

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="1409935.15"/>	<input type="text" value="1409935.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1582956.19"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="289024.55"/>	<input type="text" value="1351037.66"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1871980.74"/>	<input type="text" value="2760972.81"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="441420.27"/>	<input type="text" value="1330412.34"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1430560.47"/>	<input type="text" value="1430560.47"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	257771.99	1196418.98
(ii) Unitemized	22757.00	107368.66
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	280528.99	1303787.64
(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)	280528.99	1303787.64
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).....	4958.27	18638.22
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	3500.00	28500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	37.29	111.80
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	289024.55	1351037.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	289024.55	1351037.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	5175.27	19167.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5175.27	19167.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	385000.00	1251000.00
24. Independent Expenditures (use Schedule E)	50245.00	50245.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1000.00	10000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1000.00	10000.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	441420.27	1330412.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	441420.27	1330412.34

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	280528.99	1303787.64
34. Total Contribution Refunds (from Line 28(d))	1000.00	10000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	279528.99	1293787.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5175.27	19167.34
37. Offsets to Operating Expenditures (from Line 15, page 3).....	4958.27	18638.22
38. Net Operating Expenditures (subtract Line 37 from Line 36)	217.00	529.12

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Pierre L Clothiaux MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3555 S. National Ave Suite 200
 City Springfield State MO Zip Code 65807-7312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ferrell-Duncan Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 01 / 2012**
Transaction ID : A4E34979EF0F64456961
 Amount of Each Receipt this Period **500.00**

B. Jeffery P Beckenbaugh DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4121 8th St SW
 City Rochester State MN Zip Code 55902-8751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Olmsted Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 02 / 2012**
Transaction ID : A8A74A1AA28CD421FBB2
 Amount of Each Receipt this Period **100.00**

C. Cary B Chapman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1534 Victory Blvd
 City Staten Island State NY Zip Code 10314-3548
 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 **900.00**

Date of Receipt **07 / 02 / 2012**
Transaction ID : A6ECB86152E754723B2E
 Amount of Each Receipt this Period **150.00**

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 7 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Kenneth J Edwards MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 183 Peace Blvd
 City Saint Joseph State MI Zip Code 49085-9146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Michigan Ctr for Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt
 07 / 02 / 2012
Transaction ID : A584A317A0B914AAE9C7
 Amount of Each Receipt this Period
100.00

B. Daniel William Green MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 E 70th St
 City New York State NY Zip Code 10021-4823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1002.00**

Date of Receipt
 07 / 02 / 2012
Transaction ID : A5BF184A62F1441F3914
 Amount of Each Receipt this Period
167.00

C. Scott Edward Porter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Ortho, Acad Serv
 701 Grove Rd 2nd Fl Suprt Twr
 City Greenville State SC Zip Code 29605-5601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Hospital System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **510.00**

Date of Receipt
 07 / 02 / 2012
Transaction ID : AE845F6F6BE024088BF4
 Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional).....	352.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 232
	<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. Bonhomme Joseph Prud'homme MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3400 Health Sciences Center South
 PO Box 9196
 City Morgantown State WV Zip Code 26506-9196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Virginia University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **255.00**

Date of Receipt **07 / 02 / 2012**
Transaction ID : A69588D5D0F6445BC987
 Amount of Each Receipt this Period **85.00**

B. Marc J Rosen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5605 W Eugie Ste 111
 City Glendale State AZ Zip Code 85304-1273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Surg Network of North America Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1600.00**

Date of Receipt **07 / 02 / 2012**
Transaction ID : A027F1F7FA58B4502B98
 Amount of Each Receipt this Period **100.00**

c. Paul Strawn Sherbondy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Ste 112, MC-UP02
 1850 E Park Ave
 City State College State PA Zip Code 16803-6706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Penn State Hershey Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **249.99**

Date of Receipt **07 / 02 / 2012**
Transaction ID : A61173E39861742BAB49
 Amount of Each Receipt this Period **83.33**

SUBTOTAL of Receipts This Page (optional)..... **268.33**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 9 OF 232
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Nathaniel J Stewart MD

Mailing Address 2480 Fieldstone

City Eau Claire State WI Zip Code 54701-7869

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

Name of Employer Chippewa Valley Orthopedic and Sports Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2012

Transaction ID : AB83690FB70834DA7B6D

Amount of Each Receipt this Period
100.00

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

Mailing Address 725 W La Veta Ave Ste 260

City Orange State CA Zip Code 92868-4439

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2012

Transaction ID : A8452F0FE18DC4285958

Amount of Each Receipt this Period
84.00

Full Name (Last, First, Middle Initial)
C. Ravi S Bains MD

Mailing Address 24 Hilldale Ct

City Orinda State CA Zip Code 94563-3927

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

Name of Employer TPMG Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2012

Transaction ID : A8680C2B519DF4E85934

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **434.00**

TOTAL This Period (last page this line 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 OF 232
(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. Stephen Beissinger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6325 US Hwy 27 N Ste 201
 City State Zip Code
 Sebring FL 33870-8226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Florida Joint & Spine Institute Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2012
Transaction ID : A3033EF7B74C2483BB9E
 Amount of Each Receipt this Period
 500.00

B. Courtney W Brown MD
 Full Name (Last, First, Middle Initial)
 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 Ortho Clinic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2012
Transaction ID : AB02571D91C164F99892
 Amount of Each Receipt this Period
 500.00

C. Ciro Cirrincione MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 929 W. Higgins Rd
 City State Zip Code
 Schaumburg IL 60195-3203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Barrington Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2012
Transaction ID : A7EDE19C9F12D41408A8
 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 11 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

A. Ray M Fitzgerald MD
Full Name (Last, First, Middle Initial)

Mailing Address 17270 Red Oak Dr Ste 200

City Houston	State TX	Zip Code 77090-2632
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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 ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		03		2012

Transaction ID : A2FB3675CE29D4525841

Amount of Each Receipt this Period
500.00

B. Michael C Gerling MD
Full Name (Last, First, Middle Initial)

Mailing Address 133 Sterling Pl Apt 2C

City Brooklyn	State NY	Zip Code 11217-3381
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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
07		03		2012

Transaction ID : AD04BCECD9C174D5B98F

Amount of Each Receipt this Period
250.00

C. Paul R Gregory MD
Full Name (Last, First, Middle Initial)

Mailing Address 6620 Coyle Ave Suite 212

City Carmichael	State CA	Zip Code 95608-6337
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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 ▼
875.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		03		2012

Transaction ID : AC8CEA89AC5334F2291D

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Kent Steven Marangi MD		Date of Receipt
Mailing Address Community Ortho Med Group 26401 Crown Valley Prkwy Ste 101		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City Mission Viejo	State CA	Zip Code 92691-6302
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A274431E3509242BF86A
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) B. Jeffrey G Mokriss MD		Date of Receipt
Mailing Address 2001 Vail Ave Ste 200A		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City Charlotte	State NC	Zip Code 28207-1219
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : AFF00BEA8AB724745A82
Name of Employer Ortho Carolina		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		<input type="text" value="500.00"/>
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"/>

Full Name (Last, First, Middle Initial) C. Gregory O Munson MD		Date of Receipt
Mailing Address 1285 Orange Ave		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City Winter Park	State FL	Zip Code 32789-4984
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A20529B55DEF44D5480B
Name of Employer Jewett Clinic		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		<input type="text" value="500.00"/>
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"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Robert A Peinert Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4423 Organ Mesa Loop
 City Las Cruces State NM Zip Code 88011-8404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mountain View Regional Med Ctr Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 03 / 2012**
Transaction ID : A1D5810D5E23145868A8
 Amount of Each Receipt this Period **500.00**

B. Thomas C Schuler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1831 Wiehle Ave Suite 200
 City Reston State VA Zip Code 20190-5200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Virginia Spine Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **07 / 03 / 2012**
Transaction ID : AD92DAB49EDF84340BB5
 Amount of Each Receipt this Period **750.00**

C. John T Steedman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3801 5th St SE Ste 110
 City Puyallup State WA Zip Code 98374-2106
 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 **07 / 03 / 2012**
Transaction ID : AB47A8421268A42ECA35
 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 14 OF 232
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Lorence W Trick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 509
 City Elmendorf State TX Zip Code 78112-0509
 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 **500.00**

Date of Receipt **07 / 03 / 2012**
Transaction ID : A249A02AE235C4DD1816
 Amount of Each Receipt this Period **250.00**

B. Michael P Weinstein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 San Miguel Dr Ste 701
 City Newport Beach State CA Zip Code 92660-5927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer California Ortho Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.00**

Date of Receipt **07 / 03 / 2012**
Transaction ID : ACEF2CE6176084B5EB39
 Amount of Each Receipt this Period **375.00**

C. Mohammed-Tarek Al-Fahl MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9715 Stonecross Bend Dr
 City Houston State TX Zip Code 77070-4399
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Orthopaedics & Sports Med Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 09 / 2012**
Transaction ID : AF15C1227B19C4A9DB0A
 Amount of Each Receipt this Period **250.00**

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: (check only one)	PAGE 15 OF 232
	<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. John R Chase MD
Full Name (Last, First, Middle Initial)

Mailing Address 701 Platinum Pt

City Lake Mary State FL Zip Code 32746-4871

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

Name of Employer Jewett Orthopaedic Clinic Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt **07 / 09 / 2012**

Transaction ID : A1A5EFDD87F564DF1ADC

Amount of Each Receipt this Period **500.00**

B. John R Denton MD
Full Name (Last, First, Middle Initial)

Mailing Address 1333A North Ave PMB 434

City New Rochelle State NY Zip Code 10804-2120

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 **07 / 09 / 2012**

Transaction ID : A87225E9142ED40AF95E

Amount of Each Receipt this Period **1000.00**

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

Mailing Address 450 Sutter St Ste 910

City San Francisco State CA Zip Code 94108-3911

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 **07 / 09 / 2012**

Transaction ID : AA4596709484D44E78E5

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **2000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Michael M Durkee MD		Date of Receipt MM / DD / YYYY 07 / 09 / 2012
Mailing Address 2751 Northgate Dr		Transaction ID : A55F6C3C6509447A989B
City Iowa City	State IA	Zip Code 52245-9509
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Anthony Frogameni MD		Date of Receipt MM / DD / YYYY 07 / 09 / 2012
Mailing Address Toledo Ortho Surgeons 2865 N Reynolds Rd Bldg A		Transaction ID : A01F99FED446A473EAD4
City Toledo	State OH	Zip Code 43615-2100
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Toledo Orthopaedic 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	

Full Name (Last, First, Middle Initial) C. Donald F Garver Jr, MD		Date of Receipt MM / DD / YYYY 07 / 09 / 2012
Mailing Address 19701 Vernier Rd Ste 150		Transaction ID : AC166336E827643FA998
City Harper Woods	State MI	Zip Code 48225-1422
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).....▶	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: (check only one)	PAGE 17 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Frank P Giammattei MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Professional Office Bldg 2 Ste 324
 1 Medical Center Blvd
 City Chester State PA Zip Code 19013-3902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 09 / 2012
Transaction ID : A64C23529C46C4D3E8C0
 Amount of Each Receipt this Period 100.00

B. Gregory R Holt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address The Orthopaedic Center
 1809 E 13th St Ste 100
 City Tulsa State OK Zip Code 74104-4431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 09 / 2012
Transaction ID : A4B9D3C7B885B4303880
 Amount of Each Receipt this Period 500.00

C. Lawrence J Iwersen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Sunnyview Ln
 City Kalispell State MT Zip Code 59901-3164
 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 07 / 09 / 2012
Transaction ID : A5EFF19F87DE944E19CC
 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: (check only one)	PAGE 18 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Jeffrey Einer Johnson MD		Date of Receipt
Mailing Address 660 S. Euclid Ave Campus Box 8233 - OC		M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2012
City Saint Louis	State MO	Zip Code 63110-1010
FEC ID number of contributing federal political committee.	C	Transaction ID : A33305BFC9E2A4D7A83A
Name of Employer Washington University	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
	750.00	

Full Name (Last, First, Middle Initial) B. Michael E Joyce MD		Date of Receipt
Mailing Address Orthopaedic Sports Specialists 84 Glastonbury Blvd Ste 101		M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2012
City Glastonbury	State CT	Zip Code 06033-4468
FEC ID number of contributing federal political committee.	C	Transaction ID : AA8893DCFE3C3482A9B2
Name of Employer Orthopaedic Sports Specialists	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
	500.00	

Full Name (Last, First, Middle Initial) C. John E LaMacchia MD		Date of Receipt
Mailing Address 1135 W University Dr Ste 100		M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2012
City Rochester	State MI	Zip Code 48307-1886
FEC ID number of contributing federal political committee.	C	Transaction ID : AC872F2DECF824736938
Name of Employer Rochester Hills 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 ▼	250.00
	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 19 OF 232
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Thomas A McEnerney MD
Full Name (Last, First, Middle Initial)

Mailing Address 5150 Journal Center Blvd NE

City Albuquerque State NM Zip Code 87109-5900

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

Name of Employer ABQ Health Partners Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 09 / 2012
Transaction ID : **AF50AF27340FB4DC4B6A**

Amount of Each Receipt this Period 200.00

B. Dennis R McGee MD
Full Name (Last, First, Middle Initial)

Mailing Address 1075 N. Curtis, Suite 300

City Boise State ID Zip Code 83706-1348

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

Name of Employer St Alphonsus Regional Med Ctr Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 09 / 2012
Transaction ID : **A97C0C06278EB43A8A01**

Amount of Each Receipt this Period 1000.00

C. Mark K McKenzie MD
Full Name (Last, First, Middle Initial)

Mailing Address 215 McNeel Ln

City North Platte State NE Zip Code 69101-6054

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

Name of Employer North Platte Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 09 / 2012
Transaction ID : **AE96533081B1A4C15AB7**

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1700.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. George F Muschler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Cleveland Clinic Foundation
 9500 Euclid Ave Desk A-41
 City Cleveland State OH Zip Code 44195-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Cleveland Clinic Foundation Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2012
Transaction ID : AAC6701FEC1174C65A3C
 Amount of Each Receipt this Period
500.00

B. Brian S Parsley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5420 W. Loop South
 Suite 4100
 City Bellaire State TX Zip Code 77401-2121
 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 **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2012
Transaction ID : ADAD04BCB0C00489ABA6
 Amount of Each Receipt this Period
1000.00

C. Tracy A Pesut MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 460 Noelton Dr
 City Knoxville State TN Zip Code 37919-7677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tennessee Orthopaedic Clinics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2012
Transaction ID : A3F61E83CD0B74BE2894
 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 21 OF 232
	<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. Troy D Pierce MD
Full Name (Last, First, Middle Initial)

Mailing Address 4012 Edgewater Pl SE

City Mandan State ND Zip Code 58554-7968

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

Name of Employer Bone & Joint Clinic 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 Y
 07 / 09 / 2012

Transaction ID : A827C311E157B4B42B37

Amount of Each Receipt this Period
 250.00

B. Kevin J Reagan MD
Full Name (Last, First, Middle Initial)

Mailing Address 35 Kennedy Dr

City Putnam State CT Zip Code 06260-1939

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

Name of Employer Center of Bone & Joint Care Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 09 / 2012

Transaction ID : A61D28443163F4F4897D

Amount of Each Receipt this Period
 1000.00

C. John F Ritterbusch MD
Full Name (Last, First, Middle Initial)

Mailing Address 1050 Mydland Rd

City Sheridan State WY Zip Code 82801-2186

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 ▼ 755.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 09 / 2012

Transaction ID : A5BD5FD0241784919A78

Amount of Each Receipt this Period
 375.00

SUBTOTAL of Receipts This Page (optional).....▶	1625.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Anthony Andres Sanchez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 869 Inverness Circle
 City Spartanburg State SC Zip Code 29306-6680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Specialties of Spartanburg Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **07 / 09 / 2012**
Transaction ID : AEF53F4179A494A0EBED
 Amount of Each Receipt this Period **1000.00**

B. Gary M Schniegenberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 Medical Dr Ste A
 City Lima State OH Zip Code 45804-4030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Institute of Ohio Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt **07 / 09 / 2012**
Transaction ID : AB5484779A0E645FE8FF
 Amount of Each Receipt this Period **500.00**

c. Kevin Joseph Sprague MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5452 Fort St Ste 200
 City Trenton State MI Zip Code 48183-4638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oakwood Health Systems Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 09 / 2012**
Transaction ID : A1295BC76387F4B5DA93
 Amount of Each Receipt this Period **500.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David S Weisman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 585 Cranbury Rd
 City East Brunswick State NJ Zip Code 08816-4092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatric Orthopedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 09 / 2012**
Transaction ID : A26E7733C4C0F47C88D3
 Amount of Each Receipt this Period **1000.00**

B. David A Halsey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 192 Tilley Drive
 City South Burlington State VT Zip Code 05403-4440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Vermont Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 14 / 2012**
Transaction ID : AD9615333C3C0467289D
 Amount of Each Receipt this Period **50.00**

C. Michael John Ruddy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 617 Flamingo Dr
 City Fort Lauderdale State FL Zip Code 33301-2605
 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 **07 / 17 / 2012**
Transaction ID : AE464C1531DDC476A9F8
 Amount of Each Receipt this Period **200.00**

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 24 OF 232
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mary Johanna Albert MD

Mailing Address 758 Old Norcross Rd Suite 100

City State Zip Code
 Lawrenceville GA 30046-3386

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

Name of Employer Occupation
 Resurgens Orthopaedics Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 07 / 18 / 2012
Transaction ID : A85A34A7696EA476CBFB

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 51 Brookside Blvd

City State Zip Code
 West Hartford CT 06107-1108

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 ▼
 750.00

Date of Receipt
 07 / 18 / 2012
Transaction ID : A363B8EDAB7914B61B7F

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Martin Boublik MD

Mailing Address 8200 E Belleview Ave Ste 615E

City State Zip Code
 Greenwood Village CO 80111-2898

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

Name of Employer Occupation
 Steadman Hawkins Clinic Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 07 / 18 / 2012
Transaction ID : A304531E995AC4C889DF

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Neil B Callister MD
Full Name (Last, First, Middle Initial)
Mailing Address 1802 Quail Run Dr
City Ogden State UT Zip Code 84403-3266
FEC ID number of contributing federal political committee. **C**
Name of Employer Intermountain Healthcare Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 18 / 2012**
Transaction ID : A10D74870CBE24A3AA06
Amount of Each Receipt this Period **500.00**

B. David L Coran MD
Full Name (Last, First, Middle Initial)
Mailing Address 10124 N Vintage Ct
City Mequon State WI Zip Code 53092-6194
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 **07 / 18 / 2012**
Transaction ID : A51BF880CDE6B4093940
Amount of Each Receipt this Period **500.00**

C. Robert C Durkin MD
Full Name (Last, First, Middle Initial)
Mailing Address Kapiolani Med Ctr for Women & Chil
1319 Punahou St Ste 630
City Honolulu State HI Zip Code 96826-1044
FEC ID number of contributing federal political committee. **C**
Name of Employer Hawaii Pacific Health Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 18 / 2012**
Transaction ID : ACAD5A257F46B443BBF7
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 26 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. John B Gonzalez MD
Full Name (Last, First, Middle Initial)

Mailing Address 6800 Brockton Ave

City Riverside State CA Zip Code 92506-3810

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

Name of Employer Orthopaedic Medical Group Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 18 / 2012
Transaction ID : A7D2FD8B2749847EBB9C

Amount of Each Receipt this Period 500.00

B. Thomas P Gross MD
Full Name (Last, First, Middle Initial)

Mailing Address 1910 Blanding St

City Columbia State SC Zip Code 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 ▼ 2000.00

Date of Receipt 07 / 18 / 2012
Transaction ID : A6060539717AE46ABB4F

Amount of Each Receipt this Period 1000.00

c. Darrin James Kuczynski MD
Full Name (Last, First, Middle Initial)

Mailing Address 205 Hospital Dr

City Dover State OH Zip Code 44622-2058

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

Name of Employer Dover Orthopaedic Center Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 18 / 2012
Transaction ID : AA6B4D5BA9C4D44D3A52

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 27 OF 232
	<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. Thomas J Mathews MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2200 Forest Ridge Pkwy
 Ste 240
 City New Castle State IN Zip Code 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 **07 / 18 / 2012**
Transaction ID : ABB85AB2A8FD049BFA29
 Amount of Each Receipt this Period **250.00**

B. Thomas D Meade MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Cetronia Rd Suite 100
 City Allentown State PA Zip Code 18104-9147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coordinated Health System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **07 / 18 / 2012**
Transaction ID : AB4BBB8628C8E4B90B41
 Amount of Each Receipt this Period **2500.00**

C. Lynnford Samuel Wilson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10917 Georgetown Pike
 City Great Falls State VA Zip Code 22066-1519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arthritis & Sports Medicine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 18 / 2012**
Transaction ID : ADB3495C7841340008A4
 Amount of Each Receipt this Period **250.00**

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 28 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Richard Neal Wulff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3233 W Charleston Blvd Ste 101
 City Las Vegas State NV Zip Code 89102-1923
 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 M / D D D / Y Y Y Y Y Y
 07 / 18 / 2012
Transaction ID : A60D3806FE4814A1B870
 Amount of Each Receipt this Period
 250.00

B. Richard N Cross MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 992890
 City Redding State CA Zip Code 96099-2890
 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 M / D D D / Y Y Y Y Y Y
 07 / 24 / 2012
Transaction ID : AECC8D1E8A51B4C8BB69
 Amount of Each Receipt this Period
 250.00

C. Jonathan T Deland MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Hospl for Special Surgery
 535 E 70th St
 City New York State NY Zip Code 10021-4823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2012
Transaction ID : A33BC8455FF0C49B8B28
 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 29 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. John Anthony DiPreta MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1367 Washington Ave Ste 200
 City Albany State NY Zip Code 12206-1043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capital Region Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 24 / 2012**
Transaction ID : A362C3B69B2CF468B9F7
 Amount of Each Receipt this Period **1000.00**

B. Michael D Loeb MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1005 Eason St
 City Austin State TX Zip Code 78703-4820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 24 / 2012**
Transaction ID : A70D543A38803432B87E
 Amount of Each Receipt this Period **1000.00**

C. Stephen C McNeil MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Roche Brothers Way Ste 200
 City North Easton State MA Zip Code 02356-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Care Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 24 / 2012**
Transaction ID : A95C3E23CC718424F819
 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 30 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Yaser A Metwally MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2780 E Barnett Ste 200
 City Medford State OR Zip Code 97504-8674
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Oregon 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 Y
 07 / 24 / 2012
Transaction ID : AB19868EBE5164226BF0
 Amount of Each Receipt this Period
1000.00

B. William Kemp Montgomery MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5228 W Plano Pkwy
 City Plano State TX Zip Code 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 **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2012
Transaction ID : A0406C76369634FD2815
 Amount of Each Receipt this Period
1000.00

C. Vincent N Oliviero MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 Congress St
 City Portland State ME Zip Code 04102-2102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maine Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2012
Transaction ID : A0881F29DB36A44C2A11
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	2100.00
TOTAL This Period (last page this line 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 31 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Timothy Evan Radomisli MD		Date of Receipt
Mailing Address 130 E. 77th St 12th Fl		M M / D D / Y Y Y Y Y Y 07 / 24 / 2012
City	State	Zip Code
New York	NY	10075-1851
FEC ID number of contributing federal political committee. C		Transaction ID : A8961F7B76DDA4D6BB7C
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.00	

Full Name (Last, First, Middle Initial) B. Ponnawolu D Reddy MD		Date of Receipt
Mailing Address 49 Harbour Estates Dr		M M / D D / Y Y Y Y Y Y 07 / 24 / 2012
City	State	Zip Code
Winter Haven	FL	33884-2813
FEC ID number of contributing federal political committee. C		Transaction ID : ACB0076AC51344295819
Name of Employer Florida Joint & Spine Institute		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	500.00	

Full Name (Last, First, Middle Initial) C. Steve G Salyers MD		Date of Receipt
Mailing Address 1060 Rossvie Rd		M M / D D / Y Y Y Y Y Y 07 / 24 / 2012
City	State	Zip Code
Clarksville	TN	37043-1908
FEC ID number of contributing federal political committee. C		Transaction ID : AB52203B7D52949C6B5B
Name of Employer Premier Orthopaedics		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		501.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	1001.00	

SUBTOTAL of Receipts This Page (optional).....▶	1251.00
TOTAL This Period (last page this line 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 32 OF 232
	<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"/>	<input type="checkbox"/> 17

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

A. Michael D Sander MD
Full Name (Last, First, Middle Initial)

Mailing Address 1330 East Sixth St Ste 105

City	State	Zip Code
Weslaco	TX	78596-6608

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

Name of Employer	Occupation
Self Employed	Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2012

Transaction ID : A70AC8B773F944492A5B

Amount of Each Receipt this Period
500.00

B. Jimmy M Tamai MD
Full Name (Last, First, Middle Initial)

Mailing Address 995 Ellesmere Dr

City	State	Zip Code
Fairbanks	AK	99709-5759

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 M / D D D / Y Y Y Y Y Y
 07 / 24 / 2012

Transaction ID : A2DCC501A81D04D53A4F

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3008 Gardens Way

City	State	Zip Code
Memphis	TN	38111-2647

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

Name of Employer	Occupation
Mississippi Orthopedics	Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2012

Transaction ID : A7569981388F64D279ED

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 33 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Franco Edward Vigna MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6932 Williams Rd Ste 1600
 City State Zip Code
 Niagara Falls NY 14304-3072
 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 M / D D D / Y Y Y Y Y Y
 07 / 24 / 2012
Transaction ID : A3025E2B9C0234441BA1
 Amount of Each Receipt this Period
 500.00

B. Jeffery P Beckenbaugh DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4121 8th St SW
 City State Zip Code
 Rochester MN 55902-8751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Olmsted Medical Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2012
Transaction ID : A72A3F3DBF11942A0944
 Amount of Each Receipt this Period
 100.00

c. Cary B Chapman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1534 Victory Blvd
 City State Zip Code
 Staten Island NY 10314-3548
 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 ▼
 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2012
Transaction ID : AC4C35041973C4E859CF
 Amount of Each Receipt this Period
 150.00

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 34 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kenneth J Edwards MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 183 Peace Blvd
 City Saint Joseph State MI Zip Code 49085-9146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Michigan Ctr for Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 30 / 2012**
Transaction ID : A1B50B51250054664A31
 Amount of Each Receipt this Period **100.00**

B. Daniel William Green MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 E 70th St
 City New York State NY Zip Code 10021-4823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1169.00**

Date of Receipt **07 / 30 / 2012**
Transaction ID : AC500A8866ACF47A1847
 Amount of Each Receipt this Period **167.00**

C. David A Halsey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 192 Tilley Drive
 City South Burlington State VT Zip Code 05403-4440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Vermont Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 30 / 2012**
Transaction ID : AF3886ACD17484CB29E4
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional).....	317.00
TOTAL This Period (last page this line 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 35 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Scott Edward Porter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Ortho, Acad Serv
 701 Grove Rd 2nd Fl Suprt Twr
 City Greenville State SC Zip Code 29605-5601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Hospital System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **595.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2012
Transaction ID : AF8E353F38A434082A67
 Amount of Each Receipt this Period
85.00

B. Bonhomme Joseph Prud'homme MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3400 Health Sciences Center South
 PO Box 9196
 City Morgantown State WV Zip Code 26506-9196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Virginia University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **340.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2012
Transaction ID : AAE2564834C8F407EB08
 Amount of Each Receipt this Period
85.00

C. Marc J Rosen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5605 W Eugie Ste 111
 City Glendale State AZ Zip Code 85304-1273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Surg Network of North America Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2012
Transaction ID : A76FA88513882489E908
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	270.00
TOTAL This Period (last page this line 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 36 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Paul Strawn Sherbondy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Ste 112, MC-UP02
 1850 E Park Ave
 City State Zip Code
 State College PA 16803-6706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Penn State Hershey Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2012
Transaction ID : AAE7B3A1100DA41BD876
 Amount of Each Receipt this Period
 83.33

B. Nathaniel J Stewart MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2480 Fieldstone
 City State Zip Code
 Eau Claire WI 54701-7869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Chippewa Valley Orthopedic and Sports Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2012
Transaction ID : AE599FDD34C864C15942
 Amount of Each Receipt this Period
 100.00

C. Christopher A Wills MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 725 W La Veta Ave Ste 260
 City State Zip Code
 Orange CA 92868-4439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2012
Transaction ID : A21FB0378E53944E8950
 Amount of Each Receipt this Period
 84.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 267.33
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Samuel D D'Agata MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 207 Blooming Grove Rd
 City Hanover State PA Zip Code 17331-7917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hanover Orthopedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 31 / 2012
Transaction ID : A6CF886D6DD2942329A9
 Amount of Each Receipt this Period 250.00

B. Brian L Davison MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 170 Taylor Station Rd
 City Columbus State OH Zip Code 43213-4441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cardinal Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2012
Transaction ID : A1DD15C46680E4C02B28
 Amount of Each Receipt this Period 500.00

C. Wilford K Gibson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4003 Arrowhead Point Ct
 City Virginia Beach State VA Zip Code 23455-4452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atlantic Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 31 / 2012
Transaction ID : A683B1FA9765140AEBEF
 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 38 OF 232
	<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. Murray J Goodman MD
Full Name (Last, First, Middle Initial)
Mailing Address 9 Colby St
City Salem State MA Zip Code 01970-1901
FEC ID number of contributing federal political committee. **C**
Name of Employer Salem Orthopedic Surgeons, Inc Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 07 / 31 / 2012
Transaction ID : AD2A3C743444B41DC8BE
Amount of Each Receipt this Period 250.00

B. Gerald Q Greenfield Jr, MD
Full Name (Last, First, Middle Initial)
Mailing Address 5282 Medical Dr, Suite 200
City San Antonio State TX Zip Code 78229-4986
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 07 / 31 / 2012
Transaction ID : A783A817F08BE4C6F975
Amount of Each Receipt this Period 250.00

C. James Michael Grimes MD
Full Name (Last, First, Middle Initial)
Mailing Address 1 Orthopaedic Pl
City Saint Augustine State FL Zip Code 32086-4202
FEC ID number of contributing federal political committee. **C**
Name of Employer Orthopaedic Associates of St Augustine Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 07 / 31 / 2012
Transaction ID : AAA25E181048A4568A3F
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 39 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. G Brian Holloway MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 260 Ft Sanders West Blvd
 City Knoxville State TN Zip Code 37922-3355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Tennessee Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 31 / 2012
Transaction ID : AC735F697B20C4EE6A0C
 Amount of Each Receipt this Period 250.00

B. Gregory M Hrasky MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2767
 City Scottsdale State AZ Zip Code 85252-2767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cactus Pediatric Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 31 / 2012
Transaction ID : AD831BD74D5DF4C6EAD3
 Amount of Each Receipt this Period 750.00

C. Amy L McIntosh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 First Street SW
 Gonda Building 14th Floor
 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 07 / 31 / 2012
Transaction ID : A51E5F918896C4812854
 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 40 OF 232
	<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. Scott A Meyer MD
Full Name (Last, First, Middle Initial)

Mailing Address 450 Laurel St
Ste A

City Des Moines State IA Zip Code 50314-3045

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

Name of Employer Iowa Orthopaedic Center Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
07 / 31 / 2012
Transaction ID : A7CAEA040AC764234939

Amount of Each Receipt this Period
1000.00

B. Matthew E Mitchell MD
Full Name (Last, First, Middle Initial)

Mailing Address 4140 Centennial Hills Blvd Ste A

City Casper State WY Zip Code 82609-3265

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

Name of Employer Casper Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
07 / 31 / 2012
Transaction ID : AA8B270A064D648E29F0

Amount of Each Receipt this Period
1000.00

C. Ricardo J Rodriguez MD
Full Name (Last, First, Middle Initial)

Mailing Address 8080 Bluebonnet Blvd Ste 1000

City Baton Rouge State LA Zip Code 70810-7827

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

Name of Employer Baton Rouge Orthopaedic Clinic Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 / 31 / 2012
Transaction ID : A5766DDB25C4B46A4B97

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: (check only one)	PAGE 41 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Anthony A Stans MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1039 Weatherhill Ln SW
 City Rochester State MN Zip Code 55902-8842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 31 / 2012**
Transaction ID : AE69141A5232B4283B5D
 Amount of Each Receipt this Period **150.00**

B. Edward J Bieber MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10215 Fernwood Rd #506
 City Bethesda State MD Zip Code 20817-1184
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Bethesda Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 03 / 2012**
Transaction ID : A2BB9A81B30544D50B16
 Amount of Each Receipt this Period **500.00**

C. Kirk Kindsfater MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2500 E. Prospect Rd Suite Main
 City Fort Collins State CO Zip Code 80525-9718
 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 **08 / 03 / 2012**
Transaction ID : AA469CD8D187F4FC3B8A
 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: (check only one)	PAGE 42 OF 232
	<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. Jay R Parikh MD
Full Name (Last, First, Middle Initial)
Mailing Address 721Tilghman Dr Ste 100

City Dunn	State NC	Zip Code 28334-6066
--------------	-------------	------------------------

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
08		03		2012

Transaction ID : AC11F55927D6F4AA4A96

Amount of Each Receipt this Period
500.00

B. Russell S VanderWilde MD
Full Name (Last, First, Middle Initial)
Mailing Address 601 W 5th Ave Ste 400

City Spokane	State WA	Zip Code 99204-2715
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		03		2012

Transaction ID : A5554AF8A894446CABF6

Amount of Each Receipt this Period
750.00

C. Bruce Wolock MD
Full Name (Last, First, Middle Initial)
Mailing Address 8564 Leisure Hill Dr

City Pikesville	State MD	Zip Code 21208-1740
--------------------	-------------	------------------------

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 ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		03		2012

Transaction ID : A460677DD680E423DB08

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 43 OF 232
	<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. Kevin Charles Booth MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Northern California Spine Inst
 5725 W Las Positas Blvd Ste 200
 City Pleasanton State CA Zip Code 94588-4007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NCSI Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2012
Transaction ID : A33ED9D70628E42DFA4A
 Amount of Each Receipt this Period
500.00

B. O Winston Cameron Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 128 Medical Circle
 City Winchester State VA Zip Code 22601-3322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Winchester Orthopedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2012
Transaction ID : AF707F6963C5D48FF98D
 Amount of Each Receipt this Period
250.00

C. Paul A Dale MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 17th Ave E Ste 101
 City Alexandria State MN Zip Code 56308-3734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heartland Orthopedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2012
Transaction ID : A1CCEB7C2CF1B41D3BE0
 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 44 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Richard D Guyer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6020 W. Parker Rd #200
 City Plano State TX Zip Code 75093-8172
 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 500.00

Date of Receipt 08 / 06 / 2012
Transaction ID : A2236B8A4EA24427FBCD
 Amount of Each Receipt this Period 500.00

B. Carlos J Lavernia MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 Dolias Ct
 City Coral Gables State FL Zip Code 33143-6559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Miami Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 08 / 06 / 2012
Transaction ID : AD80D3F513BBC4874AF2
 Amount of Each Receipt this Period 1000.00

c. Leland C McCluskey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 7000 2300-a Manchester Expy Ste 101-a
 City Columbus State GA Zip Code 31904-6812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Francis Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 08 / 06 / 2012
Transaction ID : A94791D1296414EFD84C
 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 45 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jeffrey A Mogerman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 27A Woodlands Drive
 City Waymart State PA Zip Code 18472-9366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wayne Memorial Healthcare System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 08 / 06 / 2012
Transaction ID : ACBD166AFA61A451C8CF
 Amount of Each Receipt this Period 250.00

B. Rick F Papandrea MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Delafield St Ste 120
 City Waukesha State WI Zip Code 53188-3402
 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 08 / 06 / 2012
Transaction ID : AAC1BEF1005394600BA1
 Amount of Each Receipt this Period 1000.00

C. Richard J Patterson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Bone and Joint Spec of Winchester
 190 Campus Blvd MOB 2 Ste 310
 City Winchester State VA Zip Code 22601-2872
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bone & Joint Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 375.00

Date of Receipt 08 / 06 / 2012
Transaction ID : A044321966FEB43A7AAA
 Amount of Each Receipt this Period 375.00

SUBTOTAL of Receipts This Page (optional).....	1625.00
TOTAL This Period (last page this line 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 46 OF 232
	<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. Michael J Prayson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 E. Apple St
 Ste 2200
 City Dayton State OH Zip Code 45409-2939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wright State University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 08 / 06 / 2012
Transaction ID : AE4139538C6EB4B2CA1B
 Amount of Each Receipt this Period 250.00

B. Ronald R Romanelli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Ortho Center Of Illinois
 1301 S Koke Mill Rd
 City Springfield State IL Zip Code 62711-9252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Center of Illinois Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 750.00

Date of Receipt 08 / 06 / 2012
Transaction ID : AD6F524077D8C4F4295D
 Amount of Each Receipt this Period 750.00

C. Richard H Rothman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Ortho Surg
 925 Chestnut St 5th Fl
 City Philadelphia State PA Zip Code 19107-4216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rothman Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 08 / 06 / 2012
Transaction ID : A257FC159CD7F4842996
 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 47 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. John Bernard Ryan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11012 E 13 Mile Rd Ste 201
 City Warren State MI Zip Code 48093-2547
 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: 08 / 06 / 2012
Transaction ID : A8E382241430B465C8F1
 Amount of Each Receipt this Period: 250.00

B. Bernard M Swope MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 Campus Blvd Ste 310
 City Winchester State VA Zip Code 22601-2872
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Bone & Joint Specialists
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 06 / 2012
Transaction ID : AA5BCF721EB924E2BBEE
 Amount of Each Receipt this Period: 250.00

C. Joseph N Wilson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4701 85th St
 City Lubbock State TX Zip Code 79424-4104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Center Orthopaedic Surgery
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 06 / 2012
Transaction ID : A0E75A70146A544BCB70
 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 48 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. John S Woodward Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4975 E Preserve Ct
 City Greenwood Village State CO Zip Code 80121-2108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Physician 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 Y Y
 08 / 06 / 2012
Transaction ID : A4574FEA9502D46C595B
 Amount of Each Receipt this Period
500.00

B. J Winslow Alford MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Centerville Rd
 City Warwick State RI Zip Code 02886-4336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Bay Ortho Med Group 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 Y
 08 / 07 / 2012
Transaction ID : A645851673DAD4BA48D7
 Amount of Each Receipt this Period
250.00

C. Joseph E Alhadeff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Oakwood Dr
 City Red Lion State PA Zip Code 17356-8285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic & Spine Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2012
Transaction ID : AFBACC3C7B7747DCB53
 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 49 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Alfred J Coppola MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2634 G St
 City Bakersfield State CA Zip Code 93301-2814
 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 08 / 07 / 2012
Transaction ID : ABC0C801BC64A4206AB0
 Amount of Each Receipt this Period 250.00

B. Philippe S Cote MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Westmoreland St
 City Narragansett State RI Zip Code 02882-3443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foundry Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 08 / 07 / 2012
Transaction ID : A4D7BB803077C4179800
 Amount of Each Receipt this Period 500.00

c. Craig Anthony Cummins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Lake Cook Ortho 27401 W Hwy 22 Ste 125
 City Barrington State IL Zip Code 60010-5934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Cook Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 08 / 07 / 2012
Transaction ID : A0E84F7E920554522AE8
 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 50 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 8322 Bellona Ave Ste 100

City Towson	State MD	Zip Code 21204-2065
----------------	-------------	------------------------

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

Name of Employer Towson Orthopaedic Associates	Occupation Orthopaedic Surgeon
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 07 / 2012
Transaction ID : **ABA6986CF8A1B41DEAF1**

Amount of Each Receipt this Period
1000.00

B. Peter F DeLuca MD
Full Name (Last, First, Middle Initial)

Mailing Address 925 Chestnut St Fl 5

City Philadelphia	State PA	Zip Code 19107-4206
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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
08 / 07 / 2012
Transaction ID : **AD57902DCFC6149179AC**

Amount of Each Receipt this Period
500.00

c. Thomas Edward Dudley MD
Full Name (Last, First, Middle Initial)

Mailing Address 846 East Lake Cowdry Rd NW

City Alexandria	State MN	Zip Code 56308-8129
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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
08 / 07 / 2012
Transaction ID : **A52F66FF433E94AD09E6**

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Harry C Eschenroeder Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2405 Atherholt Rd
 City Lynchburg State VA Zip Code 24501-2184
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Center of Central Virginia Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 07 / 2012**
Transaction ID : AD8540C3EEA6A458EA50
 Amount of Each Receipt this Period **500.00**

B. Frank P Giammattei MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Professional Office Bldg 2 Ste 324
 1 Medical Center Blvd
 City Chester State PA Zip Code 19013-3902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 07 / 2012**
Transaction ID : ABD19D1C44232433C86F
 Amount of Each Receipt this Period **100.00**

C. David E Hockman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2413 Lacewood
 City Columbia State MO Zip Code 65201-3536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Orthopaedic Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 07 / 2012**
Transaction ID : A72D4E00A816C4D31904
 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: (check only one)	PAGE 52 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Lee Ameen Kelley MD
Full Name (Last, First, Middle Initial)

Mailing Address 2001 Peachtree Rd NE Ste 705

City Atlanta	State GA	Zip Code 30309-1476
-----------------	-------------	------------------------

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

Name of Employer Peachtree 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
08	/	07	/	2012

Transaction ID : A3074B1AF736E4D1086E

Amount of Each Receipt this Period
1000.00

B. Gordon M Mead MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 51455

City Shreveport	State LA	Zip Code 71135-1455
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FEC ID number of contributing federal political committee. **C**

Name of Employer Highland Clinic	Occupation Orthopaedic Surgeon
-------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	07	/	2012

Transaction ID : A1B3FC7FEB0EA4B388D8

Amount of Each Receipt this Period
500.00

C. Suresh Nayak MD
Full Name (Last, First, Middle Initial)

Mailing Address 7575 Five Mile Rd

City Cincinnati	State OH	Zip Code 45230-4346
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FEC ID number of contributing federal political committee. **C**

Name of Employer Wellington Orthopedics	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
08	/	07	/	2012

Transaction ID : AAE46D9B6F4B0492DA71

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 53 OF 232
	<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. Douglas George Norquist MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12410 E Sinto Ave 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:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2012
Transaction ID : A76948E81685B41A9AFC
 Amount of Each Receipt this Period
 1000.00

B. John Robert Prahinski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2405 Atherholt Rd
 City State Zip Code
 Lynchburg VA 24501-2184
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopaedic Center of Central Virginia Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2012
Transaction ID : ADE3618ACB1EC4DA7856
 Amount of Each Receipt this Period
 500.00

C. Linda J Rasmussen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 649 Kanaha St
 City State Zip Code
 Kailua HI 96734-1941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Windward Ortho Group Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2012
Transaction ID : ADC0405CB88AE4E93A3B
 Amount of Each Receipt this Period
 500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. John K Sontich MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2500 Metro Health Dr
 City Cleveland State OH Zip Code 44109-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Metro Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 08 / 07 / 2012
Transaction ID : A328762323A5C4FCD800
 Amount of Each Receipt this Period 380.00

B. Jack R Steel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2828 1st Ave Ste 400
 City Huntington State WV Zip Code 25702-1236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scott Orthopedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 388.00

Date of Receipt 08 / 07 / 2012
Transaction ID : A93B7407B229B4BFBB89
 Amount of Each Receipt this Period 188.00

C. William H Warden III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2760 Atlantic Ave
 City Long Beach State CA Zip Code 90806-2755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Orthopaedic Surgical Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 07 / 2012
Transaction ID : A8B798CE892EE40D88FD
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1068.00
TOTAL This Period (last page this line 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 55 OF 232
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Richard William Ward MD

Mailing Address 210 Village Center Blvd

City Myrtle Beach State SC Zip Code 29579-6706

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
08 / 07 / 2012
Transaction ID : A3322AB5B8CB7442393D

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Dudley S Burwell MD

Mailing Address 2781 C T Switzer Sr Dr Ste 402

City Biloxi State MS Zip Code 39531-4535

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 ▼
250.00

Date of Receipt
08 / 09 / 2012
Transaction ID : AA1EFEAD5542446D696D

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Gregory P Duff MD

Mailing Address 4409 NW Anderson Hill Rd

City Silverdale State WA Zip Code 98383-6807

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

Name of Employer West Sound Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 09 / 2012
Transaction ID : AFFDB9040B8824C038F4

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 56 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Gaia Georgopoulos MD
Full Name (Last, First, Middle Initial)

Mailing Address 13123 East 16th Ave
Administrative Pavillion C2207

City Aurora State CO Zip Code 80045-7106

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

Name of Employer University of Colorado Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 09 / 2012
Transaction ID : A9830D86D5CC342519DB

Amount of Each Receipt this Period
500.00

B. Charles N Hubbard MD
Full Name (Last, First, Middle Initial)

Mailing Address Georgia Orthopaedic Society
150 Clinic Ave

City Carrollton State GA Zip Code 30117-4401

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

Name of Employer Georgia Orthopaedic Society Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 09 / 2012
Transaction ID : ACFB740DC275B402FB8E

Amount of Each Receipt this Period
1000.00

C. Kumar Bipin Amin MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2507

City Steubenville State OH Zip Code 43953-0507

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 ▼
1000.00

Date of Receipt
08 / 10 / 2012
Transaction ID : A3A77DAF926254DF8A80

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 57 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Robert H Bell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3975 Embassy Pkwy Ste 102
 City Akron State OH Zip Code 44333-8335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Crystal Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 10 / 2012
Transaction ID : A01154B962E5542DB833
 Amount of Each Receipt this Period 250.00

B. James C Bolz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1405 West Lake Dr
 City Novi State MI Zip Code 48377-1340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Porretta Ctr for Orthopaedic Surgery Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 10 / 2012
Transaction ID : A5C4E060C32904DC38E2
 Amount of Each Receipt this Period 250.00

C. Michael L DiDonna MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12737 Forsyth St
 City Carmel State IN Zip Code 46032-4424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Indiana University Health Physicians Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 10 / 2012
Transaction ID : A23ED6EE5A7B24CA2A9B
 Amount of Each Receipt this Period 300.00

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: (check only one)	PAGE 58 OF 232
	<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. Roger Charles Dunteman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 850 Ironwood Dr Ste 202
 City Coeur D Alene State ID Zip Code 83814-4903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : A5FB3970CE29E46E2949
 Amount of Each Receipt this Period
 500.00

B. Thomas J Ellis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4175 Bangle Court
 City Dublin State OH Zip Code 43016-7333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OSU Medical Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : A6D437754DF734245BC5
 Amount of Each Receipt this Period
 500.00

C. Peter W Gilmer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3211 Moore's Mill Rd
 City Rougemont State NC Zip Code 27572-7539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Triangle Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : AA0C17781E6D3496E992
 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 59 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Edward H Holliger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15922 Manor Club Dr
 City Alpharetta State GA Zip Code 30004-8820
 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 ▼ 2000.00

Date of Receipt 08 / 10 / 2012
Transaction ID : A69E4E173940E4B3CBD4
 Amount of Each Receipt this Period 2000.00

B. Raymond L Horwood MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 24723 Detroit Rd
 City Westlake State OH Zip Code 44145-2526
 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 ▼ 250.00

Date of Receipt 08 / 10 / 2012
Transaction ID : A5730B83F676E42BBA77
 Amount of Each Receipt this Period 250.00

C. George S Kappakas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1321 5th Av Ste 1
 City McKeesport State PA Zip Code 15132-2403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pittsburgh Bone & Joint Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 10 / 2012
Transaction ID : AC6384ED1C0F84F39922
 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: (check only one)	PAGE 60 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Karen Jane McRae MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Watauga Ortho
 2410 Susannah St
 City Johnson City State TN Zip Code 37601-1748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Watauga Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 08 / 10 / 2012
Transaction ID : AAF64FCF62E68414AABF
 Amount of Each Receipt this Period
500.00

B. Michele A Prevost MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Ste 350
 2490 S Woodworth Loop
 City Palmer State AK Zip Code 99645-7411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Denali Orthopaedic Surgery PC Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 08 / 10 / 2012
Transaction ID : ABE32FD45EEA847DC842
 Amount of Each Receipt this Period
250.00

C. Perry Lauren Savage MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 Medical Park E Dr Ste 115
 City Birmingham State AL Zip Code 35235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alabama Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 08 / 10 / 2012
Transaction ID : A532F7394330D4B749F7
 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 61 OF 232
	<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. Russell G Tigges MD
Full Name (Last, First, Middle Initial)

Mailing Address 15 Stanford Court

City Rhinebeck State NY Zip Code 12572-2636

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

Name of Employer Orthopedic Associates, LLC Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2012

Transaction ID : A3388BB092C4542C494A

Amount of Each Receipt this Period
 500.00

B. Lloyd E Witham MD
Full Name (Last, First, Middle Initial)

Mailing Address 6936 E. French Gulch Rd

City Coeur D Alene State ID Zip Code 83814-7752

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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2012

Transaction ID : AA4AC8997FD1A4DF1B6C

Amount of Each Receipt this Period
 250.00

C. Norman P Zemel MD
Full Name (Last, First, Middle Initial)

Mailing Address 970 Cape Marco Drive, Unit 805

City Marco Island State FL Zip Code 34145-6652

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
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2012

Transaction ID : A735F19272BF244ECA4A

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 62 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt
 08 / 15 / 2012
Transaction ID : A7298DE51E7824F19884
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date 250.00

B. Robert O Anderson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 280 Smith Ave N. Suite 550
 City Saint Paul State MN Zip Code 55102-2463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Summit Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 08 / 15 / 2012
Transaction ID : AE8C9F58B47B541AB817
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date 1000.00

C. Alejandro Badia MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3650 NW 82nd Ave Ste 103
 City Doral State FL Zip Code 33166-6662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Badia Hand to Shoulder Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 08 / 15 / 2012
Transaction ID : ADC87DCDE10EE49E8BE9
 Amount of Each Receipt this Period
 1000.00
 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 63 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Alex B Bodensab MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4745 Ogletown Stanton Rd Ste 225
 City Newark State DE Zip Code 19713-1340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First State Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 08 / 15 / 2012
Transaction ID : A37CD8D49452A412AA11
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date
 1000.00

B. Andrew A Brooks MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2934 1/2 Beverly Glen Circle Pmb 203
 City Los Angeles State CA Zip Code 90077-1724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern California Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 08 / 15 / 2012
Transaction ID : A06F2FE509D1546D6B6D
 Amount of Each Receipt this Period
 1130.00
 Aggregate Year-to-Date
 1130.00

C. George E. Crickard III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2220 York St
 City Quincy State IL Zip Code 62301-4358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Quincy Orthopaedic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 08 / 15 / 2012
Transaction ID : A6ABE962006B34762BF0
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date
 500.00

SUBTOTAL of Receipts This Page (optional).....	2630.00
TOTAL This Period (last page this line 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 64 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Joseph C DiRaimondo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1636 Miriam Rd
 City Manitowoc State WI Zip Code 54220-1843
 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**

Date of Receipt **08 / 15 / 2012**
Transaction ID : A078ED471C32F4875931
 Amount of Each Receipt this Period **1000.00**

B. Alexander J Ghanayem MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2160 S 1st Ave Dept of Ortho Surg
 Maguire Ctr Rm 1700
 City Maywood State IL Zip Code 60153-3328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Loyola University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **08 / 15 / 2012**
Transaction ID : AF016AD2447284C29A78
 Amount of Each Receipt this Period **2500.00**

c. Christopher Ghigiarelli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Fitzgerald Dr
 City Moosic State PA Zip Code 18507-2105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scranton Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 15 / 2012**
Transaction ID : A7D728D6404164A1D8BB
 Amount of Each Receipt this Period **250.00**

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: (check only one)	PAGE 65 OF 232
	<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. Michael Lee Granberry MD
 Full Name (Last, First, Middle Initial)
 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:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2012
Transaction ID : A0D4633C93FB94E469B5
 Amount of Each Receipt this Period
 1000.00

B. Sharon L Hame MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Surgery
 10833 LeConte Ave CHS76-126
 City State Zip Code
 Los Angeles CA 90095-3075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UCLA Medical Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2012
Transaction ID : A2427A26382E04652B01
 Amount of Each Receipt this Period
 500.00

C. David J Kolessar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Geisinger Clinic
 1000 E Mountain Blvd
 City State Zip Code
 Wilkes Barre PA 18711-0027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2012
Transaction ID : AC1A93620F08A4C1D937
 Amount of Each Receipt this Period
 500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Courtland G Lewis MD
Full Name (Last, First, Middle Initial)
Mailing Address 499 Farmington Ave, Suite 300

City Farmington	State CT	Zip Code 06032-1933
--------------------	-------------	------------------------

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

Name of Employer Orthopaedic Associates of Hartford	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
08	/	15	/	2012

Transaction ID : A1626316F8D664E4F8E9

Amount of Each Receipt this Period
500.00

B. David M Lindgren MD
Full Name (Last, First, Middle Initial)
Mailing Address 8001 Chesshire Ln N

City Osseo	State MN	Zip Code 55311-2211
---------------	-------------	------------------------

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

Name of Employer Fairview Health Services	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
08	/	15	/	2012

Transaction ID : AB042A93D12FA45A3898

Amount of Each Receipt this Period
250.00

C. James M Loddengard MD
Full Name (Last, First, Middle Initial)
Mailing Address 23456 Hawthorne Blvd Ste 300

City Torrance	State CA	Zip Code 90505-4716
------------------	-------------	------------------------

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

Name of Employer Torrance Orthopaedics & Sports	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
08	/	15	/	2012

Transaction ID : AE8C64B85302D4A37A5A

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 67 OF 232
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Todd Andrew McCall MD
Full Name (Last, First, Middle Initial)

Mailing Address 1075 Mason Ave

City State Zip Code
Daytona Beach FL 32117-4611

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

Name of Employer Occupation
Orthopaedic Clinic of Daytona Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 15 / 2012
Transaction ID : A6569128C00E942908F1

Amount of Each Receipt this Period
250.00

B. Frederick N Meyer MD
Full Name (Last, First, Middle Initial)

Mailing Address 6505 Sugar Pointe Ct

City State Zip Code
Mobile AL 36695-2741

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

Name of Employer Occupation
University of South Alabama Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
08 / 15 / 2012
Transaction ID : A92929ADDB8914F509AE

Amount of Each Receipt this Period
1000.00

C. Gregory R Misenhimer MD
Full Name (Last, First, Middle Initial)

Mailing Address 104 Calle Cumbre

City State Zip Code
El Paso TX 79912-3433

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

Name of Employer Occupation
El Paso Orthopaedic Surg Group Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 15 / 2012
Transaction ID : A3B6C556152AB4016A28

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 68 OF 232
<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. William L Oppenheim MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 124 Outrigger Mall
 City Marina Del Rey State CA Zip Code 90292-6795
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UCLA Medical Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 08 / 15 / 2012
Transaction ID : A85363340D30F4462ACF
 Amount of Each Receipt this Period
 250.00

B. Timothy S Petsche MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2525 Kaneville Rd
 City Geneva State IL Zip Code 60134-2578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fox Valley Orthopaedic Institute Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 08 / 15 / 2012
Transaction ID : AE65E393D414C4CE7849
 Amount of Each Receipt this Period
 250.00

C. Steven S Ratcliffe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2547 103rd Ave SE
 City Bellevue State WA Zip Code 98004-7203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Proliance Surgeons Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 08 / 15 / 2012
Transaction ID : A89D11F47389F4FA6A2B
 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 69 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Jonathan Daniel Scherl MD		Date of Receipt 08 / 15 / 2012
Mailing Address 440 Curry Ave Suite A		Transaction ID : A221F5EB5F65C47DE947
City Englewood	State NJ	Zip Code 07631-1794
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Joseph E Slappey Jr, MD		Date of Receipt 08 / 15 / 2012
Mailing Address 1600 Forsyth St		Transaction ID : A2053C2A6C21345849BE
City Macon	State GA	Zip Code 31201-1408
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Forsyth Street 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	

Full Name (Last, First, Middle Initial) C. Milton J Smit MD		Date of Receipt 08 / 15 / 2012
Mailing Address 1051 Medoc St		Transaction ID : A8EC7E467900B41B684B
City Bourbonnais	State IL	Zip Code 60914-4532
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 380.00	
Name of Employer OAK Orthopedics	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional).....▶	930.00
TOTAL This Period (last page this line 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 70 OF 232
	<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. Eric Truumees MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 West 38th St
 Ste 200
 City Austin State TX Zip Code 78731-6405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seton Spine & Scoliosis Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2012
Transaction ID : AC5156941547848CEA85
 Amount of Each Receipt this Period
500.00

B. David E Attarian MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Duke Medical Plaza- Page Rd
 4709 Creekstone Drive, Suite 200
 City Durham State NC Zip Code 27703-8411
 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 **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2012
Transaction ID : A504765E700824E5E9F6
 Amount of Each Receipt this Period
250.00

C. James Vincent Bruno MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 37832 Atkins Knoll
 City Oconomowoc State WI Zip Code 53066-4702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fort Medical Group 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 Y
 08 / 16 / 2012
Transaction ID : A67599FEAB32F4C9986B
 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 71 OF 232
	<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. Michael R Clain MD
Full Name (Last, First, Middle Initial)

Mailing Address 6 Greenwich Office Park
Valley Dr

City Greenwich State CT Zip Code 06831-5151

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

Name of Employer ONS Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 16 / 2012
Transaction ID : **A087E31929EC54A28B35**

Amount of Each Receipt this Period
500.00

B. Richard F Fellrath MD
Full Name (Last, First, Middle Initial)

Mailing Address 95 Willow Farm Rd

City Fairview State NC Zip Code 28730-8513

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

Name of Employer Veterans Administration Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 16 / 2012
Transaction ID : **A22A6382BD1234AD3BA0**

Amount of Each Receipt this Period
250.00

C. Maureen A Finnegan MD
Full Name (Last, First, Middle Initial)

Mailing Address 5323 Harry Hines Blvd

City Dallas State TX Zip Code 75390-7201

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

Name of Employer UT Southwestern Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 16 / 2012
Transaction ID : **AD8BBA3C8A9EA4ADBBDD**

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 72 OF 232
	<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"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mark A Frankle MD		Date of Receipt
Mailing Address 13020 Telecom Pkwy N		<input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
Temple Terrace	FL	33637-0925
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AA2D62893F9E846EEA73
Name of Employer	Occupation	Amount of Each Receipt this Period
Florida Ortho Institute	Orthopaedic Surgeon	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. William G Hamilton MD		Date of Receipt
Mailing Address 8299 Glen Cove Ct		<input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
Alexandria	VA	22308-1657
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : ACBCA0AAFDA4846E3942
Name of Employer	Occupation	Amount of Each Receipt this Period
Anderson Orthopaedic Clinic	Orthopaedic Surgeon	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. Sheldon S Lin MD		Date of Receipt
Mailing Address 90 Bergen St Ortho Doc Suite 7300		<input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
Newark	NJ	07103-2425
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AEE7269DF37844DC4A5B
Name of Employer	Occupation	Amount of Each Receipt this Period
UMDNJ	Orthopaedic Surgeon	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="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 73 OF 232
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Michael Luckett MD

Mailing Address 12 Homestake Lane

City State Zip Code
 Great Falls MT 59405-8007

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

Name of Employer Occupation
 Great Falls Orthopaedic Associates Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2012

Transaction ID : A2344635323874305803

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Scott M Morrell MD

Mailing Address 2000 Pepperell Pkwy
 Bldg 5

City State Zip Code
 Opelika AL 36801-5452

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

Name of Employer Occupation
 Resurgens Orthopaedics Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2012

Transaction ID : AB7E66C41F6F3441E8AF

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Kenneth Ortega DO

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
 St Lukes Hospital Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2012

Transaction ID : A987189D30E61402BAF3

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 74 OF 232
	<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. Wagdy S Rizk MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3542 Smith Rd
 City Beaumont State TX Zip Code 77713-4246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BBJI Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 16 / 2012**
Transaction ID : AF6CA4E6BED6C40D5B3/
 Amount of Each Receipt this Period **500.00**

B. Wayne J Sebastianelli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1850 E Park Ave Ste 112
 City State College State PA Zip Code 16803-6706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hershey Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 16 / 2012**
Transaction ID : AA4BE0AD6CE70411C940
 Amount of Each Receipt this Period **250.00**

c. Curtis R Settergren MD
 Full Name (Last, First, Middle Initial)
 Mailing Address OrthoMontana 2900 12th Ave N Ste 140W
 City Billings State MT Zip Code 59101-7507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Montana Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 16 / 2012**
Transaction ID : AB5CCCAF6E83D41A2B33
 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 75 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Michael A Yergler MD
Full Name (Last, First, Middle Initial)

Mailing Address 53880 Carmichael Dr

City South Bend State IN Zip Code 46635-1567

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

Name of Employer South Bend Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
08 / 16 / 2012
Transaction ID : A107BBF4CDF1A488F8C8

Amount of Each Receipt this Period
500.00

B. Michael P Young MD
Full Name (Last, First, Middle Initial)

Mailing Address 27401 W. Hwy 22 #125

City Barrington State IL Zip Code 60010-5934

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
08 / 16 / 2012
Transaction ID : A88857A9D84C24B97957

Amount of Each Receipt this Period
250.00

C. Steven R Allsing MD
Full Name (Last, First, Middle Initial)

Mailing Address 5565 Grossmont Center Dr Bldg 3 Ste 154

City La Mesa State CA Zip Code 91942-3079

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
08 / 22 / 2012
Transaction ID : AADD6F3B1AD69474A85F

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 76 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jeffrey A Baum MD
 Full Name (Last, First, Middle Initial)
 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 08 / 22 / 2012
Transaction ID : A8D933FC116D14853BB2
 Amount of Each Receipt this Period 1000.00

B. Donald R Bohay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Leffingwell NE Ste 100
 City Grand Rapids State MI Zip Code 49525-6406
 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 250.00

Date of Receipt 08 / 22 / 2012
Transaction ID : A5DF5DD907D1447F89D4
 Amount of Each Receipt this Period 250.00

C. Bruce A Bollinger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 12th Ave Ste 300
 City Fort Worth State TX Zip Code 76104-2519
 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 08 / 22 / 2012
Transaction ID : A293AB94E4FA94B51A41
 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 77 OF 232
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Gary David Botimer MD
Full Name (Last, First, Middle Initial)

Mailing Address Dept Of Orthopaedics
11406 Loma Linda Dr, Ste 216a

City Loma Linda State CA Zip Code 92354-3711

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

Name of Employer Loma Linda University Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 22 / 2012
Transaction ID : A8778C1F1EB4F4956A02

Amount of Each Receipt this Period
1000.00

B. Roger B Collins MD
Full Name (Last, First, Middle Initial)

Mailing Address 105 N Greenleaf St

City Gurnee State IL Zip Code 60031-3326

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

Name of Employer Greenleaf Orthopaedic Associates Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 22 / 2012
Transaction ID : AFBE2E0B2D63B417E8E9

Amount of Each Receipt this Period
500.00

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

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
08 / 22 / 2012
Transaction ID : A8C1B6E2861A444C8A54

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 232
	<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. Lawrence D Dorr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4335 Woodleigh Ln
 City State Zip Code
 La Canada Flintridge CA 91011-3540
 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
 08 / 22 / 2012
Transaction ID : AAE5539B76FDE46A2884
 Amount of Each Receipt this Period
 2000.00

B. Robert I Forster MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 202 SW Palm Cove Dr
 City State Zip Code
 Palm City FL 34990-4341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Florida Orthopaedic Associates Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 08 / 22 / 2012
Transaction ID : A8598FAABE6F345A69D0
 Amount of Each Receipt this Period
 250.00

C. Mark J Lemos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1164 Ocean Blvd
 City State Zip Code
 Rye NH 03870-2835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lahey Clinic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 08 / 22 / 2012
Transaction ID : A13029D265A704CB8A71
 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 79 OF 232
(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. Ian Lin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Foster Dr
 City Des Moines State IA Zip Code 50312-2538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Des Moines Ortho Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2012
Transaction ID : A6D784926DB4B475F84F
 Amount of Each Receipt this Period
 1000.00

B. John H Mahon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8602 N Cardinal Dr
 City Phoenix State AZ Zip Code 85028-6102
 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
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2012
Transaction ID : A393DBA7E67D04AD0965
 Amount of Each Receipt this Period
 250.00

C. Matthew M Malerich MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1710
 City Bakersfield State CA Zip Code 93302-1710
 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 Y Y
 08 / 22 / 2012
Transaction ID : AB64B8EFAB9874FA1B4F
 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 80 OF 232
	<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. Daniel J Martin Jr, MD
Full Name (Last, First, Middle Initial)

Mailing Address 621 S New Ballas Rd Ste 5015B

City	State	Zip Code
Saint Louis	MO	63141-8270

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

Name of Employer	Occupation
Self Employed	Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2012

Transaction ID : A0678556B6A88467F884

Amount of Each Receipt this Period
500.00

B. Mathias A Masem MD
Full Name (Last, First, Middle Initial)

Mailing Address 80 Grand Ave #600

City	State	Zip Code
Oakland	CA	94612-3744

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 Y Y
 08 / 22 / 2012

Transaction ID : ABEAE6A8976B24BDC9F5

Amount of Each Receipt this Period
250.00

C. David B Verst MD
Full Name (Last, First, Middle Initial)

Mailing Address 200 Let Er Buck Rd

City	State	Zip Code
Hailey	ID	83333-5198

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

Name of Employer	Occupation
Verst Spine & Orthopedic Care	Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2012

Transaction ID : A01ED990F745649A2BB3

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 81 OF 232
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Richard Wathne MD

Mailing Address 333 N 18th Ave Ste D1

City Pocatello State ID Zip Code 83201-3358

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

Name of Employer Pocatello Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 22 / 2012
Transaction ID : AD4C7D38428894C08932

Amount of Each Receipt this Period
500.00

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

Mailing Address PO Box 1720

City Kealahou State HI Zip Code 96750-1720

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

Name of Employer West Hawaii Orthopedics Inc Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 27 / 2012
Transaction ID : AF4851F06E5424824B80

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Ryan Carter Cassidy MD

Mailing Address 125 E Maxwell St Ste 201

City Lexington State KY Zip Code 40508-2678

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

Name of Employer Univ of Kentucky Healthcare Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 27 / 2012
Transaction ID : A645F6C8AA05243D49CE

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 82 OF 232
<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. Steven H Goldberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 670 Toldt Forest Ct
 City Brookfield State WI Zip Code 53045-6310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hand Surgery Ltd Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 08 / 27 / 2012
Transaction ID : A9FA2C7DA1789446FB16
 Amount of Each Receipt this Period 250.00

B. Steven Craig Humphreys MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 291 North Fireweed
 City Soldotna State AK Zip Code 99669-7540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kenai Spine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 08 / 27 / 2012
Transaction ID : A898F23D36C514F0AB3B
 Amount of Each Receipt this Period 1000.00

C. James W Maxey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Great Plains Orthopaedics
 13004 N Georgetowne Rd
 City Dunlap State IL Zip Code 61525-9470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Great Plains Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 08 / 27 / 2012
Transaction ID : A14FB5A23FA7840AB975
 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 83 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. James C McIntosh Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Fish Haul Rd
 City Columbia State SC Zip Code 29209-0871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lexington Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 27 / 2012
Transaction ID : A1F07FD30EA4D486986D
 Amount of Each Receipt this Period 1000.00

B. Michael McNamara MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4015 Lake Otis Pkwy, Suite 201
 City Anchorage State AK Zip Code 99508-5211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 27 / 2012
Transaction ID : AA6AFB183ADC742D2A7E
 Amount of Each Receipt this Period 1000.00

C. Edward J McPherson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 South Alvarado St Suite 501
 City Los Angeles State CA Zip Code 90057-2385
 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 08 / 27 / 2012
Transaction ID : AB1D2DE0FA3BD4A9B979
 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: (check only one)	PAGE 84 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Edward H Saer III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 S. McKinley St Suite 210
 City Little Rock State AR Zip Code 72205-5220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arkansas Specialty Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.00**

Date of Receipt **08 / 27 / 2012**
Transaction ID : A29243F197B774C799A8
 Amount of Each Receipt this Period **375.00**

B. Stephen William Samelson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Southern Ortho Surgeons PO Box 250450
 City Montgomery State AL Zip Code 36125-0450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Ortho Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 27 / 2012**
Transaction ID : AC6F5382956D8437A919
 Amount of Each Receipt this Period **500.00**

C. Wayne B Venters MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 E. 5th Ave Po Box 3649
 City Spokane State WA Zip Code 99202-1334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rockwood Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 27 / 2012**
Transaction ID : AF3E4EA6CB05249699E3
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
TOTAL This Period (last page this line 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 85 OF 232
	<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. Dale R Anderson MD
Full Name (Last, First, Middle Initial)

Mailing Address 101 E Minnesota St Ste 210

City	State	Zip Code
Rapid City	SD	57701-7758

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

Name of Employer	Occupation
Self Employed	Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	28	/	2012

Transaction ID : A7BE3598859F54D6096C

Amount of Each Receipt this Period
500.00

B. Michael John Dunn MD
Full Name (Last, First, Middle Initial)

Mailing Address 139 Stillwater Dr

City	State	Zip Code
Saint Simons Island	GA	31522-5537

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

Name of Employer	Occupation
Southern Orthopaedic Specialists	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
08	/	28	/	2012

Transaction ID : A4B15C35CF9314C7098C

Amount of Each Receipt this Period
500.00

C. Thomas B Fleeter MD
Full Name (Last, First, Middle Initial)

Mailing Address 1860 Town Ctr Dr Ste 300

City	State	Zip Code
Reston	VA	20190-5900

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

Name of Employer	Occupation
Town Center Ortho Associates	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
08	/	28	/	2012

Transaction ID : A37C606CAF81A4A32B4E

Amount of Each Receipt this Period
300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Peter C Janes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1303
 City Frisco State CO Zip Code 80443-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vail Summit Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 28 / 2012**
Transaction ID : A3628A090158A4610B7A
 Amount of Each Receipt this Period **500.00**

B. Edward John Mikol MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1153 Blackheath Ct
 City Myrtle Beach State SC Zip Code 29575-5820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Ortho Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 28 / 2012**
Transaction ID : A38AA67A974184687A59
 Amount of Each Receipt this Period **1000.00**

C. Michael J Sailer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 816 W Lake Sammamish Pkwy SE
 City Bellevue State WA Zip Code 98008-5213
 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 **250.00**

Date of Receipt **08 / 28 / 2012**
Transaction ID : AC2375E7DCF6B44E08AA
 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 87 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. William O Samuelson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2800 Pierce St Ste 101
 City State Zip Code
 Sioux City IA 51104-3707
 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 M / D D D / Y Y Y Y Y Y
 08 / 28 / 2012
Transaction ID : AB9D1CA3170204F079BD
 Amount of Each Receipt this Period
 1000.00

B. Jeff Eric Schulman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3851 Barcroft Ln
 City State Zip Code
 Alexandria VA 22312-1162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Inova Fairfax Hospital Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2012
Transaction ID : A922D7FD4712541ED9FB
 Amount of Each Receipt this Period
 250.00

c. Jeffery P Beckenbaugh DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4121 8th St SW
 City State Zip Code
 Rochester MN 55902-8751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Olmsted Medical Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2012
Transaction ID : A8A55C1C97D7A4ED3B9E
 Amount of Each Receipt this Period
 100.00

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: (check only one)	PAGE 88 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kenneth J Edwards MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 183 Peace Blvd
 City Saint Joseph State MI Zip Code 49085-9146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Michigan Ctr for Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **800.00**

Date of Receipt
 08 / 29 / 2012
Transaction ID : A37029A4E49744FBBB4C
 Amount of Each Receipt this Period
100.00

B. Daniel William Green MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 E 70th St
 City New York State NY Zip Code 10021-4823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1336.00**

Date of Receipt
 08 / 29 / 2012
Transaction ID : A38C2B0EF89094B37B92
 Amount of Each Receipt this Period
167.00

C. David A Halsey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 192 Tilley Drive
 City South Burlington State VT Zip Code 05403-4440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Vermont Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt
 08 / 29 / 2012
Transaction ID : A639CDA350B3349AFB1C
 Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....	317.00
TOTAL This Period (last page this line 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 89 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Scott Edward Porter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Ortho, Acad Serv
 701 Grove Rd 2nd Fl Suprt Twr
 City Greenville State SC Zip Code 29605-5601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Hospital System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **680.00**

Date of Receipt
 08 / 29 / 2012
Transaction ID : A86AB7CBE08304E23A0C
 Amount of Each Receipt this Period
85.00

B. Bonhomme Joseph Prud'homme MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3400 Health Sciences Center South
 PO Box 9196
 City Morgantown State WV Zip Code 26506-9196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Virginia University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **425.00**

Date of Receipt
 08 / 29 / 2012
Transaction ID : ABBF4ED709978482C835
 Amount of Each Receipt this Period
85.00

C. Marc J Rosen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5605 W Eugie Ste 111
 City Glendale State AZ Zip Code 85304-1273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Surg Network of North America Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1800.00**

Date of Receipt
 08 / 29 / 2012
Transaction ID : AAF9762BFB00E42B8A92
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **270.00**
TOTAL This Period (last page this line 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 90 OF 232
	<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. Paul Strawn Sherbondy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Ste 112, MC-UP02
 1850 E Park Ave
 City State Zip Code
 State College PA 16803-6706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Penn State Hershey Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2012
Transaction ID : A4CEE1D682D144664A21
 Amount of Each Receipt this Period
 83.33

B. Nathaniel J Stewart MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2480 Fieldstone
 City State Zip Code
 Eau Claire WI 54701-7869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Chippewa Valley Orthopedic and Sports Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2012
Transaction ID : A3B943D5295354C11AF6
 Amount of Each Receipt this Period
 100.00

C. Dante A Brittis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 75 Kings Hwy Cutoff Ste 100
 City State Zip Code
 Fairfield CT 06824-5340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OSG Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2012
Transaction ID : A31F42299C3724DAB80A
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 683.33
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 232
	<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. Kevin F Walsh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1637 Imperial Circle
 City Naperville State IL Zip Code 60563-0132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 04 / 2012
Transaction ID : AEB637A05C18D4337834
 Amount of Each Receipt this Period 500.00

B. Christopher A Wills MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 725 W La Veta Ave Ste 260
 City Orange State CA Zip Code 92868-4439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 09 / 05 / 2012
Transaction ID : A07E7B50B86AE4EFF832
 Amount of Each Receipt this Period 84.00

C. John W Acampa MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 180 E. Main St Suite 7
 City Bay Shore State NY Zip Code 11706-8427
 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 09 / 07 / 2012
Transaction ID : ABC1CC4ADE58C4A33965
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 834.00
TOTAL This Period (last page this line 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 93 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. James H Armstrong MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 250450
 City Montgomery State AL Zip Code 36125-0450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Orthopedic Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2012
Transaction ID : AC8735E2018F44FB2A0F
 Amount of Each Receipt this Period
250.00

B. Vincent Finval Bergquist MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1938 Alabama Hwy 157 Ste 101
 City Cullman State AL Zip Code 35058-0609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho & Sports Med Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2012
Transaction ID : AFF742B1EC98247EA92A
 Amount of Each Receipt this Period
1000.00

c. Robert Boyd Carrigan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 232 Summit Rd
 City Springfield State PA Zip Code 19064-1419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Surgical Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2012
Transaction ID : AD53F68E932E04A1589C
 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 94 OF 232
	<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. Christopher R Goll MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7758 Chipwood Ln
 City Jacksonville State FL Zip Code 32256-2350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heekin Ortho Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 07 / 2012**
Transaction ID : AAC6805FCDB8748378CD
 Amount of Each Receipt this Period **500.00**

B. Thomas S Gorsche MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1633 Dakota Dr
 City Waterloo State IA Zip Code 50701-9767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVMS Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 07 / 2012**
Transaction ID : AA423342EC900472285F
 Amount of Each Receipt this Period **500.00**

c. Jeffrey C King MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7665 Finnagen Dr
 City Mattawan State MI Zip Code 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 **09 / 07 / 2012**
Transaction ID : A726E00A1B2074423A15
 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 95 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Jay M Lipke MD		Date of Receipt										
Mailing Address 10301 Kanis Rd		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>07</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		07		2012
M M	/	D D	/	Y Y Y Y								
09		07		2012								
City	State	Zip Code										
Little Rock	AR	72205-6205										
FEC ID number of contributing federal political committee.	C	Transaction ID : AA138E787F23D4EEC8F3										
Name of Employer Orthoarkansas Physicians		Amount of Each Receipt this Period										
Occupation Orthopaedic Surgeon		400.00										
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	400.00											

Full Name (Last, First, Middle Initial) B. Peter David McGann MD		Date of Receipt										
Mailing Address 7255 N Cedar Ave		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>07</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		07		2012
M M	/	D D	/	Y Y Y Y								
09		07		2012								
City	State	Zip Code										
Fresno	CA	93720-3831										
FEC ID number of contributing federal political committee.	C	Transaction ID : A05AEB5BB5CFB4AF08B6										
Name of Employer Self Employed		Amount of Each Receipt this Period										
Occupation Orthopaedic Surgeon		200.00										
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	400.00											

Full Name (Last, First, Middle Initial) C. Mark D Santi MD		Date of Receipt										
Mailing Address 3288 Moanalua Rd		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>07</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		07		2012
M M	/	D D	/	Y Y Y Y								
09		07		2012								
City	State	Zip Code										
Honolulu	HI	96819-1469										
FEC ID number of contributing federal political committee.	C	Transaction ID : A53A46E10EEC54836863										
Name of Employer Kaiser Permanente		Amount of Each Receipt this Period										
Occupation Orthopaedic Surgeon		500.00										
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00											

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: (check only one)	PAGE 96 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Edward C Tanner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1445 Portland Ave Ste 210
 City Rochester State NY Zip Code 14621-3008
 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 M / D D D / Y Y Y Y Y Y
 09 / 07 / 2012
Transaction ID : AD6C0D32D14A44139BC7
 Amount of Each Receipt this Period
 500.00

B. Troy B Watkins Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8854 W. Emerald St Suite 170
 City Boise State ID Zip Code 83704-4859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mountain States Hand Clinic
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2012
Transaction ID : AE25A1C365E764EDB98C
 Amount of Each Receipt this Period
 1000.00

C. Joseph P Burns MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 289 Beloit Ave
 City Los Angeles State CA Zip Code 90049-3009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern California Orthopedics
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2012
Transaction ID : A52F057B4E4A444CEACA
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. James K Baker
Full Name (Last, First, Middle Initial)

Mailing Address 727 Belvin St

City San Marcos State TX Zip Code 78666-4301

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

Name of Employer Lone Star Orthopedics, P.A. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 09 / 2012
Transaction ID : A7D5AA44D10D643D791A

Amount of Each Receipt this Period 300.00

B. C Anderson Engh Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1401 Greenwood Pl

City Alexandria State VA Zip Code 22304-1604

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

Name of Employer Anderson Clinic Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 09 / 2012
Transaction ID : A2CF9CFEAC05E4F97AB2

Amount of Each Receipt this Period 1000.00

C. David K Monson MD
Full Name (Last, First, Middle Initial)

Mailing Address 1491 LaChona Court NE

City Atlanta State GA Zip Code 30329-3481

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

Name of Employer Emory Clinic Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 09 / 2012
Transaction ID : A8814700AA1E148AA870

Amount of Each Receipt this Period 1000.00

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: (check only one)	PAGE 98 OF 232
	<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. Omid S Barzideh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 Valley Rd
 City Old Westbury State NY Zip Code 11568-1016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Winthrop University 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 Y
 09 / 10 / 2012
Transaction ID : A3EFB6593E236480F979
 Amount of Each Receipt this Period
250.00

B. David A Bernstein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address New Mexico Orthopaedics
 201 Cedar SE Ste 6600
 City Albuquerque State NM Zip Code 87106-5411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Mexico Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2012
Transaction ID : A17F60EC5536642D8B5C
 Amount of Each Receipt this Period
500.00

C. David J Bozentka MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Cupp Pavilion
 39th and Market St
 City Philadelphia State PA Zip Code 19104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Pennsylvania Health System 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 Y
 09 / 10 / 2012
Transaction ID : A32B0FB6648EA4B12819
 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 99 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Charles E Cook MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8440 Walnut Hill Ln Ste 110
 City Dallas State TX Zip Code 75231-3824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt 09 / 10 / 2012
Transaction ID : ABF8EA72C2A364EEBB61
 Amount of Each Receipt this Period 1000.00
 Aggregate Year-to-Date 1000.00

B. Kevin Crawford MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4401 11th St
 City Lubbock State TX Zip Code 79416-4814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lubbock Sports Medicine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt 09 / 10 / 2012
Transaction ID : A2293D490F1B24308844
 Amount of Each Receipt this Period 1000.00
 Aggregate Year-to-Date 1000.00

C. Robert C Martin DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Patrick Ct
 City Rocky Mount State NC Zip Code 27804-1743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Regional Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt 09 / 10 / 2012
Transaction ID : A13CB7484A59542C99C5
 Amount of Each Receipt this Period 1000.00
 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 100 OF 232
	<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

Full Name (Last, First, Middle Initial) A. James M Pape MD		Date of Receipt 09 / 10 / 2012 Transaction ID : A5490338928F54A53AC7
Mailing Address 3699 N Fork Dr SE		Amount of Each Receipt this Period 250.00
City Cedar Rapids	State IA	Zip Code 52403-2142
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	

Full Name (Last, First, Middle Initial) B. Andrew N Pollak MD		Date of Receipt 09 / 10 / 2012 Transaction ID : A8B52F22FD8084DAC963
Mailing Address 22 S. Greene St Rm 3TR54		Amount of Each Receipt this Period 1000.00
City Baltimore	State MD	Zip Code 21201-1544
FEC ID number of contributing federal political committee. C		
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. John Patrick Reilly MD		Date of Receipt 09 / 10 / 2012 Transaction ID : A77ED35A1086745EEAF9
Mailing Address 60 Copperflag Ln		Amount of Each Receipt this Period 250.00
City Staten Island	State NY	Zip Code 10304-1158
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 101 OF 232
	<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. Paul J Siatczynski MD
Full Name (Last, First, Middle Initial)

Mailing Address 3100 Cross Creek Pkwy Ste 200

City Auburn Hills	State MI	Zip Code 48326-2776
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FEC ID number of contributing federal political committee. **C**

Name of Employer Rochester Knee & Sports Med	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
09		10		2012

Transaction ID : AAD2D8E4C29EE43008D5

Amount of Each Receipt this Period
500.00

B. Mark J Sinnreich MD
Full Name (Last, First, Middle Initial)

Mailing Address 4308 Alton Rd Suite 780

City Miami Beach	State FL	Zip Code 33140-4559
---------------------	-------------	------------------------

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

Name of Employer Extremity Preservation, Inc	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
09		10		2012

Transaction ID : A09110CC5596C477C8F0

Amount of Each Receipt this Period
250.00

C. James M Timoney DO
Full Name (Last, First, Middle Initial)

Mailing Address 158 E. Shore Rd

City Auburn	State ME	Zip Code 04210-9021
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FEC ID number of contributing federal political committee. **C**

Name of Employer Central Maine Orthopaedics	Occupation Orthopaedic Surgeon
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		10		2012

Transaction ID : A08965D8E5C60497786C

Amount of Each Receipt this Period
125.00

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: (check only one)	PAGE 102 OF 232
	<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. Constantine A Toumbis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 950 N Avalon Way
 City Lecanto State FL Zip Code 34461-6004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Citrus Orthopaedic & Joint Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 09 / 10 / 2012
Transaction ID : AF20888C7E8D94FBE9A0
 Amount of Each Receipt this Period 1000.00

B. David P Bealle MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 Keeton Dr
 City Hopkinsville State KY Zip Code 42240-8756
 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 09 / 11 / 2012
Transaction ID : A50201458C78F45A4B5C
 Amount of Each Receipt this Period 1000.00

C. Michael Alan MacKay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Orthopaedic Surgeons Of Oak Ridge
 90 Vermont Ave Ste 300
 City Oak Ridge State TN Zip Code 37830-6478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Tennessee Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 09 / 11 / 2012
Transaction ID : A46C2CE77A0E94FE181B
 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: (check only one)	PAGE 103 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Ferris Ray Nickel MD
Full Name (Last, First, Middle Initial)

Mailing Address 3525 Loma Vista Rd

City State Zip Code
Ventura CA 93003-3101

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

Name of Employer Occupation
Ventura Orthopaedics Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 11 / 2012
Transaction ID : A29C8425A37F84D899C9

Amount of Each Receipt this Period
300.00

B. Craig Alan Zeman MD
Full Name (Last, First, Middle Initial)

Mailing Address 2100 Solar Dr Suite 102

City State Zip Code
Oxnard CA 93036-0649

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

Name of Employer Occupation
Ventura Orthopedics & Sports Medicine Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 11 / 2012
Transaction ID : A3A08B54C3B4F4629A58

Amount of Each Receipt this Period
250.00

C. William Enright MD
Full Name (Last, First, Middle Initial)

Mailing Address 2223 Lime Kiln Rd
Suite 1

City State Zip Code
Green Bay WI 54311-6213

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
09 / 12 / 2012
Transaction ID : A6466E77083134E0FBF7

Amount of Each Receipt this Period
500.00

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 104 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

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

Mailing Address 9808 Winter Palace Dr

City Las Vegas State NV Zip Code 89145-8638

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 09 / 12 / 2012
Transaction ID : A212E7EC9D53B4360ACF

Amount of Each Receipt this Period 750.00

B. Charles F Leinberry Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 20 Ivy Lane

City Chester Springs State PA Zip Code 19425-3316

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

Name of Employer Rothman Institute Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2012
Transaction ID : A7CDE605A5AF84DF78A8

Amount of Each Receipt this Period 250.00

C. P Gregory Askins MD
Full Name (Last, First, Middle Initial)

Mailing Address 404 State St

City Bangor State ME Zip Code 04401-6623

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

Name of Employer Down East Orthopaedic Associat Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 13 / 2012
Transaction ID : AE6534ACFAE5843C6971

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: (check only one)	PAGE 105 OF 232
	<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. John Charles Balbas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4802 S 109th E Ave
 City Tulsa State OK Zip Code 74146-5822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tulsa Bone & Joint Associates Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 13 / 2012
Transaction ID : A657409A50FC1433CB99
 Amount of Each Receipt this Period
 500.00

B. Jaafar M Bazih MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4802 S 109th East Ave
 City Tulsa State OK Zip Code 74146-5822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tulsa Bone & Joint Associates Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 09 / 13 / 2012
Transaction ID : A296E6CFB82EB411BEC
 Amount of Each Receipt this Period
 500.00

C. Christopher Chen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 Colby St Ste 106
 City Berkeley State CA Zip Code 94705-2090
 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
 09 / 13 / 2012
Transaction ID : A4B3D90FE312142BDB11
 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 106 OF 232
(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. Marchel Word Clements DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4802 S. 109 East Ave
 City Tulsa State OK Zip Code 74146-5822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tulsa Bone & Joint Associates Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : A9707F265A8B34EE492C
 Amount of Each Receipt this Period
 500.00

B. John R Dorris MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 393 Hampton Ct
 City Athens State GA Zip Code 30605-1513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Athens Bone & Joint Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : A7C17405A44D243CA76
 Amount of Each Receipt this Period
 380.00

C. Kevin M Dukes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4802 S 109th East Ave
 City Tulsa State OK Zip Code 74146-5822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tulsa Bone & Joint Associates Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : ADD45A30E245B46F489E
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1380.00
TOTAL This Period (last page this line 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 107 OF 232
	<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. Scott J Dunitz MD
Full Name (Last, First, Middle Initial)

Mailing Address 4802 S 109 E Ave

City Tulsa State OK Zip Code 74146-5822

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

Name of Employer: Tulsa Bone & Joint Associates
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 13 / 2012
Transaction ID : A4228DBF341704837884

Amount of Each Receipt this Period: 500.00

B. James L Griffin MD
Full Name (Last, First, Middle Initial)

Mailing Address 3116 S. Birmingham Ave

City Tulsa State OK Zip Code 74105-2324

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

Name of Employer: Tulsa Bone & Joint Associates
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 13 / 2012
Transaction ID : ABC553E02F0FC43139A6

Amount of Each Receipt this Period: 500.00

C. Ronald G Hood MD
Full Name (Last, First, Middle Initial)

Mailing Address 4802 S 109th East Ave

City Tulsa State OK Zip Code 71446

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

Name of Employer: Tulsa Bone & Joint Associates
Occupation: Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 13 / 2012
Transaction ID : A7B0ACDEE8E794A4DBB5

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 108 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Antoine I Jabbour MD		Date of Receipt 09 / 13 / 2012 Transaction ID : AF695F1AEB79A4907864
Mailing Address 4802 S 109 East Ave		Amount of Each Receipt this Period 500.00
City Tulsa	State OK	Zip Code 74146-5822
FEC ID number of contributing federal political committee. C		
Name of Employer Tulsa Bone & Joint Associates	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. John F Josephson MD		Date of Receipt 09 / 13 / 2012 Transaction ID : A620A71C2EE824A64887
Mailing Address Attn: Debbie Graham 4802 S 109th East Ave		Amount of Each Receipt this Period 500.00
City Tulsa	State OK	Zip Code 74146-5822
FEC ID number of contributing federal political committee. C		
Name of Employer Tulsa Bone & Joint 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	

Full Name (Last, First, Middle Initial) C. Brian E Lovelace MD		Date of Receipt 09 / 13 / 2012 Transaction ID : A888C6F18BED04FF793C
Mailing Address 12455 E 100th St North Ste 190		Amount of Each Receipt this Period 500.00
City Owasso	State OK	Zip Code 74055-4675
FEC ID number of contributing federal political committee. C		
Name of Employer Tulsa Bone & Joint 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).....▶	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 109 OF 232
	<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. Thomas A Marberry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4802 S 109th East Ave
 City Tulsa State OK Zip Code 74146-5822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tulsa Bone & Joint Associates Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 09 / 13 / 2012
Transaction ID : AB847DADB8CFD4A23AA
 Amount of Each Receipt this Period
 500.00

B. Thomas John Noonan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 E Belleview Ave Ste 615E
 City Greenwood Village State CO Zip Code 80111-2898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Steadman Hawkins Clinic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 09 / 13 / 2012
Transaction ID : A19254A88C71547F9969
 Amount of Each Receipt this Period
 300.00

C. Brent C Nossaman DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4802 S 109th E Ave
 City Tulsa State OK Zip Code 74146-5822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tulsa Bone & Joint Associates Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 13 / 2012
Transaction ID : A18A80FE8FA97440EB39
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Reagan R Parr MD		Date of Receipt
Mailing Address 121 Sunchase Ct		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Johnson City	TN	37615-5502
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : ADBF167BBD6FD40DE801
Name of Employer	Occupation	Amount of Each Receipt this Period
Appalachian Orthopaedics	Orthopaedic Surgeon	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Paul David Peterson MD		Date of Receipt
Mailing Address 2950 S Elm Pl Ste 460		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Broken Arrow	OK	74012-7863
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A1D91BD6B66934882B41
Name of Employer	Occupation	Amount of Each Receipt this Period
Tulsa Bone & Joint Associates	Orthopaedic Surgeon	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) C. David T Rispler MD		Date of Receipt
Mailing Address 8600 Laurel Ridge Dr SE		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Alto	MI	49302-9044
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AC7419A84062C4857B5C
Name of Employer	Occupation	Amount of Each Receipt this Period
River Valley Orthopaedics	Orthopaedic Surgeon	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1600.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. William Rozzi MD
Full Name (Last, First, Middle Initial)

Mailing Address 51116 Shamrock Hills Ct

City Granger State IN Zip Code 46530-7824

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

Name of Employer South Bend Orthopedics Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
09 / 13 / 2012
Transaction ID : A0698397A146A4204BDD

Amount of Each Receipt this Period
500.00

B. Terrill H Simmons MD
Full Name (Last, First, Middle Initial)

Mailing Address 4802 S 109th East Ave

City Tulsa State OK Zip Code 74146-5822

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

Name of Employer Tulsa Bone & Joint Associates Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
09 / 13 / 2012
Transaction ID : AC47DAB19FE234A46BDE

Amount of Each Receipt this Period
500.00

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

Mailing Address 4802 S 109th East Ave

City Tulsa State OK Zip Code 74146-5822

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

Name of Employer Tulsa Bone & Joint Associates Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
09 / 13 / 2012
Transaction ID : ABFC4D7ED431B4388B4D

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 112 OF 232
	<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. Robert B Snyder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4230 Harding Rd Ste 1000
 City Nashville State TN Zip Code 37205-2098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tennessee Orthopaedic Clinics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 13 / 2012**
Transaction ID : A681A281EA64C47CABC9
 Amount of Each Receipt this Period **500.00**

B. Richard M Stamile MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4802 S 109th East Ave
 City Tulsa State OK Zip Code 74146-5822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tulsa Bone & Joint Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 13 / 2012**
Transaction ID : AF9AD746CA33F45EBA78
 Amount of Each Receipt this Period **500.00**

C. Wesley M Stotler DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4802 S 109 E Ave
 City Tulsa State OK Zip Code 74146-5822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tulsa Bone & Joint Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 13 / 2012**
Transaction ID : A2E03C0C91BA04BC19EB
 Amount of Each Receipt this Period **500.00**

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 113 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Richard D Thomas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4802 S 109th E Ave
 City Tulsa State OK Zip Code 74146-5822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tulsa Bone & Joint Associates Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 09 / 13 / 2012
Transaction ID : A38E2C9F7240F41B5ABB
 Amount of Each Receipt this Period
 500.00

B. George B Verghese MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1385 E 3130 N Rd
 City Chebanse State IL Zip Code 60922-8111
 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 ▼
 750.00

Date of Receipt
 09 / 13 / 2012
Transaction ID : A37FF02AEE6F84CF7B0A
 Amount of Each Receipt this Period
 375.00

C. James John Verner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23075 Nottingham
 City Beverly Hills State MI Zip Code 48025-3416
 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 ▼
 750.00

Date of Receipt
 09 / 13 / 2012
Transaction ID : AF2C3F610E49141A0AD7
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
TOTAL This Period (last page this line 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 OF 232
	<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

Full Name (Last, First, Middle Initial) A. Gregory A Vrabec MD		Date of Receipt
Mailing Address Dept of Orthopaedic Surgery 224 W Exchange St -Ste 440		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City Akron	State OH	Zip Code 44302-1718
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : ABB48B00E73FC47E7AD9
Name of Employer Akron General Medical Center		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="2000.00"/>		

Full Name (Last, First, Middle Initial) B. Robert C Anderson MD		Date of Receipt
Mailing Address 2221 Timber Trail		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City Bellefontaine	State OH	Zip Code 43311-9036
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2BBC5730201943439E8
Name of Employer Mary Rutan Hospital		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		<input type="text" value="100.00"/>
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"/>		

Full Name (Last, First, Middle Initial) C. Joseph Assenmacher MD		Date of Receipt
Mailing Address 7024 White Tail Ct		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City Toledo	State OH	Zip Code 43617-1391
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A24861D00C52941F5AB0
Name of Employer Promedica Physician Group		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		<input type="text" value="250.00"/>
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"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1350.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 115 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Howard L Berg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 Medical Dr
 City Amarillo State TX Zip Code 79106-4121
 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 **09 / 14 / 2012**
Transaction ID : A1B1E0B0C398A40DCA4E
 Amount of Each Receipt this Period **250.00**

B. George W Brindley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Orthopaedic Surgery 3601 4th St MS 9436
 City Lubbock State TX Zip Code 79430-9436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Tech Health Sciences Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 14 / 2012**
Transaction ID : ADAD85A929E5349BC927
 Amount of Each Receipt this Period **1000.00**

C. Steven L Buckley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6007 Macon Ct
 City Huntsville State AL Zip Code 35802-1931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TOC Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1100.00**

Date of Receipt **09 / 14 / 2012**
Transaction ID : A5235C9DBF79D4446B15
 Amount of Each Receipt this Period **100.00**

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 116 OF 232
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Thomas G Craven MD		Date of Receipt
Mailing Address 7395 S 26th West Ave		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code
Tulsa	OK	74132-2219
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A5C4DD560B16247D28FF
Name of Employer	Occupation	Amount of Each Receipt this Period
Central States Orthopaedic Specialists	Orthopaedic Surgeon	<input type="text" value="203.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="473.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. J Anthony Dustman MD		Date of Receipt
Mailing Address 2406 E Empire St		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bloomington	IL	61704-3630
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AD96E9C21E4BE4D11B43
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	Orthopaedic Surgeon	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. Laith A Farjo MD		Date of Receipt
Mailing Address 1808 Hermitage		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code
Ann Arbor	MI	48104-4505
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A69D7C9AF8A4E4415BFE
Name of Employer	Occupation	Amount of Each Receipt this Period
Advanced Orthopaedic Centers	Orthopaedic Surgeon	<input type="text" value="750.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1453.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 117 OF 232
	<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. Victor Goldberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 578
 1710 County Line
 City Gates Mills State OH Zip Code 44040-9801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Case Western Reserve Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : A360DF095620B4E11BD7
 Amount of Each Receipt this Period
250.00

B. Wayne M Goldstein MD
 Full Name (Last, First, Middle Initial)
 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 **1500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : AF3259F0C1F93483BA46
 Amount of Each Receipt this Period
1500.00

C. David M Gonzalez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Bridgenorth Ln
 City San Antonio State TX Zip Code 78218-6056
 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 M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : A99163388EB404F40B8E
 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 118 OF 232
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. William T Grant MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 908 E Jefferson St Ste 101
 City Charlottesville State VA Zip Code 22902-5375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Albemarle Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : AD371008D30874464906
 Amount of Each Receipt this Period
 300.00

B. William L Hennrikus Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 75 Laurel Ridge Rd
 City Hershey State PA Zip Code 17033-2514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Penn State Hershey Medical Ctr Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : A3C6290DD95C34C5EB6F
 Amount of Each Receipt this Period
 250.00

C. William A Herndon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3122 Thornbrooke Blvd
 City Edmond State OK Zip Code 73013-6068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Oklahoma Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : A5D0CC801E3BE4FF7A85
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line 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 OF 232
	<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. Rudolf Hoellrich MD
Full Name (Last, First, Middle Initial)

Mailing Address Slocum Orthopedics
55 Coburg Rd

City Eugene State OR Zip Code 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 ▼
500.00

Date of Receipt
09 / 14 / 2012
Transaction ID : **A91F40ABC92F04FE0AF2**

Amount of Each Receipt this Period
250.00

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

Mailing Address 8 Vouga Ln

City Saint Louis State MO Zip Code 63131-2628

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

Name of Employer Metropolitan Orthopedics Ltd Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 14 / 2012
Transaction ID : **A358421BE34F74C3999E**

Amount of Each Receipt this Period
500.00

C. Glenn Dale Lane MD
Full Name (Last, First, Middle Initial)

Mailing Address 1285 Hembree Rd Ste 200 A

City Roswell State GA Zip Code 30076-5720

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 ▼
250.00

Date of Receipt
09 / 14 / 2012
Transaction ID : **AB01AA4130AA2487395D**

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 120 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Matthew R Lindaman DO		Date of Receipt
Mailing Address Orthopaedic Rheumatology Associate 2300 53rd Ave Ste 100		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City Bettendorf	State IA	Zip Code 52722-7565
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : AB614CC86DFFE46F6894
Name of Employer ORA Orthopedics		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) B. Neal D Lintecum MD		Date of Receipt
Mailing Address 1112 W 6th St Ste 124		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City Lawrence	State KS	Zip Code 66044-2249
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A1D0F2BAE2BB44BFB88D
Name of Employer Ortho Kansas		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="750.00"/>	

Full Name (Last, First, Middle Initial) C. Emmett T McEleney MD		Date of Receipt
Mailing Address Mohave Desert Ortho Ctr 1739 Beverly Ave Ste 101		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City Kingman	State AZ	Zip Code 86409-3593
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : AB37411998F9E40EB83B
Name of Employer Mohave Desert Ortho Ctr		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 121 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Evangelos Megariotis MD		Date of Receipt										
Mailing Address 21 Ravona St		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>14</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	14	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	14	/	2012								
City	State	Zip Code										
Clifton	NJ	07012-1521										
FEC ID number of contributing federal political committee.		Transaction ID : AC130546D33DD4F8E9C2										
C		Amount of Each Receipt this Period										
		1000.00										
Name of Employer	Occupation											
Clifton Orthopedic Associates	Orthopaedic Surgeon											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2000.00											

Full Name (Last, First, Middle Initial) B. John M Olsewski MD		Date of Receipt										
Mailing Address 135 Bramble Brook Rd		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>14</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	14	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	14	/	2012								
City	State	Zip Code										
Ardsley	NY	10502-2206										
FEC ID number of contributing federal political committee.		Transaction ID : AF753A5EC47754DD4B3C										
C		Amount of Each Receipt this Period										
		1000.00										
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) ▼	2000.00											

Full Name (Last, First, Middle Initial) c. Matthew C Oseto MD		Date of Receipt										
Mailing Address 10939 80th Place		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>14</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	14	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	14	/	2012								
City	State	Zip Code										
Kirkland	WA	98034-3501										
FEC ID number of contributing federal political committee.		Transaction ID : A589BF284D4034AB1AAC										
C		Amount of Each Receipt this Period										
		500.00										
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											

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 122 OF 232
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Thomas G Padanilam MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 528 Forest Lake Dr
 City Holland State OH Zip Code 43528-9028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Toledo Orthopaedic Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 14 / 2012
Transaction ID : A976BE8BD46044E4B85A
 Amount of Each Receipt this Period 500.00

B. Donald R Polakoff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 194 Dodds Ln
 City Princeton State NJ Zip Code 08540-4154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ Hip & Knee Ortho Speciali Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2012
Transaction ID : ADD41A646083B41FDB5A
 Amount of Each Receipt this Period 500.00

C. Scott Gunnar Quisling MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 758 Old Norcross Rd Suite 100
 City Lawrenceville State GA Zip Code 30046-3386
 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 09 / 14 / 2012
Transaction ID : AD22C764659374BC3B3B
 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 123 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Samuel R Rosenfeld MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1310 W Stewart Dr Ste 508
 City Orange State CA Zip Code 92868-3856
 FEC ID number of contributing federal political committee. **C**
 Name of Employer APOS Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **09 / 14 / 2012**
Transaction ID : AE6CDC76FD9354688B2E
 Amount of Each Receipt this Period **500.00**

B. Christian T Royer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5159 Stillwater Trail
 City Frisco State TX Zip Code 75034-1215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Texas Provider Network Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 14 / 2012**
Transaction ID : AB967D4FCD28B4F8097D
 Amount of Each Receipt this Period **250.00**

C. Mark C Senese MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6352 N Pinnacle Ridge Dr
 City Tucson State AZ Zip Code 85718-3535
 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 **230.00**

Date of Receipt **09 / 14 / 2012**
Transaction ID : AE33A1BED7BE045748DD
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Harris N Silver MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 79 Superior Rd
 City Rochester State NY Zip Code 14625-2112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lakeside Health Systems Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 14 / 2012
Transaction ID : A70C939189E6F4904BDB
 Amount of Each Receipt this Period 100.00

B. L Richard Trabulsi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Diamond Dr
 City Thornton State PA Zip Code 19373-1106
 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 09 / 14 / 2012
Transaction ID : AED71695A94204372A13
 Amount of Each Receipt this Period 100.00

C. David Vittetoe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 717 55th St
 City Des Moines State IA Zip Code 50312-1826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Des Moines Orthopaedic Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2012
Transaction ID : AEA903296173742AC92A
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line 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 125 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Joseph Fredrick Wade MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Alcott Ct
 City Franklin State TN Zip Code 37069-6564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mid Tennessee Bone & Joint Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 14 / 2012**
Transaction ID : AFB828A8D5A7C4464A28
 Amount of Each Receipt this Period **150.00**

B. Richard Wathne MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 N 18th Ave Ste D1
 City Pocatello State ID Zip Code 83201-3358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pocatello Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 14 / 2012**
Transaction ID : AAB22E732C7944DC88E7
 Amount of Each Receipt this Period **500.00**

C. David L Wiest MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 25th St S
 City Fargo State ND Zip Code 58103-6104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sanford Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 14 / 2012**
Transaction ID : A24AC392A98784ECC8C1
 Amount of Each Receipt this Period **250.00**

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 126 OF 232
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. John W Xerogeanes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 265 Trimble Crescent NE
 City Atlanta State GA Zip Code 30342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emory Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 14 / 2012**
Transaction ID : AC99E5F7585C1462E85C
 Amount of Each Receipt this Period **1000.00**

B. Basil R Besh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 39180 Farwell Dr Ste 110
 City Fremont State CA Zip Code 94538-1015
 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 **09 / 17 / 2012**
Transaction ID : A5CCFD0E439EA4E1CB39
 Amount of Each Receipt this Period **500.00**

C. Dori N Cage MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4105 Alameda Dr
 City San Diego State CA Zip Code 92103-1609
 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 **09 / 17 / 2012**
Transaction ID : A1114DBE901C94D48BB3
 Amount of Each Receipt this Period **200.00**

SUBTOTAL of Receipts This Page (optional).....	1700.00
TOTAL This Period (last page this line 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 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kathryn A Caulfield MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2391 Court Dr Ste 120
 City Gastonia State NC Zip Code 28054-2197
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Caromont Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **09 / 17 / 2012**
Transaction ID : A5E3835339A0F4687877
 Amount of Each Receipt this Period **300.00**

B. Gregg Cavaliere MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Saw Mill River Rd Ste 206
 City Hawthorne State NY Zip Code 10532-1555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hudson Valley Bone & Joint Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 17 / 2012**
Transaction ID : AF56319A368AE4C26B10
 Amount of Each Receipt this Period **250.00**

C. Kent H Chou MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13642 W Colter Ct
 City Litchfield Park State AZ Zip Code 85340-4071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Specialists of North America Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 17 / 2012**
Transaction ID : A6175FD5F6D3840779B9
 Amount of Each Receipt this Period **200.00**

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 OF 232
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Ray W Covington MD

Mailing Address 1033 Burberry

City Waco State TX Zip Code 76712-4090

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 ▼
 500.00

Date of Receipt
 09 / 17 / 2012
Transaction ID : A9AD433B48DAC4D46BE8

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. David M Dines MD

Mailing Address Hospital for Special Surgery
 935 Northern Blvd Ste 303

City Great Neck State NY Zip Code 11021-5328

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
 09 / 17 / 2012
Transaction ID : A9F6014B45E704881905

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. Ernest M Found Jr, MD

Mailing Address 200 Hawkins Dr Ste 01008JPP

City Iowa City State IA Zip Code 52242-1009

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

Name of Employer University of Iowa Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 09 / 17 / 2012
Transaction ID : A5DE324A8F27E41D6868

Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1700.00

TOTAL This Period (last page this line 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 129 OF 232
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. John W Gainor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1200
 City Santa Barbara State CA Zip Code 93102-1200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Santa Barbara Medical Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 17 / 2012
Transaction ID : A7DA47CCD718A48C3B61
 Amount of Each Receipt this Period 500.00

B. Gregory D Gramstad MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6702 SW Canyon Crest Dr
 City Portland State OR Zip Code 97225-3617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Surgical Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2012
Transaction ID : A7FF0BE5AD47345F8B4B
 Amount of Each Receipt this Period 250.00

C. Erik C Gryler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 W Tietan St
 City Walla Walla State WA Zip Code 99362-4445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Walla Walla Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2012
Transaction ID : ACDF74DFDAF6A4ECDB4I
 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 130 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Lawrence S Halperin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 West Crytal Lake St
 City Orlando State FL Zip Code 32806-4475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 09 / 17 / 2012
Transaction ID : AE9481E6EDC8948BDB7C
 Amount of Each Receipt this Period 375.00

B. Robert Mark Hazel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1272 Garrison Dr
 City Murfreesboro State TN Zip Code 37129-2598
 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 09 / 17 / 2012
Transaction ID : A621E7D7E41FF4111B3C
 Amount of Each Receipt this Period 250.00

C. Robert N Hensinger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Spc 5201
 1500 E Medical Center Dr
 City Ann Arbor State MI Zip Code 48109-5201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Michigan Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2012
Transaction ID : ADB591B0A359F480C85C
 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 825.00
TOTAL This Period (last page this line 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 OF 232
(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. Jeffrey John Kovacic MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Tarpley Rd NW
 City Kennesaw State GA Zip Code 30152-6228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cobb Medical Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 09 / 17 / 2012
Transaction ID : A2CE53455938A4674BDF
 Amount of Each Receipt this Period
 250.00

B. Matthew J Kraay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11100 Euclid Ave
 City Cleveland State OH Zip Code 44106-1716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Hospital Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 09 / 17 / 2012
Transaction ID : A91576D5C6BB74099B4A
 Amount of Each Receipt this Period
 1000.00

C. William A Leone MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3111 NE 27th Ave
 City Lighthouse Point State FL Zip Code 33064-8107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Holy Cross Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 09 / 17 / 2012
Transaction ID : A50DE0B8614F74178812
 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 133 OF 232
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. David R Mauerhan MD
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Orthopaedic Surgery
PO Box 32861

City Charlotte State NC Zip Code 28232-2861

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

Name of Employer Carolinas Medical Center Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 17 / 2012
Transaction ID : A7D4948F7452F48CC9E4

Amount of Each Receipt this Period
250.00

B. Douglas J McDonald MD
Full Name (Last, First, Middle Initial)

Mailing Address Ste 11300 West Pavillion
One Barnes-Jewish Hosp Plaza

City Saint Louis State MO Zip Code 63110-1003

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

Name of Employer Washington Univ St Louis Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 17 / 2012
Transaction ID : A2DDF06A8E71D4870AA0

Amount of Each Receipt this Period
250.00

C. R Aiden Milam IV, MD
Full Name (Last, First, Middle Initial)

Mailing Address 2001 Randolph Rd

City Charlotte State NC Zip Code 28207-1215

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

Name of Employer OrthoCarolina Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 17 / 2012
Transaction ID : A50EB51A65AA84C1EBF2

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 134 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Michael David Miller MD
Full Name (Last, First, Middle Initial)

Mailing Address 1555 E. River Rd

City Tucson State AZ Zip Code 85718-5831

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

Name of Employer University Orthopedic Specialists Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2012
Transaction ID : AA5E18624FEAA40F3966

Amount of Each Receipt this Period 250.00

B. Paul C Milling MD
Full Name (Last, First, Middle Initial)

Mailing Address 163 N Date St

City Escondido State CA Zip Code 92025-3405

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 ▼ 298.00

Date of Receipt 09 / 17 / 2012
Transaction ID : A38D997F59D0B4ABC85D

Amount of Each Receipt this Period 99.00

C. Robert Cameron More MD
Full Name (Last, First, Middle Initial)

Mailing Address 6 Sandhill Rd Suite 102

City Flemington State NJ Zip Code 08822-4946

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

Name of Employer Hunterdon Ortho Institute Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 17 / 2012
Transaction ID : AA60C2F4EA32B486C94E

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1349.00

TOTAL This Period (last page this line 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 OF 232
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Edward L Morgan MD		Date of Receipt
Mailing Address 420 Regency Blvd		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code
Shreveport	LA	71106-7675
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A723E190E8D814D64A18
Name of Employer	Occupation	Amount of Each Receipt this Period
Mid-South Orthopaedics	Orthopaedic Surgeon	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. Gerald J Ortiz MD		Date of Receipt
Mailing Address 5010 State Hwy 30 Ste 205		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code
Amsterdam	NY	12010-7532
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A10F47D09B0CC456894B
Name of Employer	Occupation	Amount of Each Receipt this Period
Mohawk Valley Orthopaedics	Orthopaedic Surgeon	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="750.00"/>	

Full Name (Last, First, Middle Initial) C. John S Place MD		Date of Receipt
Mailing Address 3907 Creekside Loop Ste 100		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code
Yakima	WA	98902-4879
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A1809C8321E2C414E9C2
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	Orthopaedic Surgeon	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="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 136 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Uwe R Pontius MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Auburn Pl
 City San Antonio State TX Zip Code 78209-4739
 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 **09 / 17 / 2012**
Transaction ID : A9AF109A3BE254A17893
 Amount of Each Receipt this Period **250.00**

B. Matthew Lee Ramsey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 925 Chestnut St Fl 5
 City Philadelphia State PA Zip Code 19107-4206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rothman Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2500.00**

Date of Receipt **09 / 17 / 2012**
Transaction ID : A2AE586DCA6F04ED9BA4
 Amount of Each Receipt this Period **2500.00**

C. K Daniel Riew MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 S Euclid Ave CB 8233
 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 **4000.00**

Date of Receipt **09 / 17 / 2012**
Transaction ID : A1CFE23D934B24C84A76
 Amount of Each Receipt this Period **2000.00**

SUBTOTAL of Receipts This Page (optional).....	4750.00
TOTAL This Period (last page this line 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 137 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Ronald K Robinson MD
Full Name (Last, First, Middle Initial)

Mailing Address 2545 W Hammer Ln

City Stockton State CA Zip Code 95209-2839

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

Name of Employer Sutter Gould Med Foundation Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : A85964DEFC A0041F984A

Amount of Each Receipt this Period
 500.00

B. Guy Leslie Rutledge III, MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 86144

City Mobile State AL Zip Code 36689-6144

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

Name of Employer The Orthopaedic Group Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : A8A4272A0B1E44DC1980

Amount of Each Receipt this Period
 325.00

C. Kenneth Sabbag MD
Full Name (Last, First, Middle Initial)

Mailing Address 800 S Raymond St Ste 300

City Pasadena State CA Zip Code 91105-3256

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 M / D D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : A42157D08B2684D48A5A

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1075.00
TOTAL This Period (last page this line 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 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Steven Aaron Shapiro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 395 N Silverbell Rd Ste 101
 City Tucson State AZ Zip Code 85745-2718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tucson Orthopaedic Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **09 / 17 / 2012**
Transaction ID : A90B9531682774E8EA3D
 Amount of Each Receipt this Period **750.00**

B. Babak Sheikh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2532 Hunters Run Way
 City Weston State FL Zip Code 33327-1437
 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 **2250.00**

Date of Receipt **09 / 17 / 2012**
Transaction ID : A509802B696FB42D0A1B
 Amount of Each Receipt this Period **750.00**

C. Michael D Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7261 Ohms Lane
 City Minneapolis State MN Zip Code 55439-2148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cervical Spine Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 17 / 2012**
Transaction ID : A1487F9D9B3504C5199B
 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 139 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Mark A Sprague MD			Date of Receipt										
Mailing Address 24 Park St			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>17</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		17		2012
M M M	/	D D D	/	Y Y Y Y Y Y									
09		17		2012									
City	State	Zip Code	Transaction ID : AD508CF5B8E05438FB5E										
Pittsfield	MA	01201-4037	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		250.00										
Name of Employer	Occupation												
BOA	Orthopaedic Surgeon												
Receipt For:	Aggregate Year-to-Date ▼												
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	630.00												

Full Name (Last, First, Middle Initial) B. George H Thompson MD			Date of Receipt										
Mailing Address 11100 Euclid Ave			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>17</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		17		2012
M M M	/	D D D	/	Y Y Y Y Y Y									
09		17		2012									
City	State	Zip Code	Transaction ID : A1975071CA5094E1F9AE										
Cleveland	OH	44106-1716	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		375.00										
Name of Employer	Occupation												
Case Medical Center	Orthopaedic Surgeon												
Receipt For:	Aggregate Year-to-Date ▼												
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	875.00												

Full Name (Last, First, Middle Initial) C. Michael A Thorpe MD			Date of Receipt										
Mailing Address 2979 Squalicum Pkwy Ste 203			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>17</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		17		2012
M M M	/	D D D	/	Y Y Y Y Y Y									
09		17		2012									
City	State	Zip Code	Transaction ID : A05C9D51721654F9095B										
Bellingham	WA	98225-1813	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		500.00										
Name of Employer	Occupation												
Pacific Rim Orthopaedic Surgeons	Orthopaedic Surgeon												
Receipt For:	Aggregate Year-to-Date ▼												
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00												

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
TOTAL This Period (last page this line 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 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Norman Verhoog MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3389 Harlan Dr
 City Redding State CA Zip Code 96003-3318
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2012
Transaction ID : A6F09844C4BEB485D9A1
 Amount of Each Receipt this Period
 100.00

B. Charles N Versteeg Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2780 E Barnett Rd Ste 200
 City Medford State OR Zip Code 97504-8674
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Oregon Orthopaedics
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2012
Transaction ID : A1E0A369E940F44DB9E2
 Amount of Each Receipt this Period
 500.00

C. Brian Weatherby MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 306 Breton Dr
 City Greer State SC Zip Code 29650-2843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greenville Hospital System
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2012
Transaction ID : A8905556CE65A466B965
 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: (check only one)	PAGE 141 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Matthew David Welsch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 East Cheves St
 Suite 100
 City Florence State SC Zip Code 29506-2769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pee Dee Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2012
Transaction ID : A70343C3EE94A4E1190C
 Amount of Each Receipt this Period
250.00

B. Mark E Werner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11310 Carmel Ave NE
 City Albuquerque State NM Zip Code 87122-1543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VHA Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2012
Transaction ID : A109A99C7BBFE40298EE
 Amount of Each Receipt this Period
500.00

C. Brian D Wittenberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4048 Cedar Bluff
 City Petoskey State MI Zip Code 49770-8895
 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 M / D D D / Y Y Y Y Y Y
 09 / 17 / 2012
Transaction ID : AA69B25C576454340BC3
 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 142 OF 232
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Richard Zapanta MD
Full Name (Last, First, Middle Initial)

Mailing Address 5830 Beverly Hills Dr

City Whittier State CA Zip Code 90601-3800

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
09 / 17 / 2012
Transaction ID : **A5758B2CAE1F14A7AAD7**

Amount of Each Receipt this Period
500.00

B. Gary M Zartman MD
Full Name (Last, First, Middle Initial)

Mailing Address 231 Granite Run Dr Ste 100

City Lancaster State PA Zip Code 17601-6823

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

Name of Employer
Lancaster Orthopaedic Group
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 17 / 2012
Transaction ID : **A8C41A553465D482EAE8**

Amount of Each Receipt this Period
500.00

C. John Scott Price MD
Full Name (Last, First, Middle Initial)

Mailing Address Evergreen Orthopaedic Clinic
12911 120th Ave NE Ste H-210

City Kirkland State WA Zip Code 98034-3065

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

Name of Employer
Evergreen Orthopedic Clinic
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 18 / 2012
Transaction ID : **A390CE81521054A55810**

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 144 OF 232
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Michael J Bercik MD

Mailing Address 711 Westminster Ave

City Elizabeth State NJ Zip Code 07208-2210

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
09 / 19 / 2012
Transaction ID : AD5350224E95040C5841

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Warren R Bourgeois III, MD

Mailing Address 10025 Hyde PI

City River Ridge State LA Zip Code 70123-1521

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

Name of Employer Occupation
Audubon Orthopaedics Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 19 / 2012
Transaction ID : A77073DD21BCB4701912

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
c. Julius Stephen Brecht MD

Mailing Address 25 Chatham Rd

City Longmeadow State MA Zip Code 01106-1203

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

Name of Employer Occupation
New England Ortho Surgeons Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 19 / 2012
Transaction ID : AED564EAD752546E6ACE

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 145 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Andrew T Brooks MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1412 Exeter Ct
 City State Zip Code
 Davis CA 95618-6423
 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 ▼
 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2012
Transaction ID : AA1582A752E3242DA9BC
 Amount of Each Receipt this Period
 225.00

B. John O Cletcher Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Box 150
 City State Zip Code
 Hygiene CO 80533-0150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2012
Transaction ID : A341F560C14264DFB839
 Amount of Each Receipt this Period
 100.00

C. Kieran Daniel Cody MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 W State St Ste 202
 City State Zip Code
 Doylestown PA 18901-5842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2012
Transaction ID : AD5A05C146C954C09BE7
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	575.00
TOTAL This Period (last page this line 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 146 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Andrew Joseph Collier Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2410-14 S Broad St Ste 200
 City Philadelphia State PA Zip Code 19145-4418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Philadelphia Ortho Assoc Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 19 / 2012
Transaction ID : A446E3CF6EBDD404D977
 Amount of Each Receipt this Period 1000.00

B. Stephen F Conti MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 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 09 / 19 / 2012
Transaction ID : A8F4C3E259DF249349A1
 Amount of Each Receipt this Period 500.00

c. Christopher T Donaldson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Donato Ct
 City Johnstown State PA Zip Code 15905-1528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western PA Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 19 / 2012
Transaction ID : A7AC98AC888704CA5A1A
 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 147 OF 232
	<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. Howard J Gelb MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6214 NW 120th Dr
 City Coral Springs State FL Zip Code 33076-1908
 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 M / D D D / Y Y Y Y Y Y
 09 / 19 / 2012
Transaction ID : A5BA2752CF8C441B68C3
 Amount of Each Receipt this Period
 250.00

B. Regina O Hillsman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1771 Post Rd E
 City Westport State CT Zip Code 06880-5606
 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 ▼ 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2012
Transaction ID : A8CA9A7C9EB5F498EBDC
 Amount of Each Receipt this Period
 250.00

C. Richard B Islinger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 209 E Essex Ave
 City Linwood State NJ Zip Code 08221-2414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Shore Orthopaedics
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2012
Transaction ID : AE2E44523C9F945438C9
 Amount of Each Receipt this Period
 130.00

SUBTOTAL of Receipts This Page (optional).....▶	630.00
TOTAL This Period (last page this line 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 OF 232
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jay D Keener MD
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Orthopaedics
660 S Euclid Ave Campus Box 8233

City State Zip Code
Saint Louis MO 63110-1010

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

Name of Employer Occupation
Washington University Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 19 / 2012
Transaction ID : **A7E50AE76D4FC483BAA1**

Amount of Each Receipt this Period
500.00

B. Rafael Antonio Lopez MD
Full Name (Last, First, Middle Initial)

Mailing Address 198 Zorzal St
Montehiedra

City State Zip Code
San Juan PR 00926-7110

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
09 / 19 / 2012
Transaction ID : **A9CC01EAC07AF41F9838**

Amount of Each Receipt this Period
1000.00

C. Daniel J Martin Jr, MD
Full Name (Last, First, Middle Initial)

Mailing Address 621 S New Ballas Rd Ste 5015B

City State Zip Code
Saint Louis MO 63141-8270

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
09 / 19 / 2012
Transaction ID : **A2B780C3E751C4233890**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 232
	<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. Patrick T McCulloch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Trich Drive Ste 2
 City Washington State PA Zip Code 15301-5990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Advanced Orthopaedics & Rehabilitation Occupation: Hand Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt: 09 / 19 / 2012
Transaction ID : A82B6CBCD735A4DE7BAI
 Amount of Each Receipt this Period: 100.00

B. Charles Francis Mess Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12470 Petrillo Dr
 City Highland State MD Zip Code 20777-9567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Potomac Valley Ortho Assoc Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt: 09 / 19 / 2012
Transaction ID : A797DBC431C0A483AB04
 Amount of Each Receipt this Period: 200.00

C. Anthony V Mollano MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 264 Pleasant St
 City Concord State NH Zip Code 03301-2551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Concord Orthopaedics Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt: 09 / 19 / 2012
Transaction ID : A68F5C41E7DED4357B49
 Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line 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 150 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Javad Parvizi MD, FRCS
Full Name (Last, First, Middle Initial)

Mailing Address 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 Rothman Institute Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 19 / 2012
Transaction ID : A918DEBD69A05446C964

Amount of Each Receipt this Period 1000.00

B. Thomas R Reid MD
Full Name (Last, First, Middle Initial)

Mailing Address 5621 Woodbine Ln

City San Angelo State TX Zip Code 76904-8794

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

Name of Employer Shannon Hospital Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 19 / 2012
Transaction ID : A37BE8FAB8546412980C

Amount of Each Receipt this Period 250.00

c. Steven James Schechinger MD
Full Name (Last, First, Middle Initial)

Mailing Address 1575 Mesa Dr

City Green Bay State WI Zip Code 54313-9367

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

Name of Employer Ortho & Sports Med Spec of Green Bay Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 19 / 2012
Transaction ID : AF87C5AF58B2C43D8942

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 151 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. James A Shapiro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6308 8th Ave Ste 1020
 City Kenosha State WI Zip Code 53143-5031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United Hospital Systems Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 19 / 2012**
Transaction ID : A505CD88C2E9E447B9E7
 Amount of Each Receipt this Period **250.00**

B. Ira Joel Singer MD
 Full Name (Last, First, Middle Initial)
 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 Ortho Assoc of RI Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 19 / 2012**
Transaction ID : A93D9056CDD49470D812
 Amount of Each Receipt this Period **500.00**

C. John Quentin Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3235 S Westbury Pl
 City Eagle State ID Zip Code 83616-6776
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Idaho Orthopaedic & Sports Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 19 / 2012**
Transaction ID : AC62ABDCEC0B847D0AEE
 Amount of Each Receipt this Period **150.00**

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: (check only one)	PAGE 152 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Philip Alan Sobol MD
Full Name (Last, First, Middle Initial)

Mailing Address 8618 S Sepulveda Blvd Ste 130

City Los Angeles	State CA	Zip Code 90045-4024
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2012

Transaction ID : A7E8958B65E484F89AE4

Amount of Each Receipt this Period
250.00

B. Cooper L Terry MD
Full Name (Last, First, Middle Initial)

Mailing Address 497 Azalea Dr Ste 102

City Oxford	State MS	Zip Code 38655-7906
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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 M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2012

Transaction ID : AD958FE61561C41C28EC

Amount of Each Receipt this Period
250.00

C. John William Uribe MD
Full Name (Last, First, Middle Initial)

Mailing Address 1150 Campo Sano Ave Ste 200

City Miami	State FL	Zip Code 33146-1174
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2012

Transaction ID : ACA1173B4AC0C4B6CB0C

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 153 OF 232
	<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

Full Name (Last, First, Middle Initial)
A. Allen F Anderson MD

Mailing Address 4230 Harding Rd Ste 1000
St Thomas Medical Bldg

City Nashville State TN Zip Code 37205-2098

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

Name of Employer TOA Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **09 / 20 / 2012**

Transaction ID : A2F3C1D49C98E46E7814

Amount of Each Receipt this Period **250.00**

Full Name (Last, First, Middle Initial)
B. Frederick M Azar MD

Mailing Address 1211 Union Ave Ste 510

City Memphis State TN Zip Code 38104-6656

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

Name of Employer Campbell Clinic Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **09 / 20 / 2012**

Transaction ID : AFAC0317EB94D4CE8A63

Amount of Each Receipt this Period **1000.00**

Full Name (Last, First, Middle Initial)
C. James R Bowers MD

Mailing Address 2275 Deming Way #180

City Middleton State WI Zip Code 53562-5527

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

Name of Employer Meriter Medical Group Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **09 / 20 / 2012**

Transaction ID : AFDD10489ECBE43D7B04

Amount of Each Receipt this Period **150.00**

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: (check only one)	PAGE 154 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Steven C Copeland MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 Bright Rd
 City Findlay State OH Zip Code 45840-5463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Orthopaedics & Sports Med Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2012
Transaction ID : A474BCA4F8F7B4304BC1
 Amount of Each Receipt this Period
250.00

B. Thomas W Currey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 975 E 3rd St Hospital Box 260
 City Chattanooga State TN Zip Code 37403-2147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Tennessee Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2012
Transaction ID : A4F8BE4E8DBF6402B9A4
 Amount of Each Receipt this Period
500.00

C. Robert L Dickey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1701 Pine St
 City Abilene State TX Zip Code 79601-3043
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2012
Transaction ID : A6396E6C82EFC463BB93
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 155 OF 232
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. William V Gardner MD		Date of Receipt
Mailing Address Mat-Su Regional Med Plaza 2490 S Woodworth Loop Ste 350		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City Palmer	State AK	Zip Code 99645-7411
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : AE7AAD87A33D44321AA9
Name of Employer Denali Orthopaedic Surgery PC		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		<input type="text" value="100.00"/>
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"/>	

Full Name (Last, First, Middle Initial) B. Joseph R Hellmann Jr, MD		Date of Receipt
Mailing Address 7628 Laura St NW		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City Massillon	State OH	Zip Code 44646-9309
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : ACB324A08120D48848A5
Name of Employer Omni Orthopaedics		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		<input type="text" value="200.00"/>
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"/>	

Full Name (Last, First, Middle Initial) C. Howard A King MD		Date of Receipt
Mailing Address 600 N Robbins Rd Ste 401		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City Boise	State ID	Zip Code 83702-4566
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : AAA042D06C50149C9BD5
Name of Employer St Lukes Regional Medical Ctr		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		<input type="text" value="500.00"/>
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"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
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 156 OF 232
	<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"/>	<input type="checkbox"/> 17

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

A. Bruce M Leslie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 Washington St Suite 343
 City Newton Lower Falls State MA Zip Code 02462-1625
 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 09 / 20 / 2012
Transaction ID : A3BB4665CEE604331BA3
 Amount of Each Receipt this Period 1000.00

B. Isador H Lieberman MD, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 6020 W Parker Rd Ste 200
 City Plano State TX Zip Code 75093-8172
 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 940.00

Date of Receipt 09 / 20 / 2012
Transaction ID : A70550F2FF81C4369B64
 Amount of Each Receipt this Period 375.00

C. Chad E Mathis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1022 1st St North Ste 220
 City Alabaster State AL Zip Code 35007-8759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alabama Bone & Joint Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 09 / 20 / 2012
Transaction ID : ACF7EA4DC2580408BB67
 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: (check only one)	PAGE 157 OF 232
	<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. Thomas C McLaughlin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2667 Berkshire Rd
 City Cleveland State OH Zip Code 44106-3361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Veterans Administration Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 20 / 2012**
Transaction ID : ADEE79E7B5CB045C9ACC
 Amount of Each Receipt this Period **500.00**

B. Delwin E Quenzer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5604 Glen Oaks Pointe
 City West Des Moines State IA Zip Code 50266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Des Moines Ortho Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 20 / 2012**
Transaction ID : AF311B45086D54F11831
 Amount of Each Receipt this Period **1000.00**

C. David B Robie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6585 Plesenton Dr S
 City Worthington State OH Zip Code 43085-3090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Orthopedic Center of Excellence Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **09 / 20 / 2012**
Transaction ID : AE3DD6AA8678B4048B1E
 Amount of Each Receipt this Period **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 232
	<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"/>	<input type="checkbox"/> 17

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

A. John P Sheehan MD
Full Name (Last, First, Middle Initial)

Mailing Address 6621 Cuming St

City Omaha	State NE	Zip Code 68132-1121
---------------	-------------	------------------------

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

Name of Employer Boys Town Hospital	Occupation Orthopaedic Surgeon
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2012

Transaction ID : A4505AE1790904DEDA22

Amount of Each Receipt this Period
250.00

B. James W Strickland MD
Full Name (Last, First, Middle Initial)

Mailing Address 4621 Summersong Rd

City Zionsville	State IN	Zip Code 46077-8004
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FEC ID number of contributing federal political committee. **C**

Name of Employer Rush Memorial Hospital	Occupation Orthopaedic Surgeon
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2012

Transaction ID : AC5ACFAFDB64B4949B7F

Amount of Each Receipt this Period
250.00

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

Mailing Address Ste 11300 West Pavilion Ortho
One Barnes Jewish Hospital Plaza

City Saint Louis	State MO	Zip Code 63110-1003
---------------------	-------------	------------------------

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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2012

Transaction ID : AB2D13F655C194678A32

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 159 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Lesley J Anderson MD		Date of Receipt
Mailing Address 2100 Webster St Ste 309		MM / DD / YYYY 09 / 21 / 2012
City San Francisco	State CA	Zip Code 94115-2377
FEC ID number of contributing federal political committee. C		Transaction ID : AF5CAD310AA2D492C9F0
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	1000.00	

Full Name (Last, First, Middle Initial) B. Evan K Bash MD		Date of Receipt
Mailing Address Premier Orthopaedics One Med Center Blvd		MM / DD / YYYY 09 / 21 / 2012
City Chester	State PA	Zip Code 19013-3902
FEC ID number of contributing federal political committee. C		Transaction ID : A6E1BC1C3C98B4AC08DE
Name of Employer Premier Ortho & Sports Med Assoc		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.00	

Full Name (Last, First, Middle Initial) C. Robert E Bayless MD		Date of Receipt
Mailing Address 2120 N MacArthur Ste 100		MM / DD / YYYY 09 / 21 / 2012
City Irving	State TX	Zip Code 75061-2260
FEC ID number of contributing federal political committee. C		Transaction ID : A255CC9AF32624CF29DD
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	500.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 160 OF 232	
	(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"/> 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. Carl E Becker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Westphal Group
 2150 Harrisburg Pike #200
 City Lancaster State PA Zip Code 17601-2644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Westphal Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **6000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : A4617A75F704746E2989
 Amount of Each Receipt this Period
2000.00

B. Joseph F Bocklage MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3265 Eagle Bluff Rd
 City Mound State MN Zip Code 55364-8594
 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 M / D D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : AF49EA310917B4856944
 Amount of Each Receipt this Period
250.00

C. Dominic S Carreira MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 SE 17th St, First Floor
 City Fort Lauderdale State FL Zip Code 33316-2550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Broward Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : A2E06DFCEC1F94D0AB4B
 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 161 OF 232
(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. Jeffrey Dombroski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2870 S Beach Dr
 City Alpena State MI Zip Code 49707-8704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alpena Regional Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 21 / 2012
Transaction ID : A69212F9D51384126B76
 Amount of Each Receipt this Period 250.00

B. Brian Anthony Fissel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12639 Old Tesson Rd
 City Saint Louis State MO Zip Code 63128-2786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Signature Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2012
Transaction ID : ADC7DDBE5CFCC44978B1
 Amount of Each Receipt this Period 500.00

c. Mark J Ghilarducci MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2100 Solar Dr Ste 102
 City Oxnard State CA Zip Code 93036-0649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ventura Orthopaedic Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2012
Transaction ID : A809296F5479340F8B2E
 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 162 OF 232
	<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. Dennis H Gordon MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 17290

City Salt Lake City State UT Zip Code 84117-0290

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
09 / 21 / 2012
Transaction ID : A1B149FF4FE3645F9A41

Amount of Each Receipt this Period
250.00

B. Prasad V Gourineni MD
Full Name (Last, First, Middle Initial)

Mailing Address 3420 Adams Road

City Oak Brook State IL Zip Code 60523-2708

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
09 / 21 / 2012
Transaction ID : A14981F53FA654C129EE

Amount of Each Receipt this Period
250.00

C. Letha Y Griffin MD
Full Name (Last, First, Middle Initial)

Mailing Address 2045 Peachtree Rd Ste 700

City Atlanta State GA Zip Code 30309-1417

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
09 / 21 / 2012
Transaction ID : A630995FB3D764945895

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 163 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Thomas R Highland MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 S Keene St
 City Columbia State MO Zip Code 65201-7199
 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
 09 / 21 / 2012
Transaction ID : A656168B8964E4BD0A02
 Amount of Each Receipt this Period
 500.00

B. Andre Michael Ishak MD
 Full Name (Last, First, Middle Initial)
 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 Orthopaedics
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 09 / 21 / 2012
Transaction ID : AAF27E7EA74107BA4
 Amount of Each Receipt this Period
 250.00

c. Mahmood Jay Jazayeri MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2690 Pacific Ave Ste 300
 City Long Beach State CA Zip Code 90806-2660
 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
 09 / 21 / 2012
Transaction ID : AAB9BA031460B409EB08
 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 164 OF 232
	<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. Joseph B Koscielniak Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5587 Broadway
 City Merrillville State IN Zip Code 46410-2695
 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 Y Y
 09 / 21 / 2012
Transaction ID : A96007F58EFE54ED1B5D
 Amount of Each Receipt this Period
 250.00

B. Gregory Daniel Lewish MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2211 Lyell Ave Ste 107
 City Rochester State NY Zip Code 14606-5743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Westside Orthopedics PC Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : A31678242603A4A85879
 Amount of Each Receipt this Period
 200.00

C. Kevin Michael McGee MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1532 Eagle Ridge Dr. NE
 City Albuquerque State NM Zip Code 87122-1150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Presbyterian Health System Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : AC4016A096B434B26961
 Amount of Each Receipt this Period
 500.00

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 165 OF 232
	<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. Samir Mehta MD
Full Name (Last, First, Middle Initial)

Mailing Address 3400 Spruce St
2 Silvertstein Pavilion

City Philadelphia State PA Zip Code 19104-4208

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

Name of Employer University of Pennsylvania Occupation Orthopaedic Surgery

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
374.99

Date of Receipt
09 / 21 / 2012
Transaction ID : A55E12C3422684523AA4

Amount of Each Receipt this Period
100.00

B. Bernard F Morrey MD
Full Name (Last, First, Middle Initial)

Mailing Address 7703 Floyd Curl Drive

City San Antonio State TX Zip Code 78229-3901

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
09 / 21 / 2012
Transaction ID : A179982A24D824401859

Amount of Each Receipt this Period
100.00

C. Joshua P Nadaud MD
Full Name (Last, First, Middle Initial)

Mailing Address 281 Magna Carta Dr

City Saint Louis State MO Zip Code 63141-7535

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

Name of Employer Signature Health Services Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 21 / 2012
Transaction ID : A13EAD9E0E7874F6F98E

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

TOTAL This Period (last page this line 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 166 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Christopher William Peer MD, MS
 Full Name (Last, First, Middle Initial)
 Mailing Address 611 Oak Lawn Dr
 City Hancock State MI Zip Code 49930-1631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Portage Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt **09 / 21 / 2012**
Transaction ID : AB1B92F8E53F64DF59B6
 Amount of Each Receipt this Period **250.00**

B. Patrick B Respet MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6635 Central Road
 City New Tripoli State PA Zip Code 18066-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Works Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 21 / 2012**
Transaction ID : AB367D0A999DB41B880A
 Amount of Each Receipt this Period **1000.00**

C. Perry L Schoenecker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2001 S Lindbergh Blvd
 City Saint Louis State MO Zip Code 63131-3504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington Univ School of Medicine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 21 / 2012**
Transaction ID : A274DA38693864800A9C
 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 167 OF 232
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. David R Simpson MD			Date of Receipt
Mailing Address 819 Eastview Ave			<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : A57AB69861B004B748E2
Delray Beach	FL	33483-5968	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Ctr for Bone & Joint Surg of the Palm	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Susan M Swank MD			Date of Receipt
Mailing Address 7 Chaparral Ln			<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : A61FD5047E2184F4A926
Rancho Palos Verdes	CA	90275-5167	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		
Retired	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jeffrey T Adams MD			Date of Receipt
Mailing Address 1050 N James Campbell Blvd Ste 200			<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : A2D983255AA40445A93E
Columbia	TN	38401-2754	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Middle Tennessee Bone & Joint	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1300.00"/>
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 168 OF 232
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Paul Robert Alongi MD		Date of Receipt
Mailing Address 206 E Jericho Turnpike		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Huntington Station	NY	11746-7330
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A0341C7FCC257479CA3A
Name of Employer	Occupation	Amount of Each Receipt this Period
Orthopaedic Spine Care of Long Island	Orthopaedic Surgeon	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="750.00"/>	

Full Name (Last, First, Middle Initial) B. Eric B Arvidson MD		Date of Receipt
Mailing Address 16 Pelham Rd		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Salem	NH	03079-2826
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A7FDEFFBF5A9D4D85AD1
Name of Employer	Occupation	Amount of Each Receipt this Period
Essex Orthopaedics	Orthopaedic Surgeon	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. David A Bernstein MD		Date of Receipt
Mailing Address New Mexico Orthopaedics 201 Cedar SE Ste 6600		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Albuquerque	NM	87106-5411
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A6FC39AD1F0374EF8B21
Name of Employer	Occupation	Amount of Each Receipt this Period
New Mexico Orthopaedics	Orthopaedic Surgeon	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1050.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Robert H Blotter MD		Date of Receipt										
Mailing Address 1414 W Fair Ave Ste 190		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>24</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		24		2012
M M	/	D D	/	Y Y Y Y								
09		24		2012								
City Marquette	State MI	Zip Code 49855-5406										
FEC ID number of contributing federal political committee. C		Transaction ID : AD1E5534EF6B44395AF1										
Name of Employer Ortho Surg Assoc of Marquette		Amount of Each Receipt this Period										
Occupation Orthopaedic Surgeon		500.00										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼											
	1000.00											

Full Name (Last, First, Middle Initial) B. S Terry Canale MD		Date of Receipt										
Mailing Address Campbell Clinic 1400 S Germantown Rd		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>24</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		24		2012
M M	/	D D	/	Y Y Y Y								
09		24		2012								
City Germantown	State TN	Zip Code 38138-2205										
FEC ID number of contributing federal political committee. C		Transaction ID : A3FA1CCF0A18443CCA09										
Name of Employer Campbell Clinic		Amount of Each Receipt this Period										
Occupation Orthopaedic Surgeon		250.00										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼											
	250.00											

Full Name (Last, First, Middle Initial) C. Stephen De Young MD		Date of Receipt										
Mailing Address 16659 Southwest Fwy Ste 321		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>24</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		24		2012
M M	/	D D	/	Y Y Y Y								
09		24		2012								
City Sugar Land	State TX	Zip Code 77479-2373										
FEC ID number of contributing federal political committee. C		Transaction ID : A398FE2D3505741ACAE8										
Name of Employer Southwest Ortho Group		Amount of Each Receipt this Period										
Occupation Orthopaedic Surgeon		250.00										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼											
	250.00											

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 170 OF 232
	<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. Dirk H Dugan MD
Full Name (Last, First, Middle Initial)

Mailing Address 1301 Trumansburg Rd
Ste R

City Ithaca State NY Zip Code 14850-1397

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

Name of Employer Cayuga Medical Associates Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
09 / 24 / 2012
Transaction ID : **A67BD9243A48F4A6AB9B**

Amount of Each Receipt this Period
1000.00

B. David Robert Gotham Jr, DO
Full Name (Last, First, Middle Initial)

Mailing Address 7855 Wingate Ct

City Granite Bay State CA Zip Code 95746-9362

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
09 / 24 / 2012
Transaction ID : **A4D89B935B1B242F2BA7**

Amount of Each Receipt this Period
1000.00

C. Gregory M Grant MD
Full Name (Last, First, Middle Initial)

Mailing Address 5229 E Doubletree Rd

City Paradise Valley State AZ Zip Code 85253

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

Name of Employer Foothills Orthopaedic Specialists Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
09 / 24 / 2012
Transaction ID : **A359431D3328F431ABAF**

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 171 OF 232
	<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. Thomas David Greider MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6624 Fannin St Ste 2600
 City Houston State TX Zip Code 77030-2338
 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 09 / 24 / 2012
Transaction ID : AA351F4FD8B884CB9843
 Amount of Each Receipt this Period 300.00

B. Alfred W Hanmer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 Washington St Ste 341
 City Newton Lower Falls State MA Zip Code 02162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Newton Wesley Orthopaedics
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 24 / 2012
Transaction ID : A74B6BCDA759843DE88F
 Amount of Each Receipt this Period 100.00

C. John David Hannah MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 McNeel Ln
 City North Platte State NE Zip Code 69101-6054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Platte Orthopaedics
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 09 / 24 / 2012
Transaction ID : A432535084DB2429A997
 Amount of Each Receipt this Period 375.00

SUBTOTAL of Receipts This Page (optional).....▶	775.00
TOTAL This Period (last page this line 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 OF 232
	<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. Christopher J Lyons MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 479 Thomas Jones Way Ste 300
 City Exton State PA Zip Code 19341-2552
 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: 09 / 24 / 2012
Transaction ID : A8FE3C4BCF0A5446D839
 Amount of Each Receipt this Period: **200.00**

B. Patricia McHale MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15819 Glenmiro Dr
 City Huntersville State NC Zip Code 28078-2254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Ortho Carolina
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt: 09 / 24 / 2012
Transaction ID : A544D7FB2E2F64332A06
 Amount of Each Receipt this Period: **1000.00**

C. Charles T Mehlman DO, MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3333 Burnet Ave MLC 2017
 City Cincinnati State OH Zip Code 45229-3026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Cincinnati Childrens Hospital
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt: 09 / 24 / 2012
Transaction ID : AC06E09E0012642608EF
 Amount of Each Receipt this Period: **1000.00**

SUBTOTAL of Receipts This Page (optional).....	2200.00
TOTAL This Period (last page this line 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 OF 232
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Calin Stefan Moucha MD		Date of Receipt
Mailing Address Dept of Orthopaedic Surgery 5 E 98th St Box 1188		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City New York	State NY	Zip Code 10029-6501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Transaction ID : A98F5EBE4AB4A4464BD2	
Name of Employer Mount Sinai Medical Center	Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period <input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. Joseph R O'Brien MD		Date of Receipt
Mailing Address Dept of Orthopaedic Surgery, 7th F 2150 Pennsylvania Ave NW		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City Washington	State DC	Zip Code 20037-3201
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Transaction ID : A28825248A07045F490A	
Name of Employer George Washington Univ	Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period <input type="text" value="500.00"/>
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"/>	

Full Name (Last, First, Middle Initial) C. Jean-Maurice Page MD		Date of Receipt
Mailing Address 405 Ridings Mitchell Creek Rd		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City London	State KY	Zip Code 40741-9699
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Transaction ID : A02B044B1B8604159A90	
Name of Employer St Joseph Hospital	Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period <input type="text" value="350.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1100.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 174 OF 232
	<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. Rick A Raimondo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Tower Medical Bldg
 737 Main St Ste 6
 City Lumberton State NJ Zip Code 08048-3089
 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 250.00

Date of Receipt
 09 / 24 / 2012
Transaction ID : A0A9E2BFAEAE24FEFBB
 Amount of Each Receipt this Period
 250.00

B. Mitchell Forest Reiter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 Overlook Rd
 Mac I Suite 305
 City Summit State NJ Zip Code 07901-3570
 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
 09 / 24 / 2012
Transaction ID : AD9DEF77DFEFC4340BFB
 Amount of Each Receipt this Period
 250.00

C. William Michael Roper MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1389 N Baldwin Ave
 City Marion State IN Zip Code 46952-1913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arthroscopy & Orthopaedic Surgery Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 09 / 24 / 2012
Transaction ID : A9E0227A649F04FD7844
 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 175 OF 232
(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. Felix H Savoie III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Orthopaedics
 1430 Tulane Ave Rm 2070
 City New Orleans State LA Zip Code 70112-2632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tulane University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2012
Transaction ID : A1917205C99FC43378F6
 Amount of Each Receipt this Period
1000.00

B. Philip Schrank MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Schooners Cove
 City Setauket State NY Zip Code 11733-3951
 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 **688.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2012
Transaction ID : AB3D807C539E143D5AED
 Amount of Each Receipt this Period
188.00

C. Daniel I Singer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1380 Lusitana St Ste 615
 City Honolulu State HI Zip Code 96813-2442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Assoc of Hawaii Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2012
Transaction ID : A672CDE5A04994AD3A0B
 Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... **1488.00**
TOTAL This Period (last page this line 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 OF 232
	<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. James B Slattery MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 SW 131st St
 City Newberry State FL Zip Code 32669-3074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Orthopedic Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2012
Transaction ID : A3C3AACBF276C4DE19DE
 Amount of Each Receipt this Period
 250.00

B. Jay G Stein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 209 NE 95th St Ste 8
 City Miami Shores State FL Zip Code 33138-2745
 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2012
Transaction ID : AD514D71BFA604E9F816
 Amount of Each Receipt this Period
 125.00

C. Eric Strauss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 East 17th Street Suite 1616
 City New York State NY Zip Code 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2012
Transaction ID : A24DACB4E54B24040B43
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 475.00
TOTAL This Period (last page this line 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 177 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Gregory M Uitvlugt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3394 E Jolly Rd Ste A
 City Lansing State MI Zip Code 48910-8595
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Self Employed
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt: 09 / 24 / 2012
Transaction ID : A0E81CBD7E69D49E5945
 Amount of Each Receipt this Period: **500.00**

B. Jeffrey Dean Watson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2923 W. Bay Vista Ave
 City Tampa State FL Zip Code 33611-1609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Orthopaedic Medical Group
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt: 09 / 24 / 2012
Transaction ID : A3EDB63D14A73455D811
 Amount of Each Receipt this Period: **250.00**

C. William Lamont Bargar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1020 29th St Ste 450
 City Sacramento State CA Zip Code 95816-5173
 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: 09 / 25 / 2012
Transaction ID : AD195BAAA728F40938E8
 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 178 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Joseph S Barr Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 0 Emerson Pl Ste 120
 City Boston State MA Zip Code 02114-2241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Assoc Inc Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 25 / 2012**
Transaction ID : A7FA6187D25F440AE8B8
 Amount of Each Receipt this Period **250.00**

B. Laurette A Chang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Orthopaedic Surgery Service
 5001 N Piedras St
 City El Paso State TX Zip Code 79930-4210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VA Health Care Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 25 / 2012**
Transaction ID : A52977F8DD06949DBB85
 Amount of Each Receipt this Period **250.00**

C. Jim K Hudson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13904 West El Bonito
 City Ocean Springs State MS Zip Code 39564-2511
 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 **1000.00**

Date of Receipt **09 / 25 / 2012**
Transaction ID : A2CCF63CB67F24FE198A
 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 179 OF 232
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Shepard R Hurwitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Silver Cedar Ct Suite 100
 City Chapel Hill State NC Zip Code 27514-1585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ABOS Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **850.00**

Date of Receipt **09 / 25 / 2012**
Transaction ID : AA88712B51F49457F977
 Amount of Each Receipt this Period **300.00**

B. Keith Patrick Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15-01 Broadway Suite 10c
 City Fair Lawn State NJ Zip Code 07410-6018
 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 **09 / 25 / 2012**
Transaction ID : AA7666C136FF94364B52
 Amount of Each Receipt this Period **1000.00**

C. Donald R Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1106 Chuck Dawley Blvd #200
 City Mount Pleasant State SC Zip Code 29464-4195
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southeastern Spine Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 25 / 2012**
Transaction ID : A262C53A678334DF8816
 Amount of Each Receipt this Period **1000.00**

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: (check only one)	PAGE 180 OF 232
	<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

Full Name (Last, First, Middle Initial) A. Marc R Labbe MD		Date of Receipt
Mailing Address 6624 Fannin St Ste 2600		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code
Houston	TX	77030-2338
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : A25AF26BE6AA846E595B
Bone & Joint Clinic	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="750.00"/>	<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) B. Jack D Lennox DO		Date of Receipt
Mailing Address 28100 Grand River Ste 209		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code
Farmington Hills	MI	48336-5969
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : AB622653F040C41B6935
Tri County Orthopaedics	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) C. John J McCrosson MD		Date of Receipt
Mailing Address 125 Doughty St Ste 680		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code
Charleston	SC	29403-5731
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : AEBF6C77A4648455892C
Roper St Francis Healthcare	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="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: PAGE 181 OF 232
(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. Ali Reza Motamedi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15035 SW Freeway
 City State Zip Code
 Sugar Land TX 77478-5018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Memorial Hermann Medical Group Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : A36FF77430F404F44927
 Amount of Each Receipt this Period
 250.00

B. Jack Wayne Pennington MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1035 Summit Way
 City State Zip Code
 Blairsville GA 30512-4691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 VA Hospital Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : ACC7238B7CED947EC9A7
 Amount of Each Receipt this Period
 500.00

C. Scott Gerald Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Casmalia Way
 City State Zip Code
 Sacramento CA 95864-5204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sutter Medical Group Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : A74DB30E21E344F90873
 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 182 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Steven D Washburn MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4830 Highway 260 Ste 103
 City Lakeside State AZ Zip Code 85929-5851
 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 M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : A78B50E07B4D44CAD8EC
 Amount of Each Receipt this Period
 250.00

B. Michael J Yaszemski MD, PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 First St SW
 City Rochester State MN Zip Code 55905-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Foundation
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : A8F4DC214EF9D4685816
 Amount of Each Receipt this Period
 250.00

C. James B Benjamin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1555 E River Rd
 City Tucson State AZ Zip Code 85718-5831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : ACC8AF8CF60D749B1896
 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: (check only one)	PAGE 183 OF 232
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Michael Champine MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2928 Stanford Ave.
 City Dallas State TX Zip Code 75225-7801
 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 **09 / 26 / 2012**
Transaction ID : A405DDE3234DA45E0B4B
 Amount of Each Receipt this Period **1000.00**

B. Torin J Cunningham MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 48 Sea Ter
 City Newport Coast State CA Zip Code 92657-1019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatric Ortho Specialty Ctr Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 26 / 2012**
Transaction ID : A006B9F9C4D5E49A1B1A
 Amount of Each Receipt this Period **250.00**

C. James J Dietz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23829 Little Mack Ste 100
 City Saint Clair Shores State MI Zip Code 48080-1186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Clair Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 26 / 2012**
Transaction ID : AEEA1D53AACD649618CE
 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 184 OF 232
	<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. Pat D Do MD
Full Name (Last, First, Middle Initial)

Mailing Address 8300 Steeplechase St

City State Zip Code
Wichita KS 67206-4423

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

Name of Employer Occupation
Mid America Orthopedics Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 26 / 2012
Transaction ID : AA1673693F27245A5ADC

Amount of Each Receipt this Period
200.00

B. Brian T Duggan MD
Full Name (Last, First, Middle Initial)

Mailing Address 360 Calle Del Norte

City State Zip Code
Sedona AZ 86336-5006

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

Name of Employer Occupation
Verrde Valley Medical Ctr Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 26 / 2012
Transaction ID : A945609B3CF2C47488AF

Amount of Each Receipt this Period
250.00

C. Edward S Jeffries MD
Full Name (Last, First, Middle Initial)

Mailing Address 24715 Little Mack Ste 100

City State Zip Code
Saint Clair Shores MI 48080-3207

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 ▼
275.00

Date of Receipt
09 / 26 / 2012
Transaction ID : A515517E9D6B44217B06

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line 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 185 OF 232
	<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. James R Karmy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 82644 Salmon Point
 City Hermiston State OR Zip Code 97838-7304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Motion Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : A67E97CBD184F4B83928
 Amount of Each Receipt this Period
250.00

B. Christopher Lawrence Lee MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23829 Little Mack Ste 100
 City Saint Clair Shores State MI Zip Code 48080-1186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Clair Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : A3DB963057BD245C380B
 Amount of Each Receipt this Period
250.00

C. Sanjiv H Naidu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Fredericksen Outpatient Center
 2015 Technology Pkwy
 City Mechanicsburg State PA Zip Code 17050-9414
 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 M / D D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : AC1DCED8BCF0C43D3904
 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 186 OF 232
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Richard T Perry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23829 Little Mack Ste 100
 City Saint Clair Shores State MI Zip Code 48080-1186
 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 Y Y
 09 / 26 / 2012
Transaction ID : AE5A324521BC5436BA1C
 Amount of Each Receipt this Period
 250.00

B. Bradley Raphael MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5823 Widewaters Pkwy
 City East Syracuse State NY Zip Code 13057-3081
 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 Y Y
 09 / 26 / 2012
Transaction ID : AC88AB02018EC45B8B41
 Amount of Each Receipt this Period
 250.00

C. Kanwaldeep S Sidhu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23829 Little Mack Ste 100
 City Saint Clair Shores State MI Zip Code 48080-1186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Clair 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 Y Y
 09 / 26 / 2012
Transaction ID : AE6DDD0F234AC4120AC5
 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 187 OF 232
	<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. Matthew Parker Willis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Bowring Park
 City Nashville State TN Zip Code 37215-2456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TOA Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 09 / 26 / 2012
Transaction ID : AD49AC65F8EF84C04A03
 Amount of Each Receipt this Period 250.00

B. Michael A Tidwell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7350 SW 72nd Ave
 City Miami State FL Zip Code 33143-4203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Miami Children's Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 09 / 30 / 2012
Transaction ID : A28993D47FDC74E6CBCE
 Amount of Each Receipt this Period 250.00

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

Date of Receipt
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	257771.99

**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 188 OF 232
<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. American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
Mailing Address 317 Massachusetts Avenue, NE
1st Floor

City Washington State DC Zip Code 20002

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
16517.76

Date of Receipt
07 / 17 / 2012
Transaction ID : AC4CB5F00EFD41DBB95

Amount of Each Receipt this Period
2837.81

Refund of bank fees from affiliated organization

B. American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
Mailing Address 317 Massachusetts Avenue, NE
1st Floor

City Washington State DC Zip Code 20002

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
17325.42

Date of Receipt
08 / 23 / 2012
Transaction ID : A88ACF5C68CD24AFAB6F

Amount of Each Receipt this Period
807.66

Refund of bank fees from affiliated organization

C. American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
Mailing Address 317 Massachusetts Avenue, NE
1st Floor

City Washington State DC Zip Code 20002

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18623.63

Date of Receipt
09 / 19 / 2012
Transaction ID : A76E607136A384C83A80

Amount of Each Receipt this Period
1298.21

Refund of bank fees from affiliated organization

SUBTOTAL of Receipts This Page (optional).....	4943.68
TOTAL This Period (last page this line number only).....	4943.68

**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 189 OF 232
<input 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 checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Arreguin for Arizona		Date of Receipt
Mailing Address P.O. Box 40701		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Tucson	AZ	85717
FEC ID number of contributing federal political committee.	<input type="text" value="C00513135"/>	Transaction ID : AE848A04C8900463F84F
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Sandy Adams for Congress		Date of Receipt
Mailing Address 217 Third St., SE		<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20003
FEC ID number of contributing federal political committee.	<input type="text" value="C00463877"/>	Transaction ID : A9186C1E8E985435A17
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="3500.00"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2012

Transaction ID : B85408D99C776484ABA7

Amount of Each Disbursement this Period

68.17

B. Northern Trust Company

Full Name (Last, First, Middle Initial)

Mailing Address 50 S. LaSalle St.

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2012

Transaction ID : B92938DE34BD84FC8845

Amount of Each Disbursement this Period

1490.26

C. Northern Trust Company

Full Name (Last, First, Middle Initial)

Mailing Address 50 S. LaSalle St.

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2012

Transaction ID : BC6CB6CC5F7B6414AB08

Amount of Each Disbursement this Period

1126.98

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

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

2685.41

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2012

Transaction ID : B22F24221C8A249E98BF

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2012

Transaction ID : B3CF82B00374D44A6893

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2012

Transaction ID : BE11DE902F8D640DEB79

Amount of Each Disbursement this Period

341.64

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

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

371.64

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	03	/	2012

Transaction ID : BCDE124F096DF49D3A03

Amount of Each Disbursement this Period

383.84

Full Name (Last, First, Middle Initial)

B. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	10	/	2012

Transaction ID : BF659E1C08FBA479EAEB

Amount of Each Disbursement this Period

78.17

Full Name (Last, First, Middle Initial)

C. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	17	/	2012

Transaction ID : B16949FC3D4764EEEEBCB

Amount of Each Disbursement this Period

8.60

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

470.61

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	24	/	2012

Transaction ID : B00F342A7B5E747BDAE0

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	07	/	2012

Transaction ID : B1CF7ECBD3BC6483BB72

Amount of Each Disbursement this Period

34.81

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	07	/	2012

Transaction ID : B4621371319BD4B589CC

Amount of Each Disbursement this Period

643.53

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

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

778.34

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 07 / 2012

Transaction ID : B9B203998A0EF4A24B4A

Amount of Each Disbursement this Period

468.51

Full Name (Last, First, Middle Initial)

B. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : BD311675D5AA34C8A922

Amount of Each Disbursement this Period

51.36

Full Name (Last, First, Middle Initial)

C. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2012

Transaction ID : BDC064BC16CA54373ABE

Amount of Each Disbursement this Period

324.00

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

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

843.87

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2012

Transaction ID : B35F3254C9C0A4EA8A71

Amount of Each Disbursement this Period

25.40

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

25.40

5175.27

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Big Red Political Action Committee

Mailing Address P.O. Box 785

City State Zip Code
Elkhorn NE 68022

Purpose of Disbursement
Alexander's LPAC

Candidate Name

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2012

Transaction ID : B5B90DA3A450D4346BF6

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Michelle Lujan Grisham

Mailing Address P.O. Box 25422

City State Zip Code
Albuquerque NM 87125

Purpose of Disbursement

Candidate Name

Michelle Grisham

Office Sought: House
 Senate
 President

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

State: NM District: 01

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2012

Transaction ID : BFEAE283888654976BDC

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Feinstein for Senate

Mailing Address 1212 S Victory Blvd

City State Zip Code
Burbank CA 91502

Purpose of Disbursement

Candidate Name

Sen. Dianne Feinstein

Office Sought: House
 Senate
 President

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

State: CA District:

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2012

Transaction ID : B4C1B18592FE54EC2B18

Amount of Each Disbursement this Period

2500.00

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Friends of Jason Chaffetz

Mailing Address 315 westfield Circle

City Alpine State UT Zip Code 84004

Purpose of Disbursement

Candidate Name

Rep. Jason Chaffetz

Office Sought: House Senate President

State: UT District: 03

Disbursement For: 2012
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2012

Transaction ID : B0D7EBA8A678146489AC

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Lois Capps

Mailing Address P.O. Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement

Candidate Name

Rep. Lois Capps

Office Sought: House Senate President

State: CA District: 23

Disbursement For: 2012
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2012

Transaction ID : B0F0BF307C64D4D1FADC

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. John Lewis for Congress

Mailing Address P.O. Box 2323

City Atlanta State GA Zip Code 30301

Purpose of Disbursement

Candidate Name

Rep. John Lewis

Office Sought: House Senate President

State: GA District: 05

Disbursement For: 2012
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2012

Transaction ID : B8D7BBEAD4E894BA3991

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Lee Terry for Congress

Mailing Address P.O. Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement

Candidate Name

Rep. Lee Terry

Office Sought: House Senate President

State: NE District: 02

Disbursement For: 2012
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	2

Transaction ID : **BC8AB5B09EDDC420CA1E**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Montanans for Rehberg

Mailing Address P.O. Box 1597

City Helena State MT Zip Code 59624

Purpose of Disbursement

Candidate Name

Dennis Ray Rehberg

Office Sought: House Senate President

State: MT District:

Disbursement For: 2012
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	2

Transaction ID : **BA92D6C03AC9D41B5A06**

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Reinventing a New Direction RANDPAC

Mailing Address P.O. Box 72598

City Newport State KY Zip Code 41072

Purpose of Disbursement
Rand Paul's LPAC

Candidate Name

Office Sought: House Senate President

State: District:

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

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	2

Transaction ID : **B728BAA637FAF4BBEB63**

Amount of Each Disbursement this Period

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

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

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

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Renee Ellmers for Congress Committee

Mailing Address P.O. Box 904

City State Zip Code
Dunn NC 28335

Purpose of Disbursement

Candidate Name

Rep. Renee L. Ellmers

Office Sought: House
 Senate
 President

State: NC District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		09		2012

Transaction ID : B7245869C15E045A2B4C

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Robert Hurt for Congress

Mailing Address P.O. Box 8

City State Zip Code
Chatham VA 24531

Purpose of Disbursement

Candidate Name

Rep. Robert Hurt

Office Sought: House
 Senate
 President

State: VA District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		09		2012

Transaction ID : B9A270EAF94340A89A3

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Thornberry for Congress Committee

Mailing Address P.O. Box 9392

City State Zip Code
Amarillo TX 79105

Purpose of Disbursement

Candidate Name

Rep. Mac Thornberry

Office Sought: House
 Senate
 President

State: TX District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		09		2012

Transaction ID : B39B23486C41E4928B19

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Wells PAC

Mailing Address 2470 Daniels Bridge Rd
Suite 121

City Athens State GA Zip Code 30606

Purpose of Disbursement
Austin Scott's LPAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) Other2012

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	2

Transaction ID : B236CEC80556B485794A

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. American Defense and Military PAC (ADAM PAC)

Mailing Address P.O. Box 15320

City Washington State DC Zip Code 20003

Purpose of Disbursement
Adam Smith's LPAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) Other2012

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	2

Transaction ID : B96E1403C04CB4258866

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Archer for Congress

Mailing Address P.O. Box 122

City Bettendorf State IA Zip Code 52722-0003

Purpose of Disbursement

Candidate Name

John H Archer Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) Other2012

State: IA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	2

Transaction ID : BF8CA5CABC27F451FB56

Amount of Each Disbursement this Period

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

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

1	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Bera 2012 Victory Fund

Mailing Address 5429 Madison Ave

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

Candidate Name

Rep. Amerish Bera

Office Sought: House
 Senate
 President
State: CA District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2012

Transaction ID : BCC98C24D768F4F63B2A

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Brian Bilbray for Congress

Mailing Address PO Box 455

City Rancho Santa Fe State CA Zip Code 92067

Purpose of Disbursement

Candidate Name

Rep. Brian P. Bilbray

Office Sought: House
 Senate
 President
State: CA District: 50

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2012

Transaction ID : BF357DD7A0E58446089D

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Charlie Dent for Congress

Mailing Address P.O. Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

Candidate Name

Rep. Charles W. Dent

Office Sought: House
 Senate
 President
State: PA District: 15

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2012

Transaction ID : BE7EDC38026484B08B8C

Amount of Each Disbursement this Period

5000.00

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

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

15000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Concerned Americans for Freedom & Opportunity PAC (CAFO PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2012

Mailing Address 228 S Washington St. Ste 115

Transaction ID : B5B3142CAB6B84499A84

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Adrian Smith's LPAC

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) Other2012

State: District:

Full Name (Last, First, Middle Initial)

B. Conyers for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2012

Mailing Address 1831 Bay Street SE

Transaction ID : B02213B8959EC4413A38

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

--

Candidate Name

Category/
Type

Rep. John Conyers Jr.

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify)

State: MI District: 14

Full Name (Last, First, Middle Initial)

C. Culberson for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2012

Mailing Address P.O. Box 41964

Transaction ID : BC8442DA1A7B9479BA66

City Houston State TX Zip Code 77241

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

--

Candidate Name

Category/
Type

Rep. John Abney Culberson

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify)

State: TX District: 07

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

15000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David Scott for Congress

Mailing Address P.O. Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement

Candidate Name

Rep. David A. Scott

Office Sought: House
 Senate
 President

State: GA District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2012

Transaction ID : B115C2233A3434CCABAF

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Diane Black for Congress

Mailing Address P.O. Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement

Candidate Name

Rep. Diane Lynn Black

Office Sought: House
 Senate
 President

State: TN District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2012

Transaction ID : B240BA54BDAF74190ABE

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Friends of Rosa DeLauro

Mailing Address 12 Trumbull Street

City New Haven State CT Zip Code 06511

Purpose of Disbursement

Candidate Name

Rep. Rosa L. DeLauro

Office Sought: House
 Senate
 President

State: CT District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2012

Transaction ID : B9B91FC2D83BA47FDBC3

Amount of Each Disbursement this Period

2500.00

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

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

6500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Kaptur for Congress

Mailing Address P.O. Box 899

City Toledo State OH Zip Code 43697

Purpose of Disbursement

Candidate Name

Rep. Marcy Kaptur

Office Sought: House Senate President

State: OH District: 09

Disbursement For: 2012
 Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	2

Transaction ID : B68C6F37F66D34D9FB38

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. Kay Granger Campaign Fund

Mailing Address 715 Jones Street, Suite 101

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement

Candidate Name

Rep. Kay Granger

Office Sought: House Senate President

State: TX District: 12

Disbursement For: 2012
 Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	2

Transaction ID : BE4707A6742934575804

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

C. Kurt Schrader for Congress

Mailing Address P.O. Box 3314 Suite 240

City Oregon City State OR Zip Code 97045

Purpose of Disbursement

Candidate Name

Rep. Kurt Schrader

Office Sought: House Senate President

State: OR District: 05

Disbursement For: 2012
 Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	2

Transaction ID : BD882C48D5E5248D3B2B

Amount of Each Disbursement this Period

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

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

7	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

7	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Lampson for Congress

Mailing Address P.O. Box 861253

City State Zip Code
Plano TX 75086

Purpose of Disbursement

Candidate Name

Rep. Nick V. Lampson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	2

Transaction ID : BCE17DB41655840B9A1B

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Lead Your Nation Now PAC (LYNN PAC)

Mailing Address P.O. Box 1872

City State Zip Code
Topeka KS 66601

Purpose of Disbursement
Lynn Jenkins' PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: Other2012

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	2

Transaction ID : B08C062F37D224C26963

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Lynn Jenkins for Congress

Mailing Address P.O. Box 1441

City State Zip Code
Topeka KS 66601

Purpose of Disbursement

Candidate Name

Rep. Lynn Jenkins

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	2

Transaction ID : B6AF52FEDE90C459ABD5

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

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

8	5	0	0	0	0	0	0	0	0

8	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Matheson for Congress

Mailing Address P.O. Box 521048

City State Zip Code
Salt Lake City UT 84152

Purpose of Disbursement

Candidate Name

Rep. Jim Matheson

Office Sought: House
 Senate
 President

State: UT District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2012

Transaction ID : BC978B6312DF64879AC9

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. McKinley for Congress

Mailing Address P.O. Box 642

City State Zip Code
Morgantown WV 26507

Purpose of Disbursement

Candidate Name

Rep. David McKinley

Office Sought: House
 Senate
 President

State: WV District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2012

Transaction ID : B1C09746E0F094BBFA2B

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Menendez for Senate

Mailing Address One Gateway Ceter Suite 520

City State Zip Code
Newark NJ 07102

Purpose of Disbursement

Candidate Name

Sen. Robert Menendez

Office Sought: House
 Senate
 President

State: NJ District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2012

Transaction ID : B8036232540654BBE972

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Pete Stark Re-election Committee

Mailing Address P.O. Box 8331

City State Zip Code
Fremont CA 94537

Purpose of Disbursement

Candidate Name

Rep. Pete Stark

Office Sought: House
 Senate
 President

State: CA District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2012

Transaction ID : **B094365FD78FA4655964**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Plummer for Congress

Mailing Address P.O. Box 1272

City State Zip Code
O'Fallon IL 62269

Purpose of Disbursement

Candidate Name

Jason Plummer

Office Sought: House
 Senate
 President

State: IL District: 12

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2012

Transaction ID : **B18F00FAA1F844F5D8F6**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Shays for Senate

Mailing Address 2103 Main St

City State Zip Code
Stratford CT 06615

Purpose of Disbursement

Candidate Name

Christopher Shays

Office Sought: House
 Senate
 President

State: CT District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2012

Transaction ID : **B4D631D16B830488EBBF**

Amount of Each Disbursement this Period

2500.00

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Sheila Jackson Lee for Congress

Mailing Address 4412 Alameda

City Houston State TX Zip Code 77004

Purpose of Disbursement

Candidate Name

Rep. Sheila Jackson Lee

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	2

Transaction ID : B9441E8D22C064E8C95E

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Tom Reed for Congress

Mailing Address P.O. Box 450

City Victor State NY Zip Code 14564

Purpose of Disbursement

Candidate Name

Rep. Tom Reed

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	2

Transaction ID : B8F4F3881701A47A0852

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Ann Wagner for Congress

Mailing Address P.O. Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement

Candidate Name

Rep. Ann L Wagner

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

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

Transaction ID : B71855F3044924B6495A

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Arreguin for Arizona

Mailing Address P.O. Box 40701

City Tucson State AZ Zip Code 85717

Purpose of Disbursement

Candidate Name

Juan Manuel Arreguin

Office Sought: House
 Senate
 President

State: AZ District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : B525454CEA8E74BEAB0F

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Bill Johnson for Congress Committee

Mailing Address Epiphany Productions
104 Hume Ave

City Alexandria State VA Zip Code 22301

Purpose of Disbursement

Candidate Name

Bill Johnson

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : B5556C177369344E1BAA

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Daniel Webster for Congress

Mailing Address 3400 Old Winter Garden Road

City Orlando State FL Zip Code 32805

Purpose of Disbursement

Candidate Name

Rep. Daniel Webster

Office Sought: House
 Senate
 President

State: FL District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : B0E27769C167A41D4A90

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

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

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

1	1	0	0	0	0	0	0	0	0

5	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Friends of David Gill

Mailing Address P.O. Box 163

City Savoy State IL Zip Code 61874

Purpose of Disbursement

Candidate Name

David Michael Gill

Office Sought: House Senate President
State: IL District: 13

Disbursement For: 2012
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2012

Transaction ID : B41A521DDBD8442F0AC7

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of Scott DesJarlais

Mailing Address P.O. Box 311

City Jasper State TN Zip Code 37347

Purpose of Disbursement

Candidate Name

Rep. Scott Eugene Desjarlais

Office Sought: House Senate President
State: TN District: 04

Disbursement For: 2012
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2012

Transaction ID : B5D08D9C19CD5494EA0C

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Jeff Flake for U.S. Senate, Inc

Mailing Address P.O. Box 12512

City Tempe State AZ Zip Code 85284

Purpose of Disbursement

Candidate Name

Rep. Jeff Flake

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

Disbursement For: 2012
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2012

Transaction ID : B8DFB18DC6F73454FB46

Amount of Each Disbursement this Period

5000.00

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

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

15000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Pallone for Congress

Mailing Address P.O. Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement

Candidate Name

Rep. Frank Pallone Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2012

Transaction ID : B42A8F2727C054E65852

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Randy Altschuler for Congress

Mailing Address 1236 Middle Country Rd.

City State Zip Code
Middle Island NY 11953

Purpose of Disbursement

Candidate Name

Rep. Randolph Altschuler

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2012

Transaction ID : B91225EC48CBD463BBFA

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Speak up America Political Action Committee

Mailing Address P.O. Box 2485

City State Zip Code
Springfield VA 22152

Purpose of Disbursement
Joe Wilson's LPAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: Other2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2012

Transaction ID : B46AAA6EC1B0E41A5946

Amount of Each Disbursement this Period

5000.00

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

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

15000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Wilson for Senate

Mailing Address P.O. Box 10248

City Albuquerque State NM Zip Code 87184

Purpose of Disbursement

Candidate Name

Heather A Wilson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NM District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	14	/	2012

Transaction ID : B1853FAC462374A19A0E

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Cotton for Congress

Mailing Address P.O. Box 379

City Dardanelle State AR Zip Code 72834

Purpose of Disbursement

Candidate Name

Thomas Cotton

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AR District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	16	/	2012

Transaction ID : B978CE3FEBF714FAA8FC

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Tisei Congressional Committee

Mailing Address 932 Lynnfield St

City Lynnfield State MA Zip Code 01880

Purpose of Disbursement

Candidate Name

Richard R Tisei

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	27	/	2012

Transaction ID : BAC40B87402BC4C569D0

Amount of Each Disbursement this Period

5000.00

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

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

15000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Amodei for Nevada

Mailing Address P.O. Box 21434

City Reno State NV Zip Code 89515

Purpose of Disbursement

Candidate Name

Mark Eugene Amodei

Office Sought: House Senate President

State: NV District:

Disbursement For: 2012
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : BA097C0EADDDA4553AB1

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Bass Victory Committee

Mailing Address P.O. Box 3451

City Concord State NH Zip Code 03302

Purpose of Disbursement

Candidate Name

Rep. Charles F. Bass

Office Sought: House Senate President

State: NH District: 02

Disbursement For: 2012
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : B668D5E5A59994139BD6

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Buckeye Liberty PAC

Mailing Address 701 8th Street, NW Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
Jordan's LPAC

Candidate Name

Office Sought: House Senate President

State: District:

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

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : B66BA3AFD46644C198D4

Amount of Each Disbursement this Period

2500.00

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

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Duffy for Congress

Mailing Address P.O. Box 186

City Ashland State WI Zip Code 54806

Purpose of Disbursement

Candidate Name

Rep. Sean P. Duffy

Office Sought: House
 Senate
 President

State: WI District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	2

Transaction ID : B1A29EF9D899D428592F

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Friends of Jeanne Shaheen

Mailing Address 105 N State St

City Concord State NH Zip Code 03301

Purpose of Disbursement

Candidate Name

Sen. Jeanne Shaheen

Office Sought: House
 Senate
 President

State: NH District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	2

Transaction ID : BDB02C74237F9411EB92

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Hatch Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement

Candidate Name

Sen. Orrin G. Hatch

Office Sought: House
 Senate
 President

State: UT District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	2

Transaction ID : B55412F4A38C74EC484B

Amount of Each Disbursement this Period

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

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

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

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John Lewis for Congress

Mailing Address P.O. Box 2323

City Atlanta State GA Zip Code 30301

Purpose of Disbursement

Candidate Name

Rep. John Lewis

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	2

Transaction ID : BBA373E3E854343E49FD

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Keystone Leadership PAC

Mailing Address 1017 N Elbow Lane

City Yardley State PA Zip Code 19067

Purpose of Disbursement
Fitzpatrick's LPAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: Other2012

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	2

Transaction ID : BD599D207A9F348E99DC

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Peace through Strength PAC

Mailing Address 499 S. Capitol St. SW
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement
D Hunter's LPAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: Other2012

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	2

Transaction ID : BCE825CF6FC9C4E4A95D

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Pete Stark Re-election Committee

Mailing Address P.O. Box 8331

City State Zip Code
Fremont CA 94537

Purpose of Disbursement

Candidate Name

Rep. Pete Stark

Office Sought: House
 Senate
 President

State: CA District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : B63084966D4CB4FC0B44

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Sherman for Congress

Mailing Address 777 S Figueroa St Suite 4050

City State Zip Code
Los Angeles CA 90017

Purpose of Disbursement

Candidate Name

Rep. Brad Sherman

Office Sought: House
 Senate
 President

State: CA District: 27

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : BD346CE7252E34D1F863

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Berg for Senate

Mailing Address P.O. Box 9394

City State Zip Code
 Fargo ND 58106

Purpose of Disbursement

Candidate Name

Rep. Richard A Berg

Office Sought: House
 Senate
 President

State: ND District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2012

Transaction ID : B3A46083B0B79445C98A

Amount of Each Disbursement this Period

5000.00

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

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

8500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Friends of Sam Johnson

Mailing Address P.O. Box 860096

City State Zip Code
Plano TX 75086

Purpose of Disbursement

Candidate Name

Rep. Sam Johnson

Office Sought: House
 Senate
 President

State: TX District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	2

Transaction ID : B2D84B33B732146A5A13

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Gardner for Congress

Mailing Address P.O. Box 2408

City State Zip Code
Loveland CO 80539

Purpose of Disbursement

Candidate Name

Rep. Cory Scott Gardner

Office Sought: House
 Senate
 President

State: CO District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	2

Transaction ID : B4B173E8BFE6C425A912

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. ICE PAC

Mailing Address 1230 Orono Oaks Drive

City State Zip Code
Orono MN 55356

Purpose of Disbursement
Paulsen's LPAC

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Other2012

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	2

Transaction ID : BD868A7AB4F914CC9AB3

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. JET PAC

Mailing Address P.O. Box 2385

City Ottawa State IL Zip Code 61350

Purpose of Disbursement Kinzinger's LPAC

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2012
 Primary General
 Other (specify) Other2012

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2012

Transaction ID : B878C45BD65A34944B7C

Amount of Each Disbursement this Period

5000.00

B. Kind for Congress Committee

Mailing Address 205 5th Avenue South Suite 428

City LaCrosse State WI Zip Code 54601

Purpose of Disbursement

Candidate Name

Rep. Ron Kind

Office Sought: House Senate President

State: WI District: 03

Disbursement For: 2012
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2012

Transaction ID : B100173DDC49E414FA87

Amount of Each Disbursement this Period

5000.00

C. Larson for Congress

Mailing Address c/o 4c Partners LLC 501 3rd Street NW

City Washington State DC Zip Code 20001

Purpose of Disbursement

Candidate Name

Rep. John B. Larson

Office Sought: House Senate President

State: CT District: 01

Disbursement For: 2012
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2012

Transaction ID : BFC5F069C2A3C44E08EE

Amount of Each Disbursement this Period

5000.00

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

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

15000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. LEGPAC

Mailing Address 38 Ivy St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Cardin's LPAC

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) Other2012

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2012

Transaction ID : B9E04A0FC7F6842EBA71

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Mark Critz for Congress Committee

Mailing Address 647 Main St
Suite 110

City Johnstown State PA Zip Code 15901

Purpose of Disbursement

Candidate Name

Rep. Mark S. Critz

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify)

State: PA District: 12

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2012

Transaction ID : B4B2F5AF5E5FB4269BAC

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Perlmutter for Congress

Mailing Address 3440 Youngfield St #264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement

Candidate Name

Rep. Ed Perlmutter

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify)

State: CO District: 07

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2012

Transaction ID : BA8CC66406B8C46E398A

Amount of Each Disbursement this Period

5000.00

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

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Poe for Congress

Mailing Address P.O. Box 14222

City Humble State TX Zip Code 77347

Purpose of Disbursement

Candidate Name

Rep. Ted Poe

Office Sought: House Senate President
State: TX District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	2

Transaction ID : B8F68B5802DC3428E96E

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Rodney Alexander for Congress

Mailing Address 319 Nancy's Road

City Quitman State LA Zip Code 71268

Purpose of Disbursement

Candidate Name

Rep. Rodney Alexander

Office Sought: House Senate President
State: LA District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	2

Transaction ID : B5103D1A81A884702BE8

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Scalise for Congress

Mailing Address P.O. Box 23219
Suite 301

City Jefferson State LA Zip Code 70183

Purpose of Disbursement

Candidate Name

Rep. Steve J. Scalise

Office Sought: House Senate President
State: LA District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	2

Transaction ID : BC2253A7E84384CFF918

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

1	5	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

5	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Ted Cruz for Senate

Mailing Address 815 A Brazos
PMB 550

City Austin State TX Zip Code 78701

Purpose of Disbursement

Candidate Name

Rafael Edward Cruz

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	2

Transaction ID : B0406D899D74547CCAA8

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Tim Walz for U.S. Congress

Mailing Address P.O. Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement

Candidate Name

Rep. Timothy J. Walz

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MN District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	2

Transaction ID : B9F47C737B9FD453BA3F

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. Vargas for Congress 2012

Mailing Address 5429 Madison Ave

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

Candidate Name

Juan Vargas

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	2

Transaction ID : BA7BE009FEDCB4601AFA

Amount of Each Disbursement this Period

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

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

1	2	5	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	2	5	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Andy Harris for Congress

Mailing Address P.O. Box 1527

City Annapolis State MD Zip Code 21404

Purpose of Disbursement

Candidate Name

Rep. Andrew P. Harris

Office Sought: House Senate President

State: MD District: 01

Disbursement For: 2012
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2012

Transaction ID : B8F6A1F17713548DCAE9

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Bucshon for Congress

Mailing Address P.O. Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement

Candidate Name

Rep. Larry Bucshon

Office Sought: House Senate President

State: IN District: 08

Disbursement For: 2012
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2012

Transaction ID : BF6DE56EC73BD40D8A71

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Cathy McMorris Rodgers for Congress

Mailing Address P.O. Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement

Candidate Name

Rep. Cathy Ann McMorris Rodgers

Office Sought: House Senate President

State: WA District: 05

Disbursement For: 2012
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2012

Transaction ID : B95F1DEFCAE9B40BEB82

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Congressman Joe Barton Committee

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement

Candidate Name

Rep. Joe L. Barton

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	2

Transaction ID : B619EFEB0D4814DF8909

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. David Scott for Congress

Mailing Address P.O. Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement

Candidate Name

Rep. David A. Scott

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	2

Transaction ID : BFFE1F33B742A4CF184D

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Deb Fischer for U.S. Senate, Inc

Mailing Address 317 S. 12th

City Lincoln State NE Zip Code 68508

Purpose of Disbursement

Candidate Name

Debra S Fischer

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NE District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	2

Transaction ID : B92739076FAA146A0BFD

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

1	0	0	0	.	0	0
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0	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Devin Nunes Campaign Committee

Mailing Address P.O. Box 6545

City State Zip Code
Visalia CA 93290

Purpose of Disbursement

Candidate Name

Rep. Devin Nunes

Office Sought: House
 Senate
 President

State: CA District: 21

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	2

Transaction ID : B70A15435BF094D81A51

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Hal Rogers for Congress

Mailing Address P.O. Box 1214
East Mt Vernon St

City State Zip Code
Somerset KY 42502

Purpose of Disbursement

Candidate Name

Rep. Hal Rogers

Office Sought: House
 Senate
 President

State: KY District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	2

Transaction ID : BB5F4C4060D824E2893C

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Hoosiers for Rokita

Mailing Address 7643 East U.S. 36

City State Zip Code
Avon IN 46123

Purpose of Disbursement

Candidate Name

Theodore Edward Rokita

Office Sought: House
 Senate
 President

State: IN District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	2

Transaction ID : B425F32FDFD0E48CC83A

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	5	0	0	0	0	0	0	0	0
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5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. John D. Dingell for Congress

Mailing Address 607 14th Street NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Rep. John D. Dingell

Office Sought: House
 Senate
 President

State: MI District: 15

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	2

Transaction ID : B02CA3AA22F6B4DE8AAB

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Olson for Congress Committee

Mailing Address P.O. Box 16381

City Sugar Land State TX Zip Code 77496

Purpose of Disbursement

Candidate Name

Rep. Pete Olson

Office Sought: House
 Senate
 President

State: TX District: 22

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	2

Transaction ID : B3400EAF420BD4A98AD1

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Adam Hasner for U.S. House

Mailing Address P.O. Box 276093

City Boca Raton State FL Zip Code 33427

Purpose of Disbursement

Candidate Name

Rep. Adam Hasner

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	2

Transaction ID : BCD20DDE772794A5984E

Amount of Each Disbursement this Period

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

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

1	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Blumenauer for Congress

Mailing Address 830 N.E. Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement

Candidate Name

Rep. Earl Blumenauer

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	2

Transaction ID : B437A357E86B84503B2C

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Danny Tarkanian for Congress

Mailing Address 50 S. Jones Blvd #202

City Las Vegas State NV Zip Code 89107

Purpose of Disbursement

Candidate Name

Danny Tarkanian

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	2

Transaction ID : B6B04BBD355034A06899

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Defend America PAC

Mailing Address P.O. Box 2626

City Tuscaloosa State AL Zip Code 35403

Purpose of Disbursement
Shelby's LPAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: Other2012

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	2

Transaction ID : BC162004E1F7946958F0

Amount of Each Disbursement this Period

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

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

1	1	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Friends of John Delaney

Mailing Address P.O. Box 60320

City Potomac State MD Zip Code 20854

Purpose of Disbursement

Candidate Name

John K Delaney

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	2

Transaction ID : B810A37833CD64A01805

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Klobuchar for Minnesota 2012

Mailing Address P.O. Box 4146

City St. Paul State MN Zip Code 55104

Purpose of Disbursement

Candidate Name

Sen. Amy Klobuchar

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	2

Transaction ID : B245C0679CE414A5FB93

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Mica for Congress

Mailing Address P. O. Box 181546

City Casselberry State FL Zip Code 32718

Purpose of Disbursement

Candidate Name

Rep. John L. Mica

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	2

Transaction ID : BF39BB2BADB57433AB52

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	1	0	0	0	0	0	0	0	0
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5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Pete Sessions for Congress

Mailing Address P.O. Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement

Candidate Name

Rep. Pete Sessions

Office Sought: House Senate President

State: TX District: 32

Disbursement For: 2012
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : B28CBA864F37A46A4979

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Ricky Gill for Congress

Mailing Address P.O. Box 691900

City Stockton State CA Zip Code 95269

Purpose of Disbursement

Candidate Name

Ricky Gill

Office Sought: House Senate President

State: CA District: 09

Disbursement For: 2012
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : B38BF3BBE6BCF4CAE858

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Senate Victory Fund PAC

Mailing Address P.O. Box 7274

City Tupelo State MS Zip Code 38802

Purpose of Disbursement
Cochran's LPAC

Candidate Name

Office Sought: House Senate President

State: District:

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

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : B9E431DD2AE044872A3E

Amount of Each Disbursement this Period

5000.00

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

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Stabenow for U.S. Senate

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement

Candidate Name

Sen. Debbie Stabenow

Office Sought: House Senate President

State: MI District:

Disbursement For: 2012
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : B72ABE73FF21E4FA4B39

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Thornberry for Congress Committee

Mailing Address P.O. Box 9392

City Amarillo State TX Zip Code 79105

Purpose of Disbursement

Candidate Name

Rep. Mac Thornberry

Office Sought: House Senate President

State: TX District: 13

Disbursement For: 2012
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : BCC7F166F2C4E426180B

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Tommy Thompson for Senate, Inc

Mailing Address P.O. Box 2539

City Madison State WI Zip Code 53701

Purpose of Disbursement

Candidate Name

Tommy G Thompson

Office Sought: House Senate President

State: WI District:

Disbursement For: 2012
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : BFADE4179045A4889848

Amount of Each Disbursement this Period

5000.00

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

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Vernon Parker for Congress

Mailing Address 5635 E. Lincoln Dr #18

City Paradise Valley State AZ Zip Code 85253

Purpose of Disbursement

Candidate Name

Vernon Parker

Office Sought: House
 Senate
 President

State: AZ District: 09

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : B59A4F6C1602C4C139B8

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. VoteTipton.com

Mailing Address P.O. Box 1582

City Cortez State CO Zip Code 81321

Purpose of Disbursement

Candidate Name

Rep. Scott R. Tipton

Office Sought: House
 Senate
 President

State: CO District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : BFD FE7853303343B3B0A

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

2000.00

385000.00

