Dr

City State Zip Code
Winston Salem NC 27103-2930

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

Name of Employer Occupation
Winston Bone & Joint Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 2 / 2 0 0 8

Transaction ID: 27277151

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr. William James Jekot, MD

Mailing Address 1029 N Highland Ave

City State Zip Code
Murfreesboro TN 37130-2450

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

Name of Employer Occupation
Premier Ortho Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 2 / 2 0 0 8

Transaction ID: 27277152

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Robert J Bercik, MD

Mailing Address 1445 Raritan Rd

City State Zip Code
Clark NJ 07066-1230

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 2 / 2 0 0 8

Transaction ID: 27277153

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Leland Edgar Rogge, MD		Date of Receipt MM / DD / YYYY 02 / 12 / 2008		
	Mailing Address 3042 E Laurelhurst Dr NE		Transaction ID: 27277154		
	City Seattle	State WA	Zip Code 98105-5331	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Retired	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Dr. Joseph D Zuckerman, MD		Date of Receipt MM / DD / YYYY 02 / 12 / 2008		
	Mailing Address NYU Hosp for Joint Diseases 301 E 17th St Ste 1402		Transaction ID: 27277155		
	City New York	State NY	Zip Code 10003-3804	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NYU-Hospital for Joint Diseases	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Dr. Richard M Dix, MD		Date of Receipt MM / DD / YYYY 02 / 12 / 2008		
	Mailing Address PO Box 50129		Transaction ID: 27277157		
	City Henderson	State NV	Zip Code 89016-0129	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Susan N Pick, , MD		Date of Receipt MM / DD / YYYY 02 / 12 / 2008		
	Mailing Address PO Box 568		Transaction ID: 27277161		
	City Crossville	State TN	Zip Code 38557-0568	Amount of Each Receipt this Period 1500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Plateau ORthopaedics	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

B.	Full Name (Last, First, Middle Initial) Dr. John W Durham, , MD		Date of Receipt MM / DD / YYYY 02 / 12 / 2008		
	Mailing Address Northern Arizona Orthopaedics, Ltd 1485 N Turquoise Dr Ste 200		Transaction ID: 27277163		
	City Flagstaff	State AZ	Zip Code 86001-2000	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Northern Arizona Orthopaedics	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Stephen John Augustine, , DO		Date of Receipt MM / DD / YYYY 02 / 12 / 2008		
	Mailing Address 4498 Coquina Dr		Transaction ID: 27277164		
	City Jacksonville Beach	State FL	Zip Code 32250-2108	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Jacksonville Orthopaedic Institute	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 / 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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) Dr. David Andrew Forsythe, MD	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 101 Silverwood Ln	Transaction ID: 27277167
	City State Zip Code Silverton OR 97381-9739	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Silverton Specialists Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Eugene P Lopez, MD	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 901 Biesterfield RD Ste 300	Transaction ID: 27277169
	City State Zip Code Elk Grove Village IL 60007-7324	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Midwest Sports Medicine Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Jerry L Jochims, MD	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 1225 S Gear Ave Ste 159	Transaction ID: 27277171
	City State Zip Code West Burlington IA 52655-1686	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Jansen Ortho Clinic Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. James R Santangelo, MD		Date of Receipt MM / DD / YYYY 02 / 12 / 2008		
	Mailing Address 355 Edinburgh Dr		Transaction ID: 27277172		
	City Fayetteville	State NC	Zip Code 28303-5115	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer U.S. Army	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Dr. Brian A A Murphy, MD		Date of Receipt MM / DD / YYYY 02 / 12 / 2008		
	Mailing Address 3803 Highknob Circle		Transaction ID: 27277173		
	City Naperville	State IL	Zip Code 60564-4425	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer M&M Ortho	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Dr. John R Chase, MD		Date of Receipt MM / DD / YYYY 02 / 12 / 2008		
	Mailing Address 515 W State Route 434 Ste 210		Transaction ID: 27277174		
	City Longwood	State FL	Zip Code 32750	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Jewett Orthopaedic Clinic	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 183 / 325
(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
							17

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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)
Dr. Eugene Michael Wolf, MD

Mailing Address 3000 California St
3rd Fl

City State Zip Code
San Francisco CA 94115-2411

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

Name of Employer Occupation
Sports Medicine Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 8

Transaction ID: 27277175

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Terry A Clyburn, MD

Mailing Address 5420 W Loop South Ste 2400

City State Zip Code
Bellaire TX 77401-2118

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 8

Transaction ID: 27277176

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Edward J Lisecki, Jr, MD

Mailing Address 516 Jefferson Terr Blvd Ste 100

City State Zip Code
New Iberia LA 70560

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 8

Transaction ID: 27277177

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 184 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. David S Hungerford, , MD

Mailing Address 10715 Pot Spring Rd

City State Zip Code
Cockeysville MD 21030-3019

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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2008

Transaction ID: 27277178

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Dr. William P Carney, , MD

Mailing Address 127 Union St Ste 105

City State Zip Code
Ridgewood NJ 07450-4436

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2008

Transaction ID: 27277179

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. John A Yezerski, , MD

Mailing Address 300 S 8th St Ste 178w

City State Zip Code
Murray KY 42071-2444

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2008

Transaction ID: 27277180

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1650.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 185 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Robert H Blotter, , MD

Mailing Address 1414 W Fair Ave Ste 149

City Marquette State MI Zip Code 49855-5408

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

Name of Employer Orthopaedic Surgery Associates of Marq
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2008
Transaction ID: 27277181
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Ralph F Rashbaum, , MD

Mailing Address Texas Back Institute
6300 W Parker Rd

City Plano State TX Zip Code 75093-8100

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

Name of Employer Texas Back Institute
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 02 / 12 / 2008
Transaction ID: 27277182
Amount of Each Receipt this Period 750.00

C. Full Name (Last, First, Middle Initial)
Dr. Paul E Havel, , MD

Mailing Address 14181 Business Ctr Dr NW

City Burns Twnshp State MN Zip Code 55330-4654

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

Name of Employer Allina
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2008
Transaction ID: 27277183
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Dean Coe, MD	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 221 E Hacienda Ste A	Transaction ID: 27277185
	City State Zip Code Campbell CA 95008-6616	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Silicon Valley Spine Institute	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Paul B Canale, MD	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 1505 Daphne Ave	Transaction ID: 27277186
	City State Zip Code Daphne AL 36526-4298	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Baldwin Bone and Joint	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. John Lex Kenerly, III, MD	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address PO Box 1334	Transaction ID: 27277187
	City State Zip Code Jesup GA 31598-1334	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Mark A Frankle, MD	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 13020 Telecom Pkwy N Attn: Laura Lopez	Transaction ID: 27277189
	City State Zip Code Temple Terrace FL 33637-0925	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Florida Ortho Institute Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. James F Mooney, III, MD	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address Med Univ of SC Teaching Hosps 96 Jonathan Lucas St	Transaction ID: 27277191
	City State Zip Code Charleston SC 29425-8900	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Med Univ of SC Teaching Hospital Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. James B Stiehl, MD	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 575 W River Woods Pkwy Ste 204	Transaction ID: 27277192
	City State Zip Code Milwaukee WI 53212-1058	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 188 / 325
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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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)
Dr. Bruce M Albert, MD

Mailing Address 4980 Barranca Pkwy Ste 201

City Irvine State CA Zip Code 92604-8653

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2008
Transaction ID: 27277193
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Kyle F Dickson, MD

Mailing Address 516 Chelsea St

City Bellaire State TX Zip Code 77401-5008

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

Name of Employer Univ of Texas Medical School Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 12 / 2008
Transaction ID: 27277194
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. William H Davidson, MD

Mailing Address 4060 4th Ave Ste 700

City San Diego State CA Zip Code 92103-2121

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

Name of Employer San Diego Orthopaedic Medical Group Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2008
Transaction ID: 27277195
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

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

FOR LINE NUMBER: PAGE 189 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Jacquelin Perry, , MD
Mailing Address 12319 Brock Ave
City Downey State CA Zip Code 90242-3503
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 ▼ 1300.00
Date of Receipt 02 / 12 / 2008
Transaction ID: 27277196
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Marc I Malberg, , MD
Mailing Address 1527 State Hwy 27 Ste 1300
City Somerset State NJ Zip Code 08873-2979
FEC ID number of contributing federal political committee. **C**
Name of Employer Orthopaedic Center of NJ Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 02 / 12 / 2008
Transaction ID: 27277197
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Jose A Rodriguez, , MD
Mailing Address 130 E 77th St
City New York State NY Zip Code 10075-1851
FEC ID number of contributing federal political committee. **C**
Name of Employer New York Orthopaedic Specialists Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 02 / 12 / 2008
Transaction ID: 27277198
Amount of Each Receipt this Period 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 190 / 325
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. William A Crotwell, III, MD		Date of Receipt MM / DD / YYYY 02 / 13 / 2008		
	Mailing Address 4217 River Oaks Ln		Transaction ID: 27284644		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Mobile	AL	36619-9552	500.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer Alabama Orthopaedic Clinics		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Dr. William L Mills, MD		Date of Receipt MM / DD / YYYY 02 / 13 / 2008		
	Mailing Address 2376 Cypress Circle Ste 300		Transaction ID: 27284646		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Conway	SC	29526-8995	500.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer Coastal Orthopedics		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Dr. Alan T Kawaguchi, MD		Date of Receipt MM / DD / YYYY 02 / 13 / 2008		
	Mailing Address Alpine Orthopaedic Med Grp 2488 N California St		Transaction ID: 27284649		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Stockton	CA	95204-5508	500.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer Alpine Orthopaedic Medical Group		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 191 / 325
(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

A.	Full Name (Last, First, Middle Initial) Dr. Richard W Barth, , MD		Date of Receipt MM / DD / YYYY 02 / 13 / 2008		
	Mailing Address 2021 K St Ste 400		Transaction ID: 27284650		
	City Washington	State DC	Zip Code 20006-1009	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer Washington Orthopaedics & Sports Med		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dr. Melbourne D Boynton, , MD		Date of Receipt MM / DD / YYYY 02 / 13 / 2008		
	Mailing Address 3 Albert Cree Dr		Transaction ID: 27284651		
	City Rutland	State VT	Zip Code 05701-4601	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer Vermont Ortho Clinic		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dr. Edward J Lisecki, Jr, MD		Date of Receipt MM / DD / YYYY 02 / 13 / 2008		
	Mailing Address 516 Jefferson Terr Blvd Ste 100		Transaction ID: 27284653		
	City New Iberia	State LA	Zip Code 70560	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 700.00		
Name of Employer Self Employed		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 192 / 325
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input 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

A.	Full Name (Last, First, Middle Initial) Dr. William Mitchell Gavigan, , MD		Date of Receipt	
	Mailing Address 301 21st Ave N		M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27284654
	Nashville	TN	37203-1821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Tennessee Ortho Alliance		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Dr. Leonard M Rudolf, , MD		Date of Receipt	
	Mailing Address 129-C Mascoma St		M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27284655
	Lebanon	NH	03766-2667	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Dr. John E Kilgore, , MD		Date of Receipt	
	Mailing Address 424 Harbor Dr N		M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27284656
	Indian Rocks Beach	FL	33785-3115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 193 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Thomas P Gross, , MD

Mailing Address Midlands Orthopaedics
1910 Blanding St

City State Zip Code
Columbia SC 29201-3520

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

Name of Employer Midlands Orthopedics Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2008

Transaction ID: 27284657

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Thomas C Kennedy, , MD

Mailing Address 1106 Pecks Canyon

City State Zip Code
Yakima WA 98908-2140

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

Name of Employer Orthopaedics Northwest Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2008

Transaction ID: 27284658

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Thomas N Joseph, , MD

Mailing Address 1112 Mill St

City State Zip Code
Camden SC 29020-3712

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

Name of Employer Camden Bone & Joint Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2008

Transaction ID: 27284659

Amount of Each Receipt this Period
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 194 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Andrew W Piasecki, MD
Mailing Address 1112 Mill St
City State Zip Code
Camden SC 29020-3712
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 02 / 13 / 2008
Transaction ID: 27284660
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Jeffrey M Nakano, MD
Mailing Address 627 25 1/2 Rd
City State Zip Code
Grand Junction CO 81505-6401
FEC ID number of contributing federal political committee. **C**
Name of Employer Rocky Mountain Orthopaedic Associates Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 02 / 13 / 2008
Transaction ID: 27284662
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr. William J Holt, MD
Mailing Address Quincy Medical Group
1025 Maine St
City State Zip Code
Quincy IL 62301-4038
FEC ID number of contributing federal political committee. **C**
Name of Employer Quincy Medical Group Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 02 / 13 / 2008
Transaction ID: 27284664
Amount of Each Receipt this Period 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 195 / 325
(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

A.	Full Name (Last, First, Middle Initial) Dr. Adolph J Yates, Jr, MD		Date of Receipt MM / DD / YYYY 02 / 13 / 2008		
	Mailing Address Univ of Pittsburgh Med Ctr Shadyside Medical Bldg Ste 415		Transaction ID: 27284665		
	City Pittsburgh	State PA	Zip Code 15232-1300	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Univ of Pittsburgh Med Ctr		Occupation Orthopaedic Surgeon		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		

B.	Full Name (Last, First, Middle Initial) Dr. Brian J Galinat, MD		Date of Receipt MM / DD / YYYY 02 / 13 / 2008		
	Mailing Address Limestone Med Ctr 1941 Limestone Rd Ste 101		Transaction ID: 27284666		
	City Wilmington	State DE	Zip Code 19808-5413	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

C.	Full Name (Last, First, Middle Initial) Dr. Dirk H Alander, MD		Date of Receipt MM / DD / YYYY 02 / 13 / 2008		
	Mailing Address Dept of Ortho Surgery 3635 Vista Ave		Transaction ID: 27284667		
	City Saint Louis	State MO	Zip Code 63110-2539	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St Louis University		Occupation Orthopaedic Surgeon		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	1850.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 196 / 325
(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

A. Full Name (Last, First, Middle Initial)
Chester Hill Waters, III, MD
Mailing Address 11819 Miracle Hills Dr Ste 203
City State Zip Code
Omaha NE 68154-4428
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 20 / 2008
Transaction ID: 27334860
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. William James Dowling, Jr, MD
Mailing Address 131 Madison Ave Ste 130
City State Zip Code
Morristown NJ 07960-7360
FEC ID number of contributing federal political committee. **C**
Name of Employer Ridge Orthopedic Group Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 02 / 20 / 2008
Transaction ID: 27334862
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Stephen Paul Falatyn, MD
Mailing Address 362 Little Creek Dr
City State Zip Code
Nazareth PA 18064-8575
FEC ID number of contributing federal political committee. **C**
Name of Employer OAA Orthopedic Specialists Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00
Date of Receipt 02 / 20 / 2008
Transaction ID: 27334863
Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) ► 1150.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 / 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Richard Fairfax Pell, IV, MD		Date of Receipt MM / DD / YYYY 02 / 20 / 2008		
	Mailing Address 13510 SW 73rd CT		Transaction ID: 27334865		
	City Miami	State FL	Zip Code 33156-6819	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer South Dade Orthopaedic Associates		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Dr. Robert Allen Mileski, MD		Date of Receipt MM / DD / YYYY 02 / 20 / 2008		
	Mailing Address 2222 E Highland Ave Ste 203		Transaction ID: 27334868		
	City Phoenix	State AZ	Zip Code 85016-4876	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Phoenix Orthopedic Group		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Dr. Charles P Schneider, MD		Date of Receipt MM / DD / YYYY 02 / 20 / 2008		
	Mailing Address 206 E Elm St		Transaction ID: 27334869		
	City Caldwell	State ID	Zip Code 83605-4815	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 / 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. J Lockwood Ochsner, Jr, MD	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 1514 Jefferson Hwy	Transaction ID: 27334870
	City State Zip Code New Orleans LA 70121-2429	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Ochsner Clinic Foundation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Daniel J Martin, Jr, MD	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 621 S New Ballas Rd Ste 5015B	Transaction ID: 27334871
	City State Zip Code Saint Louis MO 63141-8270	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Prasad V Gourineni, MD	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 3420 Adams Rd	Transaction ID: 27334873
	City State Zip Code Oak Brook IL 60523-2708	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation North Shore Ortho Assoc Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Rafael Antonio Lopez, MD	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 198 Zorzal Street Montehiedra	Transaction ID: 27334875
	City San Juan State PR Zip Code 00926-7110	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Marc R Labbe, MD	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 6624 Fannin St Ste 2600	Transaction ID: 27334876
	City Houston State TX Zip Code 77030-2338	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Bone and Joint Clinic Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Clyde Alan Farris, MD	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 19250 SW 65th Ave Ste 200	Transaction ID: 27334877
	City Tualatin State OR Zip Code 97062-7707	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

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

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

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

FOR LINE NUMBER: PAGE 200 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Richard D Schmidt, MD
Mailing Address 4010 Sunnyside Rd
City Edina State MN Zip Code 55424-1212
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 20 / 2008
Transaction ID: 27334878
Amount of Each Receipt this Period 125.00

B. Full Name (Last, First, Middle Initial)
Dr. Marshall L Cook, MD
Mailing Address 4521 E Pepper Tree Ln
City Paradise Valley State AZ Zip Code 85253-3250
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 20 / 2008
Transaction ID: 27334879
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. David Cautilli, MD
Mailing Address Cautilli Orthopaedic Surgical Spec 115 Floral Vale Blvd Ste C
City Yardley State PA Zip Code 19067-5522
FEC ID number of contributing federal political committee. **C**
Name of Employer Cautilli Orthopaedic Surgical Speciali Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 02 / 20 / 2008
Transaction ID: 27334880
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1375.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 201 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. E Boone Brackett, III, MD

Mailing Address 1125 Westgate St

City State Zip Code
Oak Park IL 60301-1007

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2008

Transaction ID: 27334882

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Sameer B Shammam, MD

Mailing Address 10905 Ft Washington Rd Ste 1516

City State Zip Code
Fort Washington MD 20744-5843

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2008

Transaction ID: 27334884

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. J Christopher Noonan, MD

Mailing Address 74 B Centennial Loop Ste 300

City State Zip Code
Eugene OR 97401

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2008

Transaction ID: 27334885

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Phillip R Bacilla, Jr, MD		Date of Receipt
	Mailing Address 6424 Taylor Oaks		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 0 / 2 0 0 8
	City	State	Zip Code
	Alexandria	LA	71301-2772
	FEC ID number of contributing federal political committee. C		Transaction ID: 27334887
Name of Employer Mid-State Orthopaedics		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Dr. Robert E Mitchell, , MD		Date of Receipt
	Mailing Address 695 Hill Country Dr Ste B		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 0 / 2 0 0 8
	City	State	Zip Code
	Kerrville	TX	78028-6074
	FEC ID number of contributing federal political committee. C		Transaction ID: 27334889
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Dr. Brian E Kozar, , MD		Date of Receipt
	Mailing Address PO Box 975		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 0 / 2 0 0 8
	City	State	Zip Code
	Zachary	LA	70791-0975
	FEC ID number of contributing federal political committee. C		Transaction ID: 27334890
Name of Employer Zachary Orthopaedics		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Kenneth G Gati, MD		Date of Receipt	
	Mailing Address 2700 Vine St		M M / D D / Y Y Y Y 02 / 20 / 2008	
	City	State	Zip Code	Transaction ID: 27334892
	El Dorado	AR	71730	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
Name of Employer South Arkansas Orthopedics		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Dr. Scott K McClelland, MD		Date of Receipt	
	Mailing Address 312 Grammont St Ste 200		M M / D D / Y Y Y Y 02 / 20 / 2008	
	City	State	Zip Code	Transaction ID: 27334893
	Monroe	LA	71201-7403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Orthopaedic Clinic of NE LA		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Eric A Monesmith, MD		Date of Receipt	
	Mailing Address 5255 E Stop 11 Rd Ste 300		M M / D D / Y Y Y Y 02 / 20 / 2008	
	City	State	Zip Code	Transaction ID: 27334894
	Indianapolis	IN	46237-6341	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Ortho Indy		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 204 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Richard E White, Jr, MD

Mailing Address 201 Cedar St SE Ste 6600

City State Zip Code
Albuquerque NM 87106-5411

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

Name of Employer Occupation
New Mexico Orthopaedics Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 02 / 20 / 2008
Transaction ID: 27334895
Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial)
Dr. Frank R Kolisek, , MD

Mailing Address 5255 E Stop 11 Rd Ste 300

City State Zip Code
Indianapolis IN 46237

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

Name of Employer Occupation
Ortho Indy Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 20 / 2008
Transaction ID: 27334896
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Christopher C Schmidt, , MD

Mailing Address 1307 Federal St

City State Zip Code
Pittsburgh PA 15212-4769

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

Name of Employer Occupation
Alleghany Orthopaedics Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 02 / 20 / 2008
Transaction ID: 27334897
Amount of Each Receipt this Period: 750.00

SUBTOTAL of Receipts This Page (optional) ► **6750.00**

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

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

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

FOR LINE NUMBER: PAGE 205 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. William Lewis Chollak, MD

Mailing Address 1401 Bethlehem Pike

City State Zip Code
Flourtown PA 19031-1904

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2008

Transaction ID: 27339980

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Ronald S Lederman, MD

Mailing Address 3227 Woodview Lake Rd

City State Zip Code
West Bloomfield MI 48323-3572

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2008

Transaction ID: 27339982

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Walter Stanwood, MD

Mailing Address 95 Tremont St Ste 1

City State Zip Code
Duxbury MA 02332-4738

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

Name of Employer Plymouth Bay Orthopaedics Occupation
Plymouth Bay Orthopaedics Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2008

Transaction ID: 27339986

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 206 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Babak Sheikh, MD

Mailing Address 2532 Hunters Run Way

City State Zip Code
Weston FL 33327-1437

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

Name of Employer Total Ortho Care Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 0 / 2 0 0 8

Transaction ID: 27339987

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Ira L Fedder, MD

Mailing Address 7505 Osler Dr Ste 104

City State Zip Code
Towson MD 21204-7737

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

Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 0 / 2 0 0 8

Transaction ID: 27339989

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert E Booth, Jr, MD

Mailing Address 800 Spuce St
3 B Orthopaedics

City State Zip Code
Philadelphia PA 19107-6130

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 0 / 2 0 0 8

Transaction ID: 27339990

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 207 / 325
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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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)
Dr. Howard L Berg, MD

Mailing Address 13 Medical Dr

City State Zip Code
Amarillo TX 79106-4121

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2008

Transaction ID: 27339992

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Jeffrey A Bogosian, MD

Mailing Address 5230 Pacific Concourse Dr Ste 110

City State Zip Code
Los Angeles CA 90045-6200

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

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2008

Transaction ID: 27339993

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Elizabeth A Ouellette, MD

Mailing Address Miami International Hand Surgical
North Park Professional Bldg

City State Zip Code
North Miami Beach FL 33169

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

Name of Employer Miami International Hand Surgical Serv Occupation
Surgical Serv Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2008

Transaction ID: 27339995

Amount of Each Receipt this Period
535.00

SUBTOTAL of Receipts This Page (optional) ► **1285.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 208 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Thomas J Nordstrom, MD

Mailing Address The Center for Ortho Care
215 Union Ave Ste B

City State Zip Code
Bridgewater NJ 08807-3063

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt: 02 / 20 / 2008
Transaction ID: 27339996
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Stephen M McCollam, MD

Mailing Address 2001 Peachtree Rd NE Ste 705

City State Zip Code
Atlanta GA 30309-1476

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

Name of Employer Peachtree Orthopaedic Clinic Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt: 02 / 20 / 2008
Transaction ID: 27339999
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. William Charles Jacobson, MD

Mailing Address 1601 NW 114th St Ste 142

City State Zip Code
Des Moines IA 50325-7036

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

Name of Employer Central Iowa Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt: 02 / 20 / 2008
Transaction ID: 27340614
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) **2000.00**

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 209 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Steven D Washburn, , MD
 Mailing Address 4731 S White Mtn Rd Ste 1
 City State Zip Code
 Show Low AZ 85901-7818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 0 / 2 0 0 8
Transaction ID: 27340615
 Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Matthew Warren McKinley, , MD
 Mailing Address 411 Kolleen Ct
 City State Zip Code
 Los Alamos NM 87544-3529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Presbyterian Health System Orthopaedic Surgeon
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 0 / 2 0 0 8
Transaction ID: 27340616
 Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. D Marshall Jemison, , MD
 Mailing Address Hayes Hand Center
 979 E 3rd St Ste C920
 City State Zip Code
 Chattanooga TN 37403-2136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Plastic Surgery Group Orthopaedic Surgeon
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 0 / 2 0 0 8
Transaction ID: 27340618
 Amount of Each Receipt this Period
 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 210 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Garth S Russell, , MD

Mailing Address 99 Woodsmuir Ct

City State Zip Code
Palm Beach Gardens FL 33418-8020

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

Name of Employer Retired Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2008

Transaction ID: 27340619

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Arnold Ray Penix, , MD

Mailing Address 7046 Southhampton Ln

City State Zip Code
West Chester OH 45069-8569

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

Name of Employer Ohio Valley Ortho Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2008

Transaction ID: 27340620

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. John Larry Fambrough, , MD

Mailing Address 15781 Professional Plaza

City State Zip Code
Hammond LA 70403-1452

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2008

Transaction ID: 27340621

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► 1450.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 / 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. John Duncan McKeever, , MD		Date of Receipt MM / DD / YYYY 02 / 20 / 2008		
	Mailing Address 2601 Hospital Blvd Ste 212		Transaction ID: 27340622		
	City Corpus Christi	State TX	Zip Code 78405-1869	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Christis Health System	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Dr. Larry L Pack, , MD		Date of Receipt MM / DD / YYYY 02 / 20 / 2008		
	Mailing Address 2420 Owen Rd Ste C		Transaction ID: 27340623		
	City Fenton	State MI	Zip Code 48430-3417	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Dr. John J Callaghan, , MD		Date of Receipt MM / DD / YYYY 02 / 20 / 2008		
	Mailing Address Univ of Iowa Hospital Dept of Orthopaedics		Transaction ID: 27340624		
	City Iowa City	State IA	Zip Code 52242	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University of Iowa Hospital and Clinic	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00			

SUBTOTAL of Receipts This Page (optional)	▶	5750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 212 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Anne C Sullivan, , MD	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 249 Hospital Dr Ste 1	Transaction ID: 27340625
	City State Zip Code Everett PA 15537-7020	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UPMC Bedford Orthopaedics Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. James Langston Hughes, , MD	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address Univ of Mississippi Med Ctr Dept of Ortho Surg	Transaction ID: 27340626
	City State Zip Code Jackson MS 39216-4505	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Univ of Mississippi Med Ctr Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Robert E Gieringer, , MD	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 2751 DeBarr Rd Ste 320	Transaction ID: 27340627
	City State Zip Code Anchorage AK 99508-2953	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 213 / 325
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. John Steven Rollins, , MD		Date of Receipt
	Mailing Address 2505 Samaritan Dr Ste 209		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 0 / 2 0 0 8
	City	State	Zip Code
	San Jose	CA	95124-4009
	FEC ID number of contributing federal political committee. C		Transaction ID: 27340628
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Thomas J McGivney, , MD		Date of Receipt
	Mailing Address 2111 Ogden Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 0 / 2 0 0 8
	City	State	Zip Code
	Aurora	IL	60504-7597
	FEC ID number of contributing federal political committee. C		Transaction ID: 27340630
Name of Employer Castle Orthopaedics		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Steven M Theiss, , MD		Date of Receipt
	Mailing Address 510 20th St FOT 940		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 0 / 2 0 0 8
	City	State	Zip Code
	Birmingham	AL	35294-0001
	FEC ID number of contributing federal political committee. C		Transaction ID: 27340632
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 214 / 325
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

A. Full Name (Last, First, Middle Initial)
Dr. A Philip Fontanetta, MD
Mailing Address 137 Willis Ave
City Mineola State NY Zip Code 11501-2658
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 02 / 20 / 2008
Transaction ID: 27340633
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Jeffrey R Ginther, MD, FACS
Mailing Address 13827 Driftwood Dr
City Carmel State IN Zip Code 46033-8511
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 02 / 20 / 2008
Transaction ID: 27340634
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Stephen E Blythe, MD
Mailing Address 1403 N Green Way Dr
City Coral Gables State FL Zip Code 33134-4774
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 02 / 20 / 2008
Transaction ID: 27340635
Amount of Each Receipt this Period 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. John S Early, , MD	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 3921 Marquette St	Transaction ID: 27340636
	City State Zip Code Dallas TX 75225-5432	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. James A Moore, , MD	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 425 E 63rd St W2d	Transaction ID: 27340637
	City State Zip Code New York NY 10065-7821	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Lincoln Hospital Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Daniel M Gannon, , MD	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address Bridger Ortho & Sports Med PC 1450 Ellis St Ste 201	Transaction ID: 27340638
	City State Zip Code Bozeman MT 59715-8813	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Bridger Ortho & Sports Med PC Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Andrea M Saterbak, MD		Date of Receipt MM / DD / YYYY 02 / 20 / 2008		
	Mailing Address St. Croix Orthopaedics, P.A. 1991 Northwestern Ave S		Transaction ID: 27340640		
	City Stillwater	State MN	Zip Code 55082-7536	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St. Croix Ortho	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Dr. Stephen A Cord, MD		Date of Receipt MM / DD / YYYY 02 / 20 / 2008		
	Mailing Address 4110 22nd Pl		Transaction ID: 27340641		
	City Lubbock	State TX	Zip Code 79410-1122	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lubbock Sports Med	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Dr. Michael C Albert, MD		Date of Receipt MM / DD / YYYY 02 / 20 / 2008		
	Mailing Address Ortho Ctr for Spinal & Pediatric C 1 Childrens Plaza		Transaction ID: 27340642		
	City Dayton	State OH	Zip Code 45404-1898	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Ortho Ctr for Spinal & Pediatric Care	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 217 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Barry J Snyder, , MD	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 1609 Woodbourne Rd Ste 301	Transaction ID: 27340644
	City State Zip Code Levittown PA 19057-1521	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Ira Joel Singer, , MD	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 725 Reservoir Ave Ste 101	Transaction ID: 27340645
	City State Zip Code Cranston RI 02910-4450	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Ortho Assoc Inc	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Daniel J Gallagher, , MD	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address Bone & Joint Clinic West Jefferson Med Bldg	Transaction ID: 27340646
	City State Zip Code Marrero LA 70072-3064	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 218 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. James H Lubowitz, MD

Mailing Address 1219-A Gusdorf Rd Ste A

City Taos State NM Zip Code 87571-6361

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

Name of Employer Taos Orthopaedic Institute Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 20 / 2008
Transaction ID: 27340647
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Susan E Stephens, MD

Mailing Address 1776 Chartley

City Gates Mills State OH Zip Code 44040-9725

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 20 / 2008
Transaction ID: 27340648
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark R Wilson, MD

Mailing Address 5315 Elliott Dr Ste 202

City Ypsilanti State MI Zip Code 48197-8634

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

Name of Employer Community Orthopedics Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 20 / 2008
Transaction ID: 27340649
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 219 / 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. J Wesley Mesko, , MD		Date of Receipt MM / DD / YYYY 02 / 20 / 2008		
	Mailing Address 2815 S Pennsylvania Ave Ste 204		Transaction ID: 27340650		
	City Lansing	State MI	Zip Code 48910-3496	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Dr. Stephen C McNeil, , MD		Date of Receipt MM / DD / YYYY 02 / 20 / 2008		
	Mailing Address 15 Roche Brothers Wy Ste 200		Transaction ID: 27340653		
	City North Easton	State MA	Zip Code 02356-1000	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Orthopedic Care Specialis- ts	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Dr. Christopher M Miller, , MD		Date of Receipt MM / DD / YYYY 02 / 20 / 2008		
	Mailing Address 3045 S National Ste 100		Transaction ID: 27340654		
	City Springfield	State MO	Zip Code 65804-4268	Amount of Each Receipt this Period 750.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Orthopaedic Specialists of Springfield	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 / 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Steven Brent Smith, , MD		Date of Receipt	
	Mailing Address 7321 NE 84th Terrace		M M / D D / Y Y Y Y Y 0 2 / 2 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27340655
	Kansas City	MO	64157-9584	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Northland Bone & Joint		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Dr. Garrett J Lynch, , MD		Date of Receipt	
	Mailing Address 2003 Medical Pkwy Ste 400		M M / D D / Y Y Y Y Y 0 2 / 2 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27340656
	Annapolis	MD	21401-3088	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Anne Arundel Orthopaedic Surgeons		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Dr. Eric Jordan Guidi, , MD		Date of Receipt	
	Mailing Address 1715 N George Mason Dr Ste 504		M M / D D / Y Y Y Y Y 0 2 / 2 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27340657
	Arlington	VA	22205-3670	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Nirschel Orthopaedic Center		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 221 / 325
(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

A.	Full Name (Last, First, Middle Initial) Dr. Michael J Archibeck, , MD		Date of Receipt	
	Mailing Address 4409 Chinlee Ave		M M / D D / Y Y Y Y Y 0 2 / 2 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27340658
	Albuquerque	NM	87110-5715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer New Mexico Orthopaedics		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Dr. John Thomas Bolger, , MD		Date of Receipt	
	Mailing Address 1111 Delafield St Ste 120		M M / D D / Y Y Y Y Y 0 2 / 2 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27340664
	Waukesha	WI	53188-3402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Orthopaedic Associates of Wisconsin		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

C.	Full Name (Last, First, Middle Initial) Dr. Joseph W Carlson, , MD		Date of Receipt	
	Mailing Address 310 N 9th St		M M / D D / Y Y Y Y Y 0 2 / 2 5 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 27358835
	Bismarck	ND	58501-4508	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Bone and Joint Center		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 222 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. John C Richmond, , MD	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address New England Baptist Hospital 125 Parker Hill Ave	Transaction ID: 27358838
	City Roxbury Crossing State MA Zip Code 02120-2847	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer New England Baptist Hospital Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Hector M Pedraza, , MD	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address 2808 McLamb Pl	Transaction ID: 27358839
	City Goldsboro State NC Zip Code 27534-1600	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Goldsboro Orthopaedic Assoc Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Lynn M Nelson, , MD	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address Des Moines Ortho Surgeons 6001 Westtown Pkway	Transaction ID: 27358844
	City West Des Moines State IA Zip Code 50266-7702	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Des Moines Ortho Surgeons Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 223 / 325
(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

A.

Full Name (Last, First, Middle Initial)

Dr. E Michael Keating, , MD

Mailing Address 1199 Hadley Rd

City State Zip Code
Mooreville IN 46158-1788

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	8

Transaction ID: 27358845

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mary Ann E Keenan, , MD

Mailing Address Univ of Pennsylvania-Dept of Ortho
3400 Spruce St 2 Silverstein

City State Zip Code
Philadelphia PA 19104-4208

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

Name of Employer Occupation
Univ of Pennsylvania Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	8

Transaction ID: 27358846

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas M Green, , MD

Mailing Address Virginia Mason Med Ctr
MS X6 ORT

City State Zip Code
Seattle WA 98101-2756

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

Name of Employer Occupation
Virginia Mason Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	8

Transaction ID: 27358847

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 224 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Fred G McQueary, , MD

Mailing Address 1229 E Seminole St Ste 230

City State Zip Code
Springfield MO 65804-2227

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

Name of Employer St John's Clinic Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 25 / 2008
Transaction ID: 27358848
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Matthew Eric Levy, , MD

Mailing Address 50 Blaine Ave Ste 2300

City State Zip Code
Bedford OH 44146-2709

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

Name of Employer University Hospital Medical Services Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 25 / 2008
Transaction ID: 27358905
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Harold J P Van Bosse, , MD

Mailing Address 235 E 40th St Ste 21A/J

City State Zip Code
New York NY 10016-1744

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 25 / 2008
Transaction ID: 27358906
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Robert Louis Morrow, Jr, MD		Date of Receipt
	Mailing Address 317 Woodbluff Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 5 / 2 0 0 8
	City	State	Zip Code
	Lafayette	LA	70503-4449
	FEC ID number of contributing federal political committee. C		Transaction ID: 27358908
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 200.00

B.	Full Name (Last, First, Middle Initial) Dr. Frank Ulrich Hermantin, , MD		Date of Receipt
	Mailing Address PO Box 1327		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 5 / 2 0 0 8
	City	State	Zip Code
	Redding Cen	CT	06875-1327
	FEC ID number of contributing federal political committee. C		Transaction ID: 27358909
Name of Employer Danbury Ortho		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Dr. Abbott Kagan, II, MD		Date of Receipt
	Mailing Address 8710 College Pky		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 5 / 2 0 0 8
	City	State	Zip Code
	Fort Myers	FL	33919-4811
	FEC ID number of contributing federal political committee. C		Transaction ID: 27358960
Name of Employer A. Kagan Orthopedics & Sports Medicine		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	<input type="text"/> 1000.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1700.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 226 / 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Robert P Good, , MD	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address 27 S Bryn Mawr Ave	Transaction ID: 27358961
	City State Zip Code Bryn Mawr PA 19010-3406	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Orthopaedic Specialists, P.C. Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. William G Mackenzie, , MD	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address Alfred I Dupont Hospital For Child 1600 Rockland Rd	Transaction ID: 27358963
	City State Zip Code Wilmington DE 19803-3607	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPont Hospital for Children Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. James Frank Bethea, , MD	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address Columbia Orthopaedic Specialists 1301 Taylor St Ste 3-0	Transaction ID: 27358965
	City State Zip Code Columbia SC 29201-2942	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Columbia Orthopaedic Specialists Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 227 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. William F Donaldson, III, MD

Mailing Address 3471 5th Ave Ste 1010

City State Zip Code
Pittsburgh PA 15213-3221

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

Name of Employer University of Pittsburgh Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 0 8

Transaction ID: 27358966

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. David J Abraham, MD

Mailing Address 1270 Broadcasting Rd

City State Zip Code
Wyomissing PA 19610-3203

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

Name of Employer Reading Neck & Spine Ctr Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 0 8

Transaction ID: 27358967

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Fred R T Nelson, MD

Mailing Address Henry Ford Hospital
2799 W Grand Blvd K-12

City State Zip Code
Detroit MI 48202-2608

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

Name of Employer Henry Ford Health System Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 0 8

Transaction ID: 27358968

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 228 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Patrick E Clare, MD	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address Nebraska Ortho & Sports Med 575 S 70th St Ste 200	Transaction ID: 27358969
	City State Zip Code Lincoln NE 68510-2471	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Nebraska Orthopaedic & Sports Medicine Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Christopher Chen, MD	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address 3000 Colby St Ste 106	Transaction ID: 27358971
	City State Zip Code Berkeley CA 94705-2058	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Kim Marie Clabbers, MD	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address 120 W Maple Ave	Transaction ID: 27358973
	City State Zip Code Langhorne PA 19047-2820	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Lowerbucks Hospital Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Stephen S Hurst, , MD
Mailing Address 77 N San Mateo Dr
City San Mateo State CA Zip Code 94401-2889
FEC ID number of contributing federal political committee. **C**
Name of Employer San Mateo Orthopaedic Group Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 02 / 25 / 2008
Transaction ID: 27358974
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Gary S Simon, , MD
Mailing Address 150 Helmsley Dr NW
City Atlanta State GA Zip Code 30327-4901
FEC ID number of contributing federal political committee. **C**
Name of Employer Resurgens Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 27 / 2008
Transaction ID: 27362232
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Randolph Copeland, , MD
Mailing Address 1609 Red Rock Dr
City Gallup State NM Zip Code 87301-5651
FEC ID number of contributing federal political committee. **C**
Name of Employer US Public Health Service, IHS Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 02 / 27 / 2008
Transaction ID: 27362234
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 950.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 230 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Dr. Charles Nicholas Hubbard, MD	Date of Receipt MM / DD / YYYY 02 / 27 / 2008
	Mailing Address Georgia Orthopaedic Society 150 Clinic Ave	Transaction ID: 27362235
	City State Zip Code Carrollton GA 30117-4401	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Carrollton Orthopaedic Clinic Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Timothy Evan Radomisli, MD	Date of Receipt MM / DD / YYYY 02 / 27 / 2008
	Mailing Address 130 East 77th St 12th Fl	Transaction ID: 27362237
	City State Zip Code New York NY 10075-1851	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Jonathan R Kurtis, MD	Date of Receipt MM / DD / YYYY 02 / 27 / 2008
	Mailing Address 6 Hatfield St	Transaction ID: 27362239
	City State Zip Code Northampton MA 01060-1556	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Hampshire Ortho and Sports Med Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Richard P Lewallen, , MD

Mailing Address 2900 12th Ave N Ste 100E

City State Zip Code
Billings MT 59101-7504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Montana Ortho & Sports Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: 27362279

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Frank A B Gottschalk, , MD

Mailing Address U of TX Southwestern Med School
Dept of Ortho Surgery

City State Zip Code
Dallas TX 75390-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UT Southwestern Medical Ctr Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: 27362280

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)
Dr. Stephen J McIlveen, , MD

Mailing Address 1 W Ridgewood Ave

City State Zip Code
Paramus NJ 07652-2359

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: 27362281

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Iqbal Ansgar Anwar, MD

Mailing Address Dept of Orthopaedics
6041 Cadillac Ave

City State Zip Code
Los Angeles CA 90034-1702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Kaiser Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2008

Transaction ID: 27362282

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Lyle Sorensen, MD

Mailing Address 1100 9th Ave
PO Box 900

City State Zip Code
Seattle WA 98101-2756

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Virginia Mason Medical Center Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2008

Transaction ID: 27362283

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. D Daniel Rotenberg, MD

Mailing Address 2870 Highland Blvd

City State Zip Code
Mound MN 55364-8533

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Western Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2008

Transaction ID: 27362284

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► 1400.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Elizabeth Ann Szalay, MD

Mailing Address Carrie Tingley Hospital
MSC 10-5600 Dept of Ortho & Rehab

City Albuquerque State NM Zip Code 87102-1715

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ of New Mexico Hospital Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 27 / 2008
Transaction ID: 27362285
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Jay D Mabrey, MD

Mailing Address Baylor Univ Dept of Ortho
3500 Gaston Ave 6 Hoblitzelle Bldg

City Dallas State TX Zip Code 75246-2017

FEC ID number of contributing federal political committee. **C**

Name of Employer Baylor University Medical Ctr Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 27 / 2008
Transaction ID: 27362286
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. David William Bobb, MD

Mailing Address Orthopedic Sports Med Ctr
825 E Robinson

City Norman State OK Zip Code 73071-6610

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 27 / 2008
Transaction ID: 27362287
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Peter D Vizzi, MD
Mailing Address 449 Heymann Blvd
City Lafayette State LA Zip Code 70503-2616
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 27 / 2008
Transaction ID: 27362288
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Anthony V Petrosini, MD
Mailing Address 310 Passaic Ave
City Spring Lake State NJ Zip Code 07762-1341
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 02 / 27 / 2008
Transaction ID: 27362289
Amount of Each Receipt this Period 2000.00

C. Full Name (Last, First, Middle Initial)
Dr. Vincent E Vena, MD
Mailing Address 2 Celeste Dr
City Johnstown State PA Zip Code 15905-2832
FEC ID number of contributing federal political committee. **C**
Name of Employer Western Orthopaedics Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 28 / 2008
Transaction ID: 27362352
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 / 325
(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

A.	Full Name (Last, First, Middle Initial) Dr. Donald C Faust, , MD	Date of Receipt MM / DD / YYYY 02 / 28 / 2008
	Mailing Address 2633 Napoleon Ave Ste 600	Transaction ID: 27362353
	City State Zip Code New Orleans LA 70115-7425	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Abram E Kirschenbaum, , MD	Date of Receipt MM / DD / YYYY 02 / 28 / 2008
	Mailing Address North Jersey Hand Surgery 75 Bloomfield Ave	Transaction ID: 27362357
	City State Zip Code Denville NJ 07834-2735	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer North Jersey Hand Surgery	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Biren Chokshi, , MD	Date of Receipt MM / DD / YYYY 02 / 28 / 2008
	Mailing Address 5 Margaret Circle	Transaction ID: 27362358
	City State Zip Code Pomfret Center CT 06259-1245	Amount of Each Receipt this Period 535.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Orthopedic Assoc of Windham County	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00	

SUBTOTAL of Receipts This Page (optional)	2535.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 236 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Dr. Fred G Corley, , MD		Date of Receipt
	Mailing Address Univ TX Hlth Sci Ctr at San Antoni 7703 Floyd Curl Dr MC-7774		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 8 / 2 0 0 8
	City	State	Zip Code
	San Antonio	TX	78229-3901
	FEC ID number of contributing federal political committee. C		Transaction ID: 27362359
Name of Employer Univ of Texas Health Science Center		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	500.00

B.	Full Name (Last, First, Middle Initial) Dr. Thomas B Ford, , MD		Date of Receipt
	Mailing Address 4150 Nelson Rd Bldg G		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 8 / 2 0 0 8
	City	State	Zip Code
	Lake Charles	LA	70605-4148
	FEC ID number of contributing federal political committee. C		Transaction ID: 27362361
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	250.00

C.	Full Name (Last, First, Middle Initial) Dr. John Charles Kofoed, , MD		Date of Receipt
	Mailing Address 2619 Seminole Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 8 / 2 0 0 8
	City	State	Zip Code
	Fairfield	CA	94534-7871
	FEC ID number of contributing federal political committee. C		Transaction ID: 27362430
Name of Employer Solano Regional Med Group		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	1000.00

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. James J Elting, , MD

Mailing Address One Associate Dr

City State Zip Code
Oneonta NY 13820-2266

FEC ID number of contributing federal political committee. **C**

Name of Employer Bassett Healthcare Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2008

Transaction ID: 27362431

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Robert S Sterling, , MD

Mailing Address Univ of Maryland Affl Hosps
22 S Greene St Ste S11B

City State Zip Code
Baltimore MD 21201-1544

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ of Maryland Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2008

Transaction ID: 27362432

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Thomas L Dopson, , MD

Mailing Address 1457 Garmon Ferry Rd

City State Zip Code
Atlanta GA 30327-3839

FEC ID number of contributing federal political committee. **C**

Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2008

Transaction ID: 27362433

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Howard L Wilcox, Jr, MD

Mailing Address 26351 W Cedar Niles Circle

City Olathe State KS Zip Code 66061-7478

FEC ID number of contributing federal political committee. **C**

Name of Employer Kansas Ortho & Sports Med Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 28 / 2008
Transaction ID: 27362434
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Robert M O'Hollaren, , MD

Mailing Address 3525 Loma Vista Rd

City Ventura State CA Zip Code 93003-3101

FEC ID number of contributing federal political committee. **C**

Name of Employer Ventura Orthopaedic Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2008
Transaction ID: 27362435
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Theodore W Crofford, , MD

Mailing Address 750 8th Ave Ste 400

City Fort Worth State TX Zip Code 76104-2500

FEC ID number of contributing federal political committee. **C**

Name of Employer Texas Hip & Knee Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2008
Transaction ID: 27362528
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. John William Miles, III, MD

Mailing Address PO Box 9012

City State Zip Code
La Mesa CA 91944-9012

FEC ID number of contributing federal political committee. C

Name of Employer Sharp Rees-Staley Medical Group
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 28 / 2008
Transaction ID: 27362529

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Frank Eugene Whitney, , MD

Mailing Address 940 Sylva Ln Ste E

City State Zip Code
Sonora CA 95370-5969

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 28 / 2008
Transaction ID: 27362530

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey L Lovallo, , MD

Mailing Address 7025 Benjamin St

City State Zip Code
Mc Lean VA 22101-1550

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2008
Transaction ID: 27362532

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 2250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 240 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Dr. James H Carson, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 8		
	Mailing Address 608 Belgian Way		Transaction ID: 27362533		
	City Lititz	State PA	Zip Code 17543-8268	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Orthopedic Associates of Lancaster, Lt	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dr. Robert C Dugan, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 8		
	Mailing Address 350 S Greenleaf Ste 405		Transaction ID: 27362534		
	City Gurnee	State IL	Zip Code 60031-5709	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Illinois Bone & Joint Ins- titute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dr. Michael D Kasten, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 2 / 2 0 0 8		
	Mailing Address 601 John St #M-206 C		Transaction ID: 27422894		
	City Kalamazoo	State MI	Zip Code 49007-5359	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Health Care Midwest	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Glenn B Pfeffer, MD

Mailing Address 444 S Vicente Ste 603

City State Zip Code
Los Angeles CA 90048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cedar Sinai Medical Group Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2008

Transaction ID: 27422895

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Bernard N Stulberg, MD

Mailing Address 1730 W 25th St Ste 4E

City State Zip Code
Cleveland OH 44113-3108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cleveland Ctr for Joint Reconstruction Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2008

Transaction ID: 27422897

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. John J O'Brien, MD

Mailing Address 1000 Asylum Ave Ste 2108

City State Zip Code
Hartford CT 06105-1719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hartford Orthopaedic Surgeons Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2008

Transaction ID: 27422899

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Kenneth N Adatto, MD

Mailing Address Orleans Ortho Associates
3715 Prytania St Ste 501

City State Zip Code
New Orleans LA 70115-3750

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2008

Transaction ID: 27422901

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. William W Brien, MD

Mailing Address 444 S San Vincente Blvd Ste 603

City State Zip Code
Los Angeles CA 90048-4178

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2008

Transaction ID: 27422902

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Brett R Bolhofner, MD

Mailing Address 4600 4th St N

City State Zip Code
Saint Petersburg FL 33703-3802

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2008

Transaction ID: 27422903

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 243 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Dr. Rex A W Marco, , MD		Date of Receipt	
	Mailing Address 5312 Valerie St		M M / D D / Y Y Y Y 03 / 12 / 2008	
	City	State	Zip Code	Transaction ID: 27422904
	Bellaire	TX	77401-4813	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	1000.00	
Name of Employer UT Health Sciences Center		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) Dr. Wayne B Venters, , MD		Date of Receipt	
	Mailing Address Rockwood Clinic PS 400 E Fifth Ave		M M / D D / Y Y Y Y 03 / 12 / 2008	
	City	State	Zip Code	Transaction ID: 27422905
	Spokane	WA	99202-1334	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	500.00	
Name of Employer Rockwood Clinic		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Dr. Benjamin Gulli, , MD		Date of Receipt	
	Mailing Address 3366 Oakdale Ave N Ste 103		M M / D D / Y Y Y Y 03 / 12 / 2008	
	City	State	Zip Code	Transaction ID: 27422906
	Minneapolis	MN	55422-2961	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	500.00	
Name of Employer Twin Cities Orthopaedics		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 244 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Preston A Waldrop, MD

Mailing Address Virginia Orthopedics
101 Knotbreak Rd

City Salem State VA Zip Code 24153-5404

FEC ID number of contributing federal political committee. **C**

Name of Employer Virginia Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2008
Transaction ID: 27422907
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. James A Shapiro, MD

Mailing Address 6308 8th Ave Ste 1020

City Kenosha State WI Zip Code 53143-5031

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 12 / 2008
Transaction ID: 27422908
Amount of Each Receipt this Period 600.00

C. Full Name (Last, First, Middle Initial)
Dr. Walter G Robinson, Jr, MD

Mailing Address 660 Golden Ridge Rd Ste 250

City Golden State CO Zip Code 80401-9541

FEC ID number of contributing federal political committee. **C**

Name of Employer Panorama Ortho Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2008
Transaction ID: 27422911
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Anthony Devon Levins, MD

Mailing Address 211 Moon Ranch St

City State Zip Code
Bakersfield CA 93314-7860

FEC ID number of contributing federal political committee. **C**

Name of Employer Kaiser Permanente Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2008

Transaction ID: 27422914

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. John Charles Nordt, III, MD

Mailing Address 4720 Lejeune Rd

City State Zip Code
Coral Gables FL 33146-1817

FEC ID number of contributing federal political committee. **C**

Name of Employer Spine Center of Miami Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2008

Transaction ID: 27422920

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert A Arciero, MD

Mailing Address The Medical Arts & Research Bldg

City State Zip Code
Farmington CT 06034-4037

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Connecticut Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2008

Transaction ID: 27422921

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 246 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Dr. Gilbert A Noiro, , MD		Date of Receipt	
	Mailing Address 110 Wood St		M M / D D / Y Y Y Y 03 / 12 / 2008	
	City	State	Zip Code	Transaction ID: 27422922
	Charlevoix	MI	49720-1627	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer NorthOpaedics		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Dr. Cooper L Terry, , MD		Date of Receipt	
	Mailing Address 1106 S Lamar Blvd		M M / D D / Y Y Y Y 03 / 12 / 2008	
	City	State	Zip Code	Transaction ID: 27422924
	Oxford	MS	38655-4732	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

C.	Full Name (Last, First, Middle Initial) Dr. James L White, , MD		Date of Receipt	
	Mailing Address 1464 Medical Park Cir		M M / D D / Y Y Y Y 03 / 12 / 2008	
	City	State	Zip Code	Transaction ID: 27422926
	Tupelo	MS	38801-6595	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Joseph B Chalal, MD

Mailing Address 7593 Boynton Beach Blvd Ste 280

City State Zip Code
Boynton Beach FL 33437-6163

FEC ID number of contributing federal political committee. **C**

Name of Employer: Orthopaedic Center Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 12 / 2008
Transaction ID: 27422927
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Larry D Greenway, MD

Mailing Address 1015 E 32nd St Ste 101

City State Zip Code
Austin TX 78705-2700

FEC ID number of contributing federal political committee. **C**

Name of Employer: Austin Bone & Joint Clinic Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 12 / 2008
Transaction ID: 27422928
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Stephen T Ikard, MD

Mailing Address PO Box 2447

City State Zip Code
Tuscaloosa AL 35403-2447

FEC ID number of contributing federal political committee. **C**

Name of Employer: University Orthopaedics Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 12 / 2008
Transaction ID: 27422929
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 / 325

(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

A.

Full Name (Last, First, Middle Initial)

Dr. Frank Segreto, MD

Mailing Address 3385 Veterans Hwy Ste I

City Ronkonkoma State NY Zip Code 11779-7660

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: 27422930

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

David W Polly, Jr, MD

Mailing Address Univ of Minnesota
2450 Riverside Ave South, R200

City Minneapolis State MN Zip Code 55454-1450

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Minnesota Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: 27422931

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Peter C Amadio, MD

Mailing Address Mayo Clinic
200 1st St S W

City Rochester State MN Zip Code 55905-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Mayo Clinic Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: 27422932

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 249 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Joseph D Zuckerman, MD

Mailing Address NYU Hosp for Joint Diseases
301 E 17th St Ste 1402

City State Zip Code
New York NY 10003-3804

FEC ID number of contributing federal political committee. **C**

Name of Employer NYU-Hospital for Joint Diseases
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2008

Transaction ID: 27422933

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. John Bellatti, MD

Mailing Address 81-958 Halekii St Ste 5c

City State Zip Code
Kealakekua HI 96750-8104

FEC ID number of contributing federal political committee. **C**

Name of Employer West Hawaii Orthopedic Inc
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2008

Transaction ID: 27422934

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Kevin L Garvin, MD

Mailing Address University of Nebraska Med Ctr
981080 Nebraska Med Ctr

City State Zip Code
Omaha NE 68198-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer UNMC
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2008

Transaction ID: 27422936

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 250 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Dr. Matthew L Jimenez, MD		Date of Receipt MM / DD / YYYY 03 / 12 / 2008		
	Mailing Address 9000 Waukegan Rd Ste 200		Transaction ID: 27422937		
	City Morton Grove	State IL	Zip Code 60053-2127	Amount of Each Receipt this Period 1250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Illinois Bone & Joint Institute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 1250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dr. Patrick J Halpin, MD		Date of Receipt MM / DD / YYYY 03 / 12 / 2008		
	Mailing Address 404 Yauger Way SW Ste 100		Transaction ID: 27422940		
	City Olympia	State WA	Zip Code 98502-8152	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Olympia Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dr. Bernard Andrew Pfeifer, MD		Date of Receipt MM / DD / YYYY 03 / 12 / 2008		
	Mailing Address Lahey Clinic 41 Mall Rd		Transaction ID: 27422942		
	City Burlington	State MA	Zip Code 01805-0001	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lahey Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 251 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. John Robert Starynski, MD

Mailing Address 8118 Northern Rd

City State Zip Code
Minocqua WI 54548-9103

FEC ID number of contributing federal political committee. **C**

Name of Employer: Langlade Memorial Hospital Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 12 / 2008
Transaction ID: 27422943
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Jeffrey Glenn Hessing, MD

Mailing Address 7911 W Innsbrook Ct

City State Zip Code
Boise ID 83704-4487

FEC ID number of contributing federal political committee. **C**

Name of Employer: Orthopedic Associates Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 12 / 2008
Transaction ID: 27422944
 Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. David P Mesna, MD

Mailing Address 3704 Camino Codorniz

City State Zip Code
Calabasas CA 91302-3043

FEC ID number of contributing federal political committee. **C**

Name of Employer: Kaiser Permanente Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 11 / 2008
Transaction ID: 27422962
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 252 / 325
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Dr. Joseph I Bernstein, , MD		Date of Receipt
	Mailing Address 17 San Andreas Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 11 / 2008
	City	State	Zip Code
	San Francisco	CA	94127-2027
	FEC ID number of contributing federal political committee. C		Transaction ID: 27422963
Name of Employer Retired		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Dr. David L Nelson, , MD		Date of Receipt
	Mailing Address 1363 S Eliseo Dr Ste B		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 11 / 2008
	City	State	Zip Code
	Greenbrae	CA	94904-2012
	FEC ID number of contributing federal political committee. C		Transaction ID: 27422966
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Dr. Mary I O'Connor, , MD		Date of Receipt
	Mailing Address Mayo Clinic 4500 San Pablo Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 11 / 2008
	City	State	Zip Code
	Jacksonville	FL	32224-1865
	FEC ID number of contributing federal political committee. C		Transaction ID: 27422967
Name of Employer Mayo Clinic Jacksonville		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	<input type="text"/> 1000.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 253 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Dr. Mark C Meier, , MD	Date of Receipt M M / D D / Y Y Y Y Y 03 / 11 / 2008
	Mailing Address Idaho Orthopaedic Society 901 N Curtis #501	Transaction ID: 27422970
	City Boise State ID Zip Code 83706-1343	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. David J Raab, , MD	Date of Receipt M M / D D / Y Y Y Y Y 03 / 11 / 2008
	Mailing Address 9000 Waukegan	Transaction ID: 27422971
	City Morton Grove State IL Zip Code 60053-2127	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Mark J Geppert, , MD	Date of Receipt M M / D D / Y Y Y Y Y 03 / 11 / 2008
	Mailing Address Marsh Brook Professional Ctr 237 Route 108	Transaction ID: 27422978
	City Somersworth State NH Zip Code 03878-1517	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 254 / 325
(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
							17

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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) Dr. Daniel E Gelb, , MD		Date of Receipt M M / D D / Y Y Y Y Y 03 / 11 / 2008
Mailing Address Univ of Maryland Orthopaedic Associates PA		Transaction ID: 27422979
City Baltimore	State MD	Zip Code 21201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Maryland	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Dr. William A Jiranek, , MD		Date of Receipt M M / D D / Y Y Y Y Y 03 / 11 / 2008
Mailing Address Dept of Orthopaedic Surgery Virginia Commonwealth University		Transaction ID: 27422980
City Richmond	State VA	Zip Code 23235-1900
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Virginia Commonwealth University	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Dr. Nicholas J Yokan, , MD		Date of Receipt M M / D D / Y Y Y Y Y 03 / 11 / 2008
Mailing Address 1309 S Dundee Dr		Transaction ID: 27422981
City Sioux Falls	State SD	Zip Code 57106-3397
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 255 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Lisa DeGnore, MD
 Mailing Address 1780 Nicholasville Rd Ste 501
 City Lexington State KY Zip Code 40503-1427
 Date of Receipt 03 / 11 / 2008
 Transaction ID: 27422982
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Ky Orthopaedic & Hand Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Floyd R Jaggears, MD
 Mailing Address 2795 Millstone Plantation Rd
 City Tallahassee State FL Zip Code 32312-3881
 Date of Receipt 03 / 11 / 2008
 Transaction ID: 27422983
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Tallahassee Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Jim K Hudson, MD
 Mailing Address 3635 Bienville Blvd
 City Ocean Springs State MS Zip Code 39564-5711
 Date of Receipt 03 / 11 / 2008
 Transaction ID: 27422984
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Bienville Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 256 / 325
(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

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)
Dr. Vincent G Desiderio, , MD

Mailing Address 3301 New Mexico Ave Ste 248

City State Zip Code
Washington DC 20016-3610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 11 / 2008

Transaction ID: 27422985

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr. John R Gleason, , MD

Mailing Address 5671 Peachtree Dunwoody Rd NE
Ste 700

City State Zip Code
Atlanta GA 30342-5000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Resurgens Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 11 / 2008

Transaction ID: 27422986

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Elliott Hershman, , MD

Mailing Address 130 E 77th St 7th Fl

City State Zip Code
New York NY 10075-1851

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lenox Hill Hospital Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 11 / 2008

Transaction ID: 27422987

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) ▶

2250.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 257 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Richard David Barker, MD

Mailing Address 970 W Wooster Ste 222

City State Zip Code
Bowling Green OH 43402-2662

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bowling Green Orthopaedics Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 11 / 2008
Transaction ID: 27422988
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Donald S Scott, MD

Mailing Address Univ Ortho Clinic PC
PO Box 2447

City State Zip Code
Tuscaloosa AL 35403-2447

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 11 / 2008
Transaction ID: 27422989
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Spiro N Papas, MD

Mailing Address 200 Delafield Rd Ste 1040

City State Zip Code
Pittsburgh PA 15215-3234

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 11 / 2008
Transaction ID: 27422991
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 258 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Frank M Phillips, , MD

Mailing Address Midwest Orthopaedics at Rush
1725 W Harrison St Ste 1063

City State Zip Code
Chicago IL 60612-3835

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 11 / 2008

Transaction ID: 27422992

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Gary David Botimer, , MD

Mailing Address 13753 Locust Ln

City State Zip Code
Nampa ID 83686-9367

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Medical Center Physicians Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 11 / 2008

Transaction ID: 27422993

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. James C Kelly, , MD

Mailing Address 59 Faire Harbour PI

City State Zip Code
New London CT 06320-4739

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 11 / 2008

Transaction ID: 27422996

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 259 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Douglas R Phillips, MD

Mailing Address 811 13th St Ste 20

City State Zip Code
Augusta GA 30901-2771

FEC ID number of contributing federal political committee. **C**

Name of Employer
Orthopaedic Associates of Arlington

Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2008

Transaction ID: 27422997

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Thomas J Parr, MD

Mailing Address 14090 Southwest Fwy Ste 130

City State Zip Code
Sugar Land TX 77478-3683

FEC ID number of contributing federal political committee. **C**

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2008

Transaction ID: 27422998

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey C King, MD

Mailing Address 7665 Finnagen Dr

City State Zip Code
Mattawan MI 49071-9541

FEC ID number of contributing federal political committee. **C**

Name of Employer
Healthcare Midwest

Occupation
Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2008

Transaction ID: 27422999

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 260 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Brian G Smith, , MD

Mailing Address Yale University School Of Medicine
Dept of Orthopaedics

City State Zip Code
New Haven CT 06520-8071

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Yale University Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2008

Transaction ID: 27423001

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Vincent N Oliviero, , MD

Mailing Address 1601 Congress St

City State Zip Code
Portland ME 04102-2102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Maine Orthopaedic Center Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2008

Transaction ID: 27423002

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Michael P Young, , MD

Mailing Address 350 Fox Hunt Trail

City State Zip Code
Barrington IL 60010-3423

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lake Cook Orthopedic Assoc Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2008

Transaction ID: 27423003

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 261 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Alfred Ainsley Durham, MD

Mailing Address 2954 Lockridge Rd

City State Zip Code
Roanoke VA 24014-4209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lewis Gale Physicians Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 11 / 2008

Transaction ID: 27423004

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Dr. Constantine Charoglu, MD

Mailing Address 3688 Veterans Memorial Dr Ste 200

City State Zip Code
Hattiesburg MS 39401-8246

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Southern Bone & Joint Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 11 / 2008

Transaction ID: 27423006

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr. David C Baker, MD

Mailing Address 19 Brookwood Ave Ste 104

City State Zip Code
Carlisle PA 17015-9142

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 11 / 2008

Transaction ID: 27423007

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 262 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Danielle Katz, MD

Mailing Address Dept of Orthopedic Surgery
550 Harrison St Ste 128

City State Zip Code
Syracuse NY 13202-3096

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SUNY Upstate Orthopaedic Surgeons

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2008

Transaction ID: 27423009

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael J Bercik, MD

Mailing Address 711 Westminster Ave

City State Zip Code
Elizabeth NJ 07208-2210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2008

Transaction ID: 27423010

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert Brick Campbell, MD

Mailing Address 1356 Five Point RD

City State Zip Code
Virginia Beach VA 23454-1931

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2008

Transaction ID: 27423011

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 263 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Charles Louis Lettvin, MD

Mailing Address Illinois Bone & Joint Institute
2101 Waukegan Rd Ste 110

City Bannockburn State IL Zip Code 60015-1836

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Bone and Joint Institute Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2008
Transaction ID: 27423012
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. S Glen Neale, MD

Mailing Address 555 Washington Hwy Ste 1

City Morrisville State VT Zip Code 05661-8972

FEC ID number of contributing federal political committee. **C**

Name of Employer Copley Hospital Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2008
Transaction ID: 27423013
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Van Paul Stamos, MD

Mailing Address 360 E Randolph St #3507

City Chicago State IL Zip Code 60601-7339

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 ▼ 1250.00

Date of Receipt 03 / 11 / 2008
Transaction ID: 27423014
Amount of Each Receipt this Period 1250.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 264 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Richard S Sherman, MD

Mailing Address 1472 Berkley Ct

City State Zip Code
Deerfield IL 60015-2114

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2008

Transaction ID: 27423015

Amount of Each Receipt this Period
1250.00

B. Full Name (Last, First, Middle Initial)
Dr. Scott A Rubinstein, MD

Mailing Address 2860 N Broadway St Ste 202

City State Zip Code
Chicago IL 60657-6017

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2008

Transaction ID: 27423016

Amount of Each Receipt this Period
1250.00

C. Full Name (Last, First, Middle Initial)
Dr. Edward J Logue, MD

Mailing Address 350 S Greenleaf St Ste 405

City State Zip Code
Gurnee IL 60031-5709

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Bone & Joint Ins-
titute Occupation
Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2008

Transaction ID: 27423017

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► **3750.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 265 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Michael D Kornblatt, MD
 Mailing Address 9000 Waukegan Rd
 City Morton Grove State IL Zip Code 60053-2127
 Date of Receipt 03 / 11 / 2008
Transaction ID: 27423018
 Amount of Each Receipt this Period 1250.00
 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 1250.00

B. Full Name (Last, First, Middle Initial)
Dr. Ira Bennett Kornblatt, MD
 Mailing Address 1660 Sylvester Pl
 City Highland Park State IL Zip Code 60035-3335
 Date of Receipt 03 / 11 / 2008
Transaction ID: 27423019
 Amount of Each Receipt this Period 1250.00
 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 1250.00

C. Full Name (Last, First, Middle Initial)
Dr. Alexander C Gordon, MD
 Mailing Address 650 Washington Pl
 City Highland Park State IL Zip Code 60035-4918
 Date of Receipt 03 / 11 / 2008
Transaction ID: 27423020
 Amount of Each Receipt this Period 1250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Illinois Bone & Joint Ins- titute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1250.00

SUBTOTAL of Receipts This Page (optional) ► 3750.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 266 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Wayne M Goldstein, MD

Mailing Address 9000 Waukegan Rd

City State Zip Code
Morton Grove IL 60053-2127

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Illinois Bone & Joint Ins- Orthopaedic Surgeon
titute

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	8

Transaction ID: 27423021

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Thomas F Gleason, MD

Mailing Address 734 Raleigh Rd

City State Zip Code
Glenview IL 60025-4326

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Illinois Bone & Joint Ins- Orthopaedic Surgeon
titute

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	8

Transaction ID: 27423022

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Arnold Keith Cohn, MD

Mailing Address 2101 Waukegan Rd Ste 110

City State Zip Code
Bannockburn IL 60015-1836

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Illinois Bone and Joint Orthopaedic Surgeon
Institute

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	8

Transaction ID: 27423023

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 267 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Dr. Leon S Benson, , MD	Date of Receipt MM / DD / YYYY 03 / 11 / 2008
	Mailing Address 2401 Ravine Way Ste 200	Transaction ID: 27423024
	City State Zip Code Glenview IL 60025-7645	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Illinois Bone & Joint Ins- titute Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Bryan C Waxman, , MD	Date of Receipt MM / DD / YYYY 03 / 11 / 2008
	Mailing Address Illinois Bone & Joint Institute 2101 Waukegan Rd Ste 110	Transaction ID: 27423025
	City State Zip Code Bannockburn IL 60015-1836	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Illinois Bone & Joint Ins- titute Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Taizoon H Baxamusa, , MD,FACS	Date of Receipt MM / DD / YYYY 03 / 11 / 2008
	Mailing Address 3119 Doriann Dr	Transaction ID: 27423026
	City State Zip Code Northbrook IL 60062-6909	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Illinois Bone & Joint Ins- titute Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional)	3750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 268 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Kimberly J Templeton, , MD

Mailing Address Univ of Kansas Med Ctr
Dept of Orthopaedic Surgery

City State Zip Code
Kansas City KS 66160-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ of Kansas Medical Center
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	1	/	2	0	0	8

Transaction ID: 27423027

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. David E Brown, , MD

Mailing Address 2725 S 144th St Ste 212

City State Zip Code
Omaha NE 68144-5253

FEC ID number of contributing federal political committee. **C**

Name of Employer Ortho West
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	0	8

Transaction ID: 27493378

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Timothy Charles Fitzgibbons, , MD

Mailing Address 7710 Mercy Rd Ste 224

City State Zip Code
Omaha NE 68124-2346

FEC ID number of contributing federal political committee. **C**

Name of Employer GIKK, PC
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	0	8

Transaction ID: 27493379

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **2000.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 269 / 325
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Dr. Byron H Izuka, MD

Mailing Address Pali Momi Med Ctr
98-1079 Moanalua Rd Ste 600

City State Zip Code
Aiea HI 96701-4716

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2008

Transaction ID: 27493380

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Paul Joseph Cangemi, MD

Mailing Address 110 N Poplar St

City State Zip Code
Oxford OH 45056-1204

FEC ID number of contributing federal political committee. **C**

Name of Employer Hamilton Orthopaedics Occupation
Hamilton Orthopaedics Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2008

Transaction ID: 27493383

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Douglas C Brown, MD

Mailing Address 312 Grammont St Ste 302

City State Zip Code
Monroe LA 71201-7403

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2008

Transaction ID: 27493384

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 270 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. William N Levine, MD

Mailing Address Columbia University
622 W 168th St Ph-1117

City State Zip Code
New York NY 10032-3720

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Columbia University Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2008

Transaction ID: 27493385

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Donald I Saltzman, MD

Mailing Address 10 Crossroads Dr Ste 210

City State Zip Code
Owings Mills MD 21117-5461

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Advanced Med for Ortho Surg & Sports M Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2008

Transaction ID: 27493387

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Sheldon S Lin, MD

Mailing Address New Jersey Medical School
90 Bergen St

City State Zip Code
Newark NJ 07103-2425

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UMDNJ Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2008

Transaction ID: 27493388

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. James K Ushiba, , MD

Mailing Address 11623 Spur Rd

City State Zip Code
Monterey CA 93940-6666

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Precision Orthopedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 19 / 2008

Transaction ID: 27493389

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. George T Salloum, , MD

Mailing Address Bienville Orthopaedic Specialists
1720- A Medical Park Dr Ste 220

City State Zip Code
Biloxi MS 39532

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bienville Orthopedic Specialists Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 19 / 2008

Transaction ID: 27493390

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. George W Prutzman, Jr, MD

Mailing Address 689 Sierra Rose Dr Ste B

City State Zip Code
Reno NV 89511-2076

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Advanced Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 19 / 2008

Transaction ID: 27493391

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Dr. Max William Cohen, MD

Mailing Address Greensboro Spine & Scoliosis Ctr
1002 N Church St Ste 301

City Greensboro State NC Zip Code 27401-1449

FEC ID number of contributing federal political committee. **C**

Name of Employer Greensboro Orthopaedic Center, PA Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 19 / 2008
Transaction ID: 27493403
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Jose Antonio Ortiz, Jr, MD

Mailing Address 1400 Bellinger St

City Eau Claire State WI Zip Code 54703-5222

FEC ID number of contributing federal political committee. **C**

Name of Employer Luther Clinic Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 19 / 2008
Transaction ID: 27493405
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. William R Hale, MD

Mailing Address 1800 N Orange Grove Ave

City Pomona State CA Zip Code 91767-3006

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 19 / 2008
Transaction ID: 27493406
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 2250.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 273 / 325
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Dr. John L Putnam, , MD

Mailing Address 4350 S National Ste C-200

City State Zip Code
Springfield MO 65810-2782

FEC ID number of contributing federal political committee. **C**

Name of Employer Putnam Orthopaedic Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
03 / 19 / 2008

Transaction ID: 27493407

Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Daniel W Guehlstorf, , MD

Mailing Address 3111 W Rawson Ave Ste 200

City State Zip Code
Franklin WI 53132-8890

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
03 / 19 / 2008

Transaction ID: 27493410

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Howard J Luks, , MD

Mailing Address 36 Fieldstone Dr

City State Zip Code
Katonah NY 10536-3342

FEC ID number of contributing federal political committee. **C**

Name of Employer University Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
03 / 19 / 2008

Transaction ID: 27493411

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 274 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Martin Shelton Tullus, MD

Mailing Address 4011 Talbot Rd S Ste 300

City Renton State WA Zip Code 98055-5791

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 20 / 2008
Transaction ID: 27493590
 Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Paul D Burton, DO

Mailing Address 250 Campbell Ave

City Redlands State CA Zip Code 92373-6832

FEC ID number of contributing federal political committee. **C**

Name of Employer Arrowhead Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 20 / 2008
Transaction ID: 27493591
 Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Fred G Corley, MD

Mailing Address Univ TX Hlth Sci Ctr at San Antoni
7703 Floyd Curl Dr MC-7774

City San Antonio State TX Zip Code 78229-3901

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ of Texas Health Science Center Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 20 / 2008
Transaction ID: 27493594
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 275 / 325
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)
Dr. David Matthew Beard, , MD

Mailing Address 3270 20 St South

City State Zip Code
Fargo ND 58104-5917

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2008

Transaction ID: 27493596

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Thomas P Sculco, , MD

Mailing Address Attn: Carol Ibsen
Hosp for Special Surgery

City State Zip Code
New York NY 10021-4892

FEC ID number of contributing federal political committee. **C**

Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2008

Transaction ID: 27493598

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Reginald E Manning, , MD

Mailing Address 263 7th Ave Ste 2B

City State Zip Code
Brooklyn NY 11215-3693

FEC ID number of contributing federal political committee. **C**

Name of Employer Methodist Hospital Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2008

Transaction ID: 27493599

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 276 / 325
(check only one)

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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)
Dr. Jaroslaw B Dzwinyk, MD

Mailing Address 600 W Lake Cook Rd Ste 160

City State Zip Code
Buffalo Grove IL 60089-2091

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2008

Transaction ID: 27493602

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Norman B Livermore, III, MD

Mailing Address 120 La Casa Via Ste 206

City State Zip Code
Walnut Creek CA 94598-3007

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2008

Transaction ID: 27493603

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Michael A Kelly, MD

Mailing Address 360 Essex St #303

City State Zip Code
Hackensack NJ 07601-8566

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2008

Transaction ID: 27493605

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 277 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Dr. A Edward Dean, Jr, MD	Date of Receipt MM / DD / YYYY 03 / 20 / 2008
	Mailing Address 820 Jordan St Ste 201 F	Transaction ID: 27493606
	City State Zip Code Shreveport LA 71101-4519	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Frank Capecci, MD	Date of Receipt MM / DD / YYYY 03 / 20 / 2008
	Mailing Address 109 Rt 46 E	Transaction ID: 27493608
	City State Zip Code Denville NJ 07834	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Allen G Lang, MD	Date of Receipt MM / DD / YYYY 03 / 20 / 2008
	Mailing Address VAMC 3600 30th St	Transaction ID: 27493610
	City State Zip Code Des Moines IA 50310-5753	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer VMAC Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 278 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Jeffrey C Dick, MD
Mailing Address 7373 France Ave S Ste 312

City State Zip Code
Edina MN 55435-4549

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Twin City Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 20 / 2008

Transaction ID: 27493613

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. David A Katcherian, MD
Mailing Address 13983 Covington Dr

City State Zip Code
Plymouth MI 48170-2450

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Henry Ford Health System Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 20 / 2008

Transaction ID: 27493614

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert Cameron More, MD
Mailing Address 6 Sandhill Rd Ste 102

City State Zip Code
Flemington NJ 08822-4946

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hunterdon Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 20 / 2008

Transaction ID: 27493619

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 279 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. David W Gray, , MD

Mailing Address 3450 Park Hollow

City State Zip Code
Fort Worth TX 76109-2549

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cook Children's Physicians Orthopaedic Surgeon
Network

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 20 / 2008

Transaction ID: 27493620

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Richard A Brown, , MD

Mailing Address 9850 Genesee Ave Ste 210

City State Zip Code
La Jolla CA 92037-1206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Torrey Pines Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 20 / 2008

Transaction ID: 27493621

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Lawrence R Housman, , MD

Mailing Address 2424 N Wyatt Dr Ste 260

City State Zip Code
Tucson AZ 85712-6118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Tucson Orthopaedic Institute PC Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 20 / 2008

Transaction ID: 27493622

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 280 / 325
(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

A.	Full Name (Last, First, Middle Initial) Dr. Christopher A Wills, , MD		Date of Receipt MM / DD / YYYY 03 / 20 / 2008		
	Mailing Address 725 W La Veta Ave Ste 260		Transaction ID: 27493623		
	City Orange	State CA	Zip Code 92868-4439	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Robert S Adelaar, , MD		Date of Receipt MM / DD / YYYY 03 / 20 / 2008		
	Mailing Address Dept of Ortho Surgery Box 980153, MCV Station		Transaction ID: 27493624		
	City Richmond	State VA	Zip Code 23298-0153	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer VCU Health System		Occupation Orthopaedic Surgeon		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Joseph P Walls, , MD		Date of Receipt MM / DD / YYYY 03 / 20 / 2008		
	Mailing Address 755 N Roop St Ste 101		Transaction ID: 27493625		
	City Carson City	State NV	Zip Code 89701-3107	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Capitol Orthopedics		Occupation Orthopaedic Surgeon		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 281 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Felasfa M Wodajo, MD

Mailing Address 5530 Wisconsin Ave Ste 1660

City State Zip Code
Chevy Chase MD 20815-4322

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Summit Ortho Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 20 / 2008

Transaction ID: 27493626

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Dr. John R Payne, MD

Mailing Address 731 Leighton Av Ste 300

City State Zip Code
Anniston AL 36207-5762

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Anniston Orthopaedics Associates Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 20 / 2008

Transaction ID: 27493628

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Robert E Van Demark, Jr, MD

Mailing Address Van Demark Orthopaedic Specialists
1210 W 18th Ste G01

City State Zip Code
Sioux Falls SD 57104-4651

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sanford Health Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 20 / 2008

Transaction ID: 27493629

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 282 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Gerard G Adler, , MD

Mailing Address 305 Woodland Ln

City State Zip Code
Oconomowoc WI 53066-2734

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Aurora Medical Group Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2008

Transaction ID: 27493630

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Hooman Meir Melamed, , MD

Mailing Address Diagnostic & Interventional Spinal
13160 Mindanao Way Ste 300

City State Zip Code
Marina Del Rey CA 90292-6393

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2008

Transaction ID: 27493633

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Dr. Richard J Claveria, , MD

Mailing Address 30251 Via Festivo

City State Zip Code
San Juan Capistran CA 92675-5410

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2008

Transaction ID: 27493634

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 283 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Jose Miguel Santiago-Figueroa, MD

Mailing Address El Mirador 8th St G-15

City San Juan State PR Zip Code 00926

FEC ID number of contributing federal political committee. **C**

Name of Employer Condado Orthopaedic Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 20 / 2008
Transaction ID: 27493635
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Dr. John P Lyden, MD

Mailing Address Hosp for Special Surgery Rm 355 West

City New York State NY Zip Code 10021-4892

FEC ID number of contributing federal political committee. **C**

Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 20 / 2008
Transaction ID: 27493637
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Charles A Roth, MD

Mailing Address 4541 N Davis Hwy Ste A

City Pensacola State FL Zip Code 32503-2733

FEC ID number of contributing federal political committee. **C**

Name of Employer Gulf Coast Orthopaedic Specialists Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 20 / 2008
Transaction ID: 27493638
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 284 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Randeep S Kahlon, MD

Mailing Address 4745 Ogletown-Stanton Rd Ste 225

City State Zip Code
Newark DE 19713-1340

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
First State Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 25 / 2008

Transaction ID: 27570629

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr. D Scott Redman, MD

Mailing Address 12 E 5th Ave Ste 202

City State Zip Code
Spokane WA 99202-1366

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Inland Orthopaedics of Spokane Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 25 / 2008

Transaction ID: 27570631

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Bret Batchelor, MD

Mailing Address Coastline Orthopaedic Associates
11160 Warner Ave Ste 311

City State Zip Code
Fountain Valley CA 92708-4055

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Coastline Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 25 / 2008

Transaction ID: 27570632

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 285 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Dr. Jose Manuel Montanez-Huertas, MD	Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2008
	Mailing Address Villa Torrimar Reina Isabel 410	Transaction ID: 27570634
	City State Zip Code Guaynabo PR 00969	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Michael Champine, MD	Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2008
	Mailing Address 8210 Walnut Hill Ln Ste 130, LB 11	Transaction ID: 27570636
	City State Zip Code Dallas TX 75231-4405	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Texas Orthopaedic Associates, LLP	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. David A Halsey, MD	Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2008
	Mailing Address Orthopaedic Specialty Center 192 Tilley Drive	Transaction ID: 27570637
	City State Zip Code South Burlington VT 05403-4440	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer University of Vermont	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 286 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Dr. Linda Thompson, MD	Date of Receipt MM / DD / YYYY 03 / 25 / 2008
	Mailing Address 502 Rue de Sante Ste 106	Transaction ID: 27570638
	City State Zip Code La Place LA 70068-5424	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation River Region Orthopedics Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Dr. James Hon-Kit Lau, MD	Date of Receipt MM / DD / YYYY 03 / 27 / 2008
	Mailing Address 3010 W Orange Ave Ste 303	Transaction ID: 27570642
	City State Zip Code Anaheim CA 92804-3172	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Kaiser Permanente Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Mark A Kelley, MD	Date of Receipt MM / DD / YYYY 03 / 27 / 2008
	Mailing Address MSOC 4972B W. Clark Rd.	Transaction ID: 27570648
	City State Zip Code Ypsilanti MI 48197-1112	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 287 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Dr. Oheneba Boachie-Adjei, MD	Date of Receipt MM / DD / YYYY 03 / 27 / 2008
	Mailing Address Hosp for Special Surgery 535 E 70th St	Transaction ID: 27570649
	City State Zip Code New York NY 10021-4872	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

B.	Full Name (Last, First, Middle Initial) Dr. Albert E Sanders, MD	Date of Receipt MM / DD / YYYY 03 / 27 / 2008
	Mailing Address Univ TX Hlth Sci Ctr at San Antoni 7703 Floyd Curl Dr MC 7774	Transaction ID: 27570651
	City State Zip Code San Antonio TX 78229-3901	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UTHSC-San Antonio Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

C.	Full Name (Last, First, Middle Initial) Dr. David E Attarian, MD	Date of Receipt MM / DD / YYYY 03 / 27 / 2008
	Mailing Address Duke Health Ctr Ortho 3116 N Duke St	Transaction ID: 27570652
	City State Zip Code Durham NC 27704-2102	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Duke University Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 288 / 325
(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

A. Full Name (Last, First, Middle Initial)
Dr. Thomas M McQuail, MD
Mailing Address 4125 Oberon Dr
City State Zip Code
Smyrna GA 30080-5201
FEC ID number of contributing federal political committee. **C**
Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 03 / 27 / 2008
Transaction ID: 27570655
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Deborah A Henley, MD
Mailing Address 332 Dewey St
City State Zip Code
Bennington VT 05201-2225
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 27 / 2008
Transaction ID: 27570656
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey A Rodgers, MD
Mailing Address Des Moines Orthopaedic Surgeons
6001 Westown Pkwy
City State Zip Code
West Des Moines IA 50266-7702
FEC ID number of contributing federal political committee. **C**
Name of Employer DMOS Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 27 / 2008
Transaction ID: 27570659
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 289 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Dr. Thomas E Baier, , MD	Date of Receipt MM / DD / YYYY 03 / 27 / 2008
	Mailing Address 725 Stonegate	Transaction ID: 27570660
	City State Zip Code Libertyville IL 60048-1855	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Greenleaf Orthopedic Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Peter T Hurley, , MD	Date of Receipt MM / DD / YYYY 03 / 27 / 2008
	Mailing Address 214 18th St SE	Transaction ID: 27570661
	City State Zip Code Hickory NC 28602-1363	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Hickory Orthopaedic Center Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Raymond J Boniface, , MD	Date of Receipt MM / DD / YYYY 03 / 27 / 2008
	Mailing Address 835 McKay Ct Ste 100	Transaction ID: 27570663
	City State Zip Code Youngstown OH 44512-5786	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 290 / 325
(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

A.

Full Name (Last, First, Middle Initial)
Dr. John P Buckley, , MD

Mailing Address PO Box 2447

City Tuscaloosa State AL Zip Code 35403-2447

FEC ID number of contributing federal political committee. **C**

Name of Employer University Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2008

Transaction ID: 27570664

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Mitchell Forest Reiter, , MD

Mailing Address 50 Blazier Rd

City Martinsville State NJ Zip Code 08836-2041

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2008

Transaction ID: 27570665

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Mohammad Shafi, , MD

Mailing Address 1907 Park Ave Ste 102

City South Plainfield State NJ Zip Code 07080-5530

FEC ID number of contributing federal political committee. **C**

Name of Employer Central Jersey Orthopaedic Specialists Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2008

Transaction ID: 27570666

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 291 / 325
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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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)
Dr. Steven W Pearson, , MD

Mailing Address 5333 Hollister Ave Ste 120

City State Zip Code
Santa Barbara CA 93111-3314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2008

Transaction ID: 27570673

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Ronald Y G Woo, , MD

Mailing Address 3015 Squalicum Pkwy Ste 200

City State Zip Code
Bellingham WA 98225-1906

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Peace Health Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2008

Transaction ID: 27570674

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Margaret R Albanese, , MD

Mailing Address 1903 Sunset Ave

City State Zip Code
Utica NY 13502-5617

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mohawk Valley Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2008

Transaction ID: 27570677

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 292 / 325
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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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) Dr. Joel T Jeffries, , MD		Date of Receipt
Mailing Address Missouri Spine Ctr 402 N Keene St Ste 100		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 28 / 2008
City	State	Zip Code
Columbia	MO	65201-6986
FEC ID number of contributing federal political committee.		Transaction ID: 27570678
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 500.00
Name of Employer Missouri Spine Ctr	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 500.00	

B.

Full Name (Last, First, Middle Initial) Dr. Stephen M Pearce, , MD		Date of Receipt
Mailing Address Plaza Saint Davids 1015 E 32nd St Ste 101		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 28 / 2008
City	State	Zip Code
Austin	TX	78705-2700
FEC ID number of contributing federal political committee.		Transaction ID: 27570679
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 1000.00
Name of Employer Austin Bone & Joint Clinic	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 1000.00	

C.

Full Name (Last, First, Middle Initial) Dr. Richard L Levitt, , MD		Date of Receipt
Mailing Address 1150 Campo Sano Ave Ste 301		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 28 / 2008
City	State	Zip Code
Coral Gables	FL	33146-1174
FEC ID number of contributing federal political committee.		Transaction ID: 27570680
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 1000.00
Name of Employer Southern Florida Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 1000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 293 / 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Dr. Russell S VanderWilde, MD	Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 601 W 5th Ave Ste 400	Transaction ID: 27570681
	City State Zip Code Spokane WA 99204-2715	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Northwest Orthopaedics Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Jonathan L Chang, MD	Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 707 S Garfield Ave Ste 201	Transaction ID: 27570682
	City State Zip Code Alhambra CA 91801-5861	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pacific Orthopaedic Group Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Michael Champine, MD	Date of Receipt MM / DD / YYYY 03 / 28 / 2008
	Mailing Address 8210 Walnut Hill Ln Ste 130, LB 11	Transaction ID: 27570683
	City State Zip Code Dallas TX 75231-4405	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Texas Orthopaedic Associates, LLP Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	523485.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 294 / 325
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons		Date of Receipt MM / DD / YYYY 01 / 18 / 2008
Mailing Address 6300 N River Road		Transaction ID: 27148029
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 690.43
Name of Employer	Occupation	Refund bank fees from affiliated organization
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.43	

B.

Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons		Date of Receipt MM / DD / YYYY 02 / 22 / 2008
Mailing Address 6300 N River Road		Transaction ID: 27357950
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2559.62
Name of Employer	Occupation	Refund from affiliated organization for bank fees
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3250.05	

C.

Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons		Date of Receipt MM / DD / YYYY 03 / 24 / 2008
Mailing Address 6300 N River Road		Transaction ID: 27496808
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4096.97
Name of Employer	Occupation	Refund of bank fees from affiliated organization
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7347.02	

SUBTOTAL of Receipts This Page (optional)	7347.02
TOTAL This Period (last page this line number only)	7347.02

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 295 / 325
(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

A. Full Name (Last, First, Middle Initial)
Northern Trust Company
Mailing Address 50 S. LaSalle St.
City Chicago State IL Zip Code 60675
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3691.97
Date of Receipt 01 / 02 / 2008
Transaction ID: 27315090
Amount of Each Receipt this Period 3691.97
Interest earned on bank account

B. Full Name (Last, First, Middle Initial)
Northern Trust Company
Mailing Address 50 S. LaSalle St.
City Chicago State IL Zip Code 60675
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3725.95
Date of Receipt 01 / 31 / 2008
Transaction ID: 27315091
Amount of Each Receipt this Period 33.98
Interest earned on bank account

C. Full Name (Last, First, Middle Initial)
Northern Trust Company
Mailing Address 50 S. LaSalle St.
City Chicago State IL Zip Code 60675
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 6994.22
Date of Receipt 02 / 29 / 2008
Transaction ID: 27414668
Amount of Each Receipt this Period 31.78
Interest income on bank account

SUBTOTAL of Receipts This Page (optional) ► 3757.73
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 296 / 325
(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

A. Full Name (Last, First, Middle Initial)
Northern Trust Company

Mailing Address 50 S. LaSalle St.

City State Zip Code
Chicago IL 60675

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6962.44

Date of Receipt
MM / DD / YYYY
02 / 01 / 2008

Transaction ID: 27414669

Amount of Each Receipt this Period
3236.49

Interest income on bank account

B. Full Name (Last, First, Middle Initial)
Northern Trust Company

Mailing Address 50 S. LaSalle St.

City State Zip Code
Chicago IL 60675

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9890.77

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: 27640742

Amount of Each Receipt this Period
31.96

Interest earned on bank account

C. Full Name (Last, First, Middle Initial)
Northern Trust Company

Mailing Address 50 S. LaSalle St.

City State Zip Code
Chicago IL 60675

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9858.81

Date of Receipt
MM / DD / YYYY
03 / 03 / 2008

Transaction ID: 27640745

Amount of Each Receipt this Period
2864.59

Interest earned on bank account

SUBTOTAL of Receipts This Page (optional) ▶ **6133.04**

TOTAL This Period (last page this line number only) ▶ **9890.77**

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)

PAGE 297 / 325

<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

A.

Full Name (Last, First, Middle Initial)

Northern Trust Company

Mailing Address 50 S. LaSalle St.

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Bank fees deducted from account
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: 27124458

Date of Disbursement

01 / 04 / 2008

Amount of Each Disbursement this Period

357.50

Bank fees deducted from account

B.

Full Name (Last, First, Middle Initial)

Northern Trust Company

Mailing Address 50 S. LaSalle St.

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Bank fees deducted from account
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: 27315092

Date of Disbursement

01 / 24 / 2008

Amount of Each Disbursement this Period

598.61

Bank fees deducted from account

C.

Full Name (Last, First, Middle Initial)

Northern Trust Company

Mailing Address 50 S. LaSalle St.

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Bank fees deducted from account
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: 27332786

Date of Disbursement

01 / 24 / 2008

Amount of Each Disbursement this Period

598.61

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional) ▶

1554.72

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)

PAGE 298 / 325

<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

A.	Full Name (Last, First, Middle Initial) Northern Trust Company Mailing Address 50 S. LaSalle St. City Chicago State IL Zip Code 60675 Purpose of Disbursement Bank fees deducted from account Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27315093 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 8	Amount of Each Disbursement this Period 1961.01
B.	Full Name (Last, First, Middle Initial) Northern Trust Company Mailing Address 50 S. LaSalle St. City Chicago State IL Zip Code 60675 Purpose of Disbursement Void - Northern Trust Company Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27332785 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 8	Amount of Each Disbursement this Period -598.61
C.	Full Name (Last, First, Middle Initial) Northern Trust Company Mailing Address 50 S. LaSalle St. City Chicago State IL Zip Code 60675 Purpose of Disbursement Bank fees deducted from account Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27414671 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 8	Amount of Each Disbursement this Period 1974.77

SUBTOTAL of Disbursements This Page (optional)	3337.17
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)

PAGE 299 / 325

<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

A. Full Name (Last, First, Middle Initial) Northern Trust Company <hr/> Mailing Address 50 S. LaSalle St. <hr/> City Chicago State IL Zip Code 60675 <hr/> Purpose of Disbursement Bank fees deducted from account Candidate Name	Transaction ID: 27493899 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	0	5	/	2	0	0	8
		M	M	/	D	D	/	Y	Y	Y	Y										
0	3	/	0	5	/	2	0	0	8												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr><td>2122.20</td></tr> </table>	2122.20																			
2122.20																					
B. Full Name (Last, First, Middle Initial) United States Treasury <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement Income Taxes on Interest Income for 2007 Candidate Name	Transaction ID: 27410879 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	3	/	2	0	0	8
		M	M	/	D	D	/	Y	Y	Y	Y										
0	3	/	1	3	/	2	0	0	8												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr><td>4382.00</td></tr> </table>	4382.00																			
4382.00																					
C. Full Name (Last, First, Middle Initial) United States Treasury <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement Void - United States Treasury Candidate Name	Transaction ID: 27431257 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	7	/	2	0	0	8
		M	M	/	D	D	/	Y	Y	Y	Y										
0	3	/	1	7	/	2	0	0	8												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr><td>-4382.00</td></tr> </table>	-4382.00																			
-4382.00																					

SUBTOTAL of Disbursements This Page (optional) ▶

2122.20

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

A.

Full Name (Last, First, Middle Initial)
Financial Agent

Transaction ID: 27431411

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	0	8

Mailing Address Federal Tax Deposit Processing
PO Box 970030

Amount of Each Disbursement this Period

4382.00

City State Zip Code
St. Louis MO 63197

Purpose of Disbursement
Income Tax on 2007 Interest Income

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

Income Tax on 2007 Interest Income

State: District:

B.

Full Name (Last, First, Middle Initial)
Northern Trust Company

Transaction ID: 27581898

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	0	8

Mailing Address 50 S. LaSalle St.

Amount of Each Disbursement this Period

762.95

City State Zip Code
Chicago IL 60675

Purpose of Disbursement
Bank fees deducted from account

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

Bank fees deducted from account

State: District:

SUBTOTAL of Disbursements This Page (optional)

5144.95

TOTAL This Period (last page this line number only)

12159.04

**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.	Full Name (Last, First, Middle Initial) National Republican Congressional Committee	Transaction ID: 27098318 Date of Disbursement 01 / 09 / 2008
	Mailing Address 320 First Street, SE	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GLACIER PAC	Transaction ID: 27098319 Date of Disbursement 01 / 09 / 2008
	Mailing Address 818 Connecticut Ave, NW Suite 1100	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20006	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Tuesday Group PAC	Transaction ID: 27098317 Date of Disbursement 01 / 09 / 2008
	Mailing Address PO Box 40385	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20016	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	25000.00
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. Full Name (Last, First, Middle Initial)
National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 27157946

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

B. Full Name (Last, First, Middle Initial)
Republican National Committee

Mailing Address 310 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 27157945

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

C. Full Name (Last, First, Middle Initial)
Ciro D. Rodriguez For Congress

Mailing Address PO Box 14528

City San Antonio State TX Zip Code 78214

Purpose of Disbursement

Candidate Name
Rep. Ciro Rodriguez

Office Sought: House Senate President

State: TX District: 23

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: 27157944

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

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.	Full Name (Last, First, Middle Initial) New Democrat Coalition PAC (NDC PAC)	Transaction ID: 27169276 Date of Disbursement 01 / 23 / 2008
	Mailing Address 607 14th Street, NW Suite 800	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Friends Of Gayle Harrell	Transaction ID: 27169275 Date of Disbursement 01 / 23 / 2008
	Mailing Address 1885 N.W. Eagle Point	Amount of Each Disbursement this Period 1000.00
	City Stuart State FL Zip Code 34994	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Gayle Harrell	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: FL District: 16	

C.	Full Name (Last, First, Middle Initial) Andy Harris For Congress	Transaction ID: 27169274 Date of Disbursement 01 / 23 / 2008
	Mailing Address PO Box 1527	Amount of Each Disbursement this Period 1000.00
	City Annapolis State MD Zip Code 21404	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Andrew Harris	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MD District: 01	

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

A.	Full Name (Last, First, Middle Initial) Alamo PAC	Transaction ID: 27175530 Date of Disbursement 01 / 25 / 2008
	Mailing Address 816 Congress Ave, Suite 960 Frost Bank Plaza	Amount of Each Disbursement this Period 1000.00
	City Austin State TX Zip Code 78701	
	Purpose of Disbursement	011 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Andy Harris For Congress	Transaction ID: 27218631 Date of Disbursement 01 / 29 / 2008
	Mailing Address PO Box 1527	Amount of Each Disbursement this Period 1000.00
	City Annapolis State MD Zip Code 21404	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Andrew Harris	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) The Blue Dog PAC	Transaction ID: 27231020 Date of Disbursement 02 / 01 / 2008
	Mailing Address 227 Massachusetts Avenue, NE Suite 101	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

A.	Full Name (Last, First, Middle Initial) Friends Of Joe Pitts	Transaction ID: 27231027 Date of Disbursement 02 / 01 / 2008
	Mailing Address PO Box 775	Amount of Each Disbursement this Period 1000.00
	City Unionville State PA Zip Code 19375	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Joseph R. Pitts	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rogers For Congress	Transaction ID: 27231023 Date of Disbursement 02 / 01 / 2008
	Mailing Address PO Box 581 Post Office Box 581	Amount of Each Disbursement this Period 1000.00
	City Brighton State MI Zip Code 48116	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Michael J. Rogers	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mike Honda For Congress	Transaction ID: 27231026 Date of Disbursement 02 / 01 / 2008
	Mailing Address P.O. Box 8180	Amount of Each Disbursement this Period 1000.00
	City San Jose State CA Zip Code 95155	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Michael M. Honda	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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.	Full Name (Last, First, Middle Initial) Volunteers For Shimkus	Transaction ID: 27231024 Date of Disbursement
	Mailing Address PO Box 5458	<input type="text" value="02"/> <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Springfield State IL Zip Code 62705	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. John M. Shimkus	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Tim Walz For Us Congress	Transaction ID: 27231022 Date of Disbursement
	Mailing Address PO Box 938	<input type="text" value="02"/> <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Mankato State MN Zip Code 56002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Timothy Walz	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Gillibrand For Congress	Transaction ID: 27231021 Date of Disbursement
	Mailing Address P.O. Box 15734	<input type="text" value="02"/> <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Kirsten Gillibrand	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Mike Thompson For Congress	Transaction ID: 27239471 Date of Disbursement 02 / 07 / 2008
	Mailing Address 5429 Madison Avenue	Amount of Each Disbursement this Period 5000.00
	City Sacramento State CA Zip Code 95841	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Michael Thompson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G
	State: CA District: 01	

B.	Full Name (Last, First, Middle Initial) Majority PAC	Transaction ID: 27239470 Date of Disbursement 02 / 07 / 2008
	Mailing Address 551 Main Street Suite 220	Amount of Each Disbursement this Period 5000.00
	City Johnstown State PA Zip Code 15901	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Coleman For Senate 08	Transaction ID: 27250201 Date of Disbursement 02 / 11 / 2008
	Mailing Address 680 Transfer Road Suite A	Amount of Each Disbursement this Period 2500.00
	City St Paul State MN Zip Code 55114	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Norm Coleman	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MN District:	

SUBTOTAL of Disbursements This Page (optional)	▶	12500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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.

Full Name (Last, First, Middle Initial)

Rely on Your Beliefs Fund

Mailing Address 1736 E Sunshine
Suite 913

City Springfield State MO Zip Code 65804

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 27330769

Date of Disbursement

02 / 20 / 2008

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Abercrombie For Congress

Mailing Address C/O 1357 Kapiolani Blvd. Ste. 1005

City Honolulu State HI Zip Code 96814

Purpose of Disbursement

Candidate Name
Rep. Neil Abercrombie

Office Sought: House
 Senate
 President
State: HI District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 27330758

Date of Disbursement

02 / 20 / 2008

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

Candidate Name
Rep. Michael C. Burgess, M.D.

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2008
 Primary General
 Other (specify) ▼
2008 Congressional G

011
Category/
Type

Transaction ID: 27330755

Date of Disbursement

02 / 20 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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.	Full Name (Last, First, Middle Initial) Chambliss For Senate	Transaction ID: 27330761 Date of Disbursement 02 / 20 / 2008
	Mailing Address Post Office Box 12469	Amount of Each Disbursement this Period 1000.00
	City Atlanta State GA Zip Code 30355	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Saxby Chambliss	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Chambliss For Senate	Transaction ID: 27330762 Date of Disbursement 02 / 20 / 2008
	Mailing Address Post Office Box 12469	Amount of Each Disbursement this Period 1500.00
	City Atlanta State GA Zip Code 30355	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Saxby Chambliss	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Anna Eshoo For Congress	Transaction ID: 27330759 Date of Disbursement 02 / 20 / 2008
	Mailing Address 555 Capitol Mall Suite 1425	Amount of Each Disbursement this Period 2000.00
	City Sacramento State CA Zip Code 95814	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Anna G. Eshoo	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G

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

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.

Full Name (Last, First, Middle Initial)

Anna Eshoo For Congress

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Anna G. Eshoo

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: CA District: 14

Transaction ID: 27330760

Date of Disbursement

02 / 20 / 2008

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Kay Granger Campaign Fund

Mailing Address 715 Jones Street Suite 101

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Kay Granger

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: TX District: 12

Transaction ID: 27330757

Date of Disbursement

02 / 20 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Gene Green

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: TX District: 29

Transaction ID: 27330768

Date of Disbursement

02 / 20 / 2008

Amount of Each Disbursement this Period

3000.00

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Friends of Patrick J. Kennedy Inc.

Mailing Address P.O. Box 321

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. Patrick J. Kennedy

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: RI District: 01

Transaction ID: 27330752

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Mcconnell Senate Committee '08

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement

Category/
Type

Candidate Name
Sen. Mitch McConnell

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: KY District:

Transaction ID: 27330764

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. Frank Pallone, Jr.

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
2008 Congressional G
State: NJ District: 06

Transaction ID: 27330756

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Stabenow For Us Senate	Transaction ID: 27330765 Date of Disbursement 02 / 20 / 2008
	Mailing Address PO Box 4945	Amount of Each Disbursement this Period 1000.00
	City East Lansing State MI Zip Code 48826	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Sen. Debbie Stabenow	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Mary Bono Mack Committee	Transaction ID: 27330754 Date of Disbursement 02 / 20 / 2008
	Mailing Address P.O. Box 3370	Amount of Each Disbursement this Period 2500.00
	City Palm Springs State CA Zip Code 92263	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Rep. Mary Bono Mack	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Lautenberg For Senate	Transaction ID: 27330753 Date of Disbursement 02 / 20 / 2008
	Mailing Address Riverfront Plaza Station PO Box 200596	Amount of Each Disbursement this Period 2500.00
	City Newark State NJ Zip Code 07102	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Sen. Frank R. Lautenberg	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

<p>A. Full Name (Last, First, Middle Initial) Thorpe For Congress</p> <p>Mailing Address PO Box 546017</p> <p>City Miami State FL Zip Code 33154</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Marion Thorpe</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 23</p>	<p>Transaction ID: 27330766 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	0	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	2	0	/	2	0	0	8													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Goddard For Congress</p> <p>Mailing Address P.O. Box 9460</p> <p>City Warner Robins State GA Zip Code 31095</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Richard Goddard</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: GA District: 08</p>	<p>Transaction ID: 27330767 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	0	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	2	0	/	2	0	0	8													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) Congressman Bill Young Campaign Committee</p> <p>Mailing Address P. O. Box 47025</p> <p>City St. Petersburg State FL Zip Code 33743</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. C.W. Bill Young</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G</p> <p>State: FL District: 10</p>	<p>Transaction ID: 27357069 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	6	/	2	0	0	8	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	2	6	/	2	0	0	8													
2500.00																						

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

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.	Full Name (Last, First, Middle Initial) Price For Congress	Transaction ID: 27357068 Date of Disbursement 02 / 26 / 2008
	Mailing Address P.O. Box 425	Amount of Each Disbursement this Period 2500.00
	City Roswell State GA Zip Code 30077	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Thomas E. Price, M.D.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G

B.	Full Name (Last, First, Middle Initial) Jackie Speier For Congress	Transaction ID: 27357067 Date of Disbursement 02 / 26 / 2008
	Mailing Address PO Box 112	Amount of Each Disbursement this Period 1000.00
	City Burlingame State CA Zip Code 94011	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Jackie Speier	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 12	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G

C.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: 27396272 Date of Disbursement 03 / 11 / 2008
	Mailing Address 120 Maryland Avenue, NE	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

18500.00

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.	Full Name (Last, First, Middle Initial) Collins For Senator <hr/> Mailing Address PO Box 1096 <hr/> City Bangor State ME Zip Code 04402 <hr/> Purpose of Disbursement 011 Candidate Name Sen. Susan M. Collins Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District:	Transaction ID: 27396238 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">5000.00</div>
B.	Full Name (Last, First, Middle Initial) Dutch Ruppertsberger For Congress <hr/> Mailing Address 22 West Padonia Road Suite C-141 <hr/> City Timonium State MD Zip Code 21093 <hr/> Purpose of Disbursement 011 Candidate Name Rep. C.A. Dutch Ruppertsberger Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G State: MD District: 02	Transaction ID: 27396239 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) Simpson For Congress <hr/> Mailing Address 1487 Parkway Drive <hr/> City Blackfoot State ID Zip Code 83221 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Michael K. Simpson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 02	Transaction ID: 27396256 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">8000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Rogers For Congress	Transaction ID: 27396259 Date of Disbursement 03 / 11 / 2008
	Mailing Address PO Box 581 Post Office Box 581	Amount of Each Disbursement this Period 1000.00
	City Brighton	State MI
	Zip Code 48116	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Michael J. Rogers	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MI District: 08	

B.	Full Name (Last, First, Middle Initial) Voice for Freedom	Transaction ID: 27396271 Date of Disbursement 03 / 11 / 2008
	Mailing Address 2451 Cumberland Parkway Suite 3264	Amount of Each Disbursement this Period 5000.00
	City Atlanta	State GA
	Zip Code 30339	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Duncan D Hunter For Congress	Transaction ID: 27396273 Date of Disbursement 03 / 11 / 2008
	Mailing Address PO Box 3917	Amount of Each Disbursement this Period 2000.00
	City La Mesa	State CA
	Zip Code 91944	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Duncan Hunter	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 52	

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Johanns For Senate Incorporated	Transaction ID: 27396237 Date of Disbursement 03 / 11 / 2008
	Mailing Address 1201 O Street Suite 101	Amount of Each Disbursement this Period 1000.00
	City Lincoln State NE Zip Code 68506	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Michael Johanns	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Committee for a Democratic Majority	Transaction ID: 27396249 Date of Disbursement 03 / 11 / 2008
	Mailing Address 501 Capitol Court, NE Suite 100	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: 27414747 Date of Disbursement 03 / 14 / 2008
	Mailing Address 430 S Capitol St SE 2nd Floor	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

17000.00

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Democratic National Committee</p> <p>Mailing Address 430 S Capitol Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27414761</p> <p>Date of Disbursement 03 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Friends of Patrick J. Kennedy Inc.</p> <p>Mailing Address P.O. Box 321</p> <p>City Pawtucket State RI Zip Code 02860</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Patrick J. Kennedy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G</p>	<p>Transaction ID: 27414749</p> <p>Date of Disbursement 03 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Friends of Patrick J. Kennedy Inc.</p> <p>Mailing Address P.O. Box 321</p> <p>City Pawtucket State RI Zip Code 02860</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Patrick J. Kennedy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27414752</p> <p>Date of Disbursement 03 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

20000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Moran For Congress	Transaction ID: 27414748 Date of Disbursement																			
	Mailing Address 311 North Washington Street Suite 200I	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	4		2	0	0	8												
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00																		
3000.00																					
	Candidate Name Rep. James P. Moran	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) BRIDGE PAC	Transaction ID: 27414744 Date of Disbursement																			
	Mailing Address 499 South Capitol Street, SW Suite 412	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	4		2	0	0	8												
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Adler For Congress	Transaction ID: 27414754 Date of Disbursement																			
	Mailing Address 14 Knightswood Drive	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	4		2	0	0	8												
	City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name John Adler	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>10000.00</td></tr></table>	10000.00
10000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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.

Full Name (Last, First, Middle Initial)
Jeanne Shaheen For Senate

Mailing Address PO Box 1510

City Manchester State NH Zip Code 03105

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Jeanne Shaheen

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: NH District:

Transaction ID: 27414742
Date of Disbursement

03 / 14 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Earl Pomeroy For Congress

Mailing Address P.O. Box 9336

City Fargo State ND Zip Code 58106

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Earl Pomeroy

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: ND District: 01

Transaction ID: 27427015
Date of Disbursement

03 / 17 / 2008

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
PETE PAC

Mailing Address 7804 Evening Lane

City Alexandria State VA Zip Code 22306

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: 27427109
Date of Disbursement

03 / 17 / 2008

Amount of Each Disbursement this Period

5000.00

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

A.	Full Name (Last, First, Middle Initial) Nick Leibham For Congress	Transaction ID: 27427008 Date of Disbursement 03 / 17 / 2008
	Mailing Address 425 W 5th Avenue Suite 205	Amount of Each Disbursement this Period 1000.00
	City Escondido State CA Zip Code 92025	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Nicholas Leibham	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 50	

B.	Full Name (Last, First, Middle Initial) Carnahan In Congress	Transaction ID: 27426999 Date of Disbursement 03 / 17 / 2008
	Mailing Address 7370 Manchester Rd Ste 20	Amount of Each Disbursement this Period 1000.00
	City St. Louis State MO Zip Code 63143	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Russ Carnahan	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MO District: 03	

C.	Full Name (Last, First, Middle Initial) Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PAC)	Transaction ID: 27427011 Date of Disbursement 03 / 17 / 2008
	Mailing Address 1831 Bay Street, SE	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	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

FOR LINE NUMBER:
(check only one)

PAGE 322 / 325

<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.	Full Name (Last, First, Middle Initial) Right Track PAC	Transaction ID: 27427014 Date of Disbursement
	Mailing Address PO Box 17325	<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City Jonesboro State AR Zip Code 72403	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Gingrey For Congress	Transaction ID: 27438152 Date of Disbursement
	Mailing Address PO Box U	<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City Marietta State GA Zip Code 30060	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Rep. Phil Gingrey, M.D.	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) David Scott For Congress	Transaction ID: 27438153 Date of Disbursement
	Mailing Address P.O. Box 960821	<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City Riverdale State GA Zip Code 30296	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Rep. David A. Scott	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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.	Full Name (Last, First, Middle Initial) Friends Of Mary Landrieu Inc	Transaction ID: 27438154 Date of Disbursement 03 / 18 / 2008
	Mailing Address 607 14th Street Nw Suite 800 Suite 1434	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Mary L. Landrieu	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Senator Carl Levin	Transaction ID: 27438151 Date of Disbursement 03 / 18 / 2008
	Mailing Address 10 G Street Ne, Suite 470	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Carl Levin	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Frelinghuysen For Congress	Transaction ID: 27493400 Date of Disbursement 03 / 20 / 2008
	Mailing Address 19 Cattano Ave	Amount of Each Disbursement this Period 4000.00
	City Morristown State NJ Zip Code 07960	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rodney P. Frelinghuysen	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

PAGE 324 / 325

<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.	Full Name (Last, First, Middle Initial) Al Green For Congress	Transaction ID: 27493396 Date of Disbursement 03 / 20 / 2008
	Mailing Address P.O. Box 20174 Suite 321	Amount of Each Disbursement this Period 1000.00
	City Houston State TX Zip Code 77225	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Al Green	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G

B.	Full Name (Last, First, Middle Initial) Sheila Jackson Lee For Congress	Transaction ID: 27493402 Date of Disbursement 03 / 20 / 2008
	Mailing Address 4412 Almeda	Amount of Each Disbursement this Period 1000.00
	City Houston State TX Zip Code 77004	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Sheila Jackson Lee	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 18	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G

C.	Full Name (Last, First, Middle Initial) Brady For Congress	Transaction ID: 27493401 Date of Disbursement 03 / 20 / 2008
	Mailing Address P.O. Box 8277	Amount of Each Disbursement this Period 1000.00
	City The Woodlands State TX Zip Code 77387	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Kevin Brady	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G

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.	Full Name (Last, First, Middle Initial) Lance For Congress	Transaction ID: 27493398 Date of Disbursement
	Mailing Address PO Box 225	<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City Colonia State NJ Zip Code 07067	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Leonard Lance	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Andy Harris For Congress	Transaction ID: 27558326 Date of Disbursement
	Mailing Address PO Box 1527	<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City Annapolis State MD Zip Code 21404	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Andrew Harris	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G

C.	Full Name (Last, First, Middle Initial) Jeanne Shaheen For Senate	Transaction ID: 27573194 Date of Disbursement
	Mailing Address PO Box 1510	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City Manchester State NH Zip Code 03105	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="4000.00"/>
	Candidate Name Mr. Jeanne Shaheen	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="252000.00"/>