

**FEC
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (In full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
 Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street) **Check if different than previously reported. (ACC)**
 317 Massachusetts Avenue, NE
 1st Floor
 Washington DC 20002

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00343137

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

4. TYPE OF REPORT (Choose One)	(a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	April 15 Quarterly Report(Q1)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)	
	July 15 Quarterly Report(Q2)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)	
	October 15 Quarterly Report(Q3)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)	
	January 31 Quarterly Report(YE)	Convention (12C)	Special (12G)			
	<input checked="" type="checkbox"/> July 31 Mid-Year Report(Non-election Year Only) (MY)	Election on				in the State of
	Termination Report (TER)	(d) 30-Day Post-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
		Election on				in the State of

5. Covering Period 01 01 2003 through 06 30 2003

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

Type or Print Name of Treasurer James G. Davis, MD

Signature of Treasurer Electronically Filed by James G. Davis, MD Date 07 21 2003

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

Office Use Only							
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SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: ^M01 ^D01 ^Y2003 To: ^M06 ^D30 ^Y2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2003 ^M ^D		85716.10
(b) Cash on Hand at Beginning of Reporting Period	85716.10	
(c) Total Receipts (from Line 19)	441135.74	441135.74
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	526851.84	526851.84
<hr/>		
7. Total Disbursements (from Line 31)	174861.79	174861.79
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	351990.05	351990.05
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
<hr/>		
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: ^M01 ^D01 ^Y2003 To: ^M06 ^D30 ^Y2003

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)	375374.00	
(ii) Unitemized	60453.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	435827.00	435827.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	435827.00	435827.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	5308.74	5308.74
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	441135.74	441135.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	441135.74	441135.74

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	5361.79	5361.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	5361.79	5361.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	169500.00	169500.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	174861.79	174861.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	174861.79	174861.79

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	435827.00	435827.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	435827.00	435827.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5361.79	5361.79
37. Offsets to Operating Expenditures (from Line 15, page 3)	5308.74	5308.74
38. Net Operating Expenditures (subtract Line 37 from Line 36)	53.05	53.05

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Dr. Thomas J Ditkoff, MD		Date of Receipt M / D / Y 01 / 13 / 2003
Mailing Address 8900 Orchard Lake Rd #103		Transaction ID: 15035946
City West Bloomfield	State MI	Zip Code 48322-3424
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Richard W Dunson, MD		Date of Receipt M / D / Y 01 / 13 / 2003
Mailing Address 241D Susannah Ave		Transaction ID: 15031468
City Johnson City	State TN	Zip Code 37601-1748
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Ira L Fedder, MD		Date of Receipt M / D / Y 01 / 13 / 2003
Mailing Address 7505 Osler Dr, #104		Transaction ID: 15035851
City Towson	State MD	Zip Code 21284-7737
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 281	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Riyaz H Jimneh, MD		Date of Receipt M / D / Y 01 / 13 / 2003
Mailing Address Harbor Hospital Center 3001 South Hanover St.		Transaction ID: 15035942
City Baltimore	State MD	Zip Code 21225
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Frank W Jobe, MD		Date of Receipt M / D / Y 01 / 13 / 2003
Mailing Address 8901 Park Terrace 5th Flr		Transaction ID: 15035944
City Los Angeles	State CA	Zip Code 90045-1543
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Bertrand Jones, MD		Date of Receipt M / D / Y 01 / 13 / 2003
Mailing Address 111 Sunnyview Ln Ste A		Transaction ID: 15035947
City Kalispell	State MT	Zip Code 59501-3164
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Stuart D Katchis, MD		Date of Receipt M / D / Y 01 / 13 / 2003
Mailing Address 130 E 77th St 12th Fl Black Hall		Transaction ID: 15031469
City New York	State NY	Zip Code 10021-1851
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. John D Kelly, IV, MD		Date of Receipt M / D / Y 01 / 13 / 2003
Mailing Address Temple University Hospital 3400 N Broad Street		Transaction ID: 15035848
City Philadelphia	State PA	Zip Code 19140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Temple University	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Maxwell S MacCollum, III, MD		Date of Receipt M / D / Y 01 / 13 / 2003
Mailing Address 4818 N 51st Ave, #105		Transaction ID: 15035849
City Phoenix	State AZ	Zip Code 85031-1720
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. John H Mahon, MD		Date of Receipt M / D / Y 01 / 13 / 2003
Mailing Address 3225 N Civic Center Plaza		Transaction ID: 15035941
City Scottsdale	State AZ	Zip Code 85251-6819
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Scottsdale Orthopaedic Sur- geons	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. John G Mayer, MD		Date of Receipt M / D / Y 01 / 13 / 2003
Mailing Address 105 N Greenleaf St		Transaction ID: 15031470
City Gurnee	State IL	Zip Code 60031-3326
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Richard F McKay, MD		Date of Receipt M / D / Y 01 / 13 / 2003
Mailing Address 8 Medical Dr		Transaction ID: 15031471
City Amarillo	State TX	Zip Code 79108-4168
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Stephen C McNeil, MD		Date of Receipt M / D / Y 01 / 13 / 2003
Mailing Address 907 Sumner St Ste 301		Transaction ID: 15035938
City Stoughton	State MA	Zip Code 02072-3374
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Sullivan Orthopedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Curt D Miller, MD		Date of Receipt M / D / Y 01 / 13 / 2003
Mailing Address 2004 Sproul Rd, 1st Fl		Transaction ID: 15035953
City Broomall	State PA	Zip Code 19008-3511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Scott M Murrell, MD		Date of Receipt M / D / Y 01 / 13 / 2003
Mailing Address 1380 Milstead Ave, #D		Transaction ID: 15035843
City Conyers	State GA	Zip Code 30012-5864
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Daniel C Newman, MD		Date of Receipt M / D / Y 01 / 13 / 2003
Mailing Address 288D N Broadway St #202		Transaction ID: 15035937
City Chicago	State IL	Zip Code 60657-6017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas Edward Sikas, MD		Date of Receipt M / D / Y 01 / 13 / 2003
Mailing Address 354 Copperfield Blvd		Transaction ID: 15031465
City Concord	State NC	Zip Code 28025-2402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer North East Orthopedics, PA	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Bernard N Stulberg, MD		Date of Receipt M / D / Y 01 / 13 / 2003
Mailing Address 173D W 25th St		Transaction ID: 15035845
City Cleveland	State OH	Zip Code 44113-3170
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Stuart Winakur, MD		Date of Receipt M / D / Y 01 / 13 / 2003
Mailing Address 8322 Bellona Ave		Transaction ID: 15035939
City Towson	State MD	Zip Code 21204-2012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. David F Bindeglass, MD		Date of Receipt M / D / Y 01 / 13 / 2003
Mailing Address 75 Kings Highway Cutoff		Transaction ID: 15031467
City Fairfield	State CT	Zip Code 06824-5340
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Specialty Gro- up	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Kyle R Bickenstaff, MD		Date of Receipt M / D / Y 01 / 13 / 2003
Mailing Address Searcy Medical Center 2900 Hawkins Dr		Transaction ID: 15035852
City Searcy	State AR	Zip Code 72143-4802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Eric Martin Boyden, MD		Date of Receipt M / D / Y 01 / 13 / 2003
Mailing Address 555 N Arlington		Transaction ID: 15035940
City	State	Zip Code
Reno	NV	89503-4723
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Reno Orthopaedic Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. E Boone Brackett, III, MD		Date of Receipt M / D / Y 01 / 13 / 2003
Mailing Address 1125 Westgate Street		Transaction ID: 15035950
City	State	Zip Code
Oak Park	IL	60301-1070
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Andrew James Haldston, MD		Date of Receipt M / D / Y 01 / 15 / 2003
Mailing Address 3321 River Dr		Transaction ID: 15035958
City	State	Zip Code
Fargo	ND	58104-6281
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Carlos J Lavemis, MD		Date of Receipt M / D / Y 01 / 15 / 2003
Mailing Address 1020 Alfonso Ave (alt. P.O. Box 14-1028 33114)		Transaction ID: 15035972
City State Zip Code Coral Gables FL 33146-3302	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer University of Miami	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. David C Merkel, MD		Date of Receipt M / D / Y 01 / 15 / 2003
Mailing Address 22250 Providence Dr. #4D1		Transaction ID: 15035959
City State Zip Code Southfield MI 48075-6212	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Porratta Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Mark J.R. Moulton, MD		Date of Receipt M / D / Y 01 / 15 / 2003
Mailing Address 1440 E Sherman Blvd Orthopaedic Associates		Transaction ID: 15035877
City State Zip Code Muskegon MI 49444-1818	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates of Muskegon	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Robert Mueller, MD		Date of Receipt M / D / Y 01 / 15 / 2003
Mailing Address 108 Bellemore Rd		Transaction ID: 15035957
City	State	Zip Code
Baltimore	MD	21210-1339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. James Albert Nunley, II, MD		Date of Receipt M / D / Y 01 / 15 / 2003
Mailing Address Duke Univ Med Ctr Room 5314, Box 2923		Transaction ID: 15035973
City	State	Zip Code
Durham	NC	27710-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Duke University Medical Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. John S Place, MD		Date of Receipt M / D / Y 01 / 15 / 2003
Mailing Address 111 S 11th Ave Ste 320		Transaction ID: 15035874
City	State	Zip Code
Yakima	WA	98502-5273
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopedics Northwest	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Merrill A Ritter, MD		Date of Receipt M / D / Y 01 / 15 / 2003
Mailing Address 119B Hadley Rd		Transaction ID: 15035967
City Mooreville	State IN	Zip Code 46158-1797
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. William O Samuelson, MD		Date of Receipt M / D / Y 01 / 15 / 2003
Mailing Address 280D Pierce St, Ste 101		Transaction ID: 15035968
City Sioux City	State IA	Zip Code 51104-3707
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. K. Byron Shubl, MD		Date of Receipt M / D / Y 01 / 15 / 2003
Mailing Address 80 N Main St P O Box 770		Transaction ID: 15035968
City Coupeville	State WA	Zip Code 98239-9500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Whidbey Orthopedic Surgeons	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Russell A Wagner, MD		Date of Receipt M / D / Y 01 / 15 / 2003
Mailing Address 556 8th Ave		Transaction ID: 15035975
City Fort Worth	State TX	Zip Code 76104-2080
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. David S Weisman, MD		Date of Receipt M / D / Y 01 / 15 / 2003
Mailing Address Pediatric Ortho Associates 585 Cranbury Rd		Transaction ID: 15035966
City East Brunswick	State NJ	Zip Code 08816-4026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University of Rochester Medical Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Richard E White, Jr, MD		Date of Receipt M / D / Y 01 / 15 / 2003
Mailing Address 201 Cedar St SE Ste 6600		Transaction ID: 15035862
City Albuquerque	State NM	Zip Code 87108-4515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer New Mexico Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Charles M Younger, MD		Date of Receipt M / D / Y 01 / 15 / 2003
Mailing Address 2000 W Cuthbert		Transaction ID: 15035963
City Midland	State TX	Zip Code 79701-5728
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Philip R Bacilla, Jr, MD		Date of Receipt M / D / Y 01 / 15 / 2003
Mailing Address 8424 Taylor Oaks		Transaction ID: 15035976
City Alexandria	State LA	Zip Code 71301-2772
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mid-State Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Fred F Behrens, MD		Date of Receipt M / D / Y 01 / 15 / 2003
Mailing Address 90 Bergen St DOC. #5200		Transaction ID: 15035984
City Newark	State NJ	Zip Code 07103-2499
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UMDNJ-New Jersey Medical School	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Jay P Ginther, MD		Date of Receipt M / D / Y 02 / 10 / 2003
Mailing Address 1753 West Ridgeway #103		Transaction ID: 15035987
City Waterloo	State IA	Zip Code 50701-4544
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cedar Valley Medical Specialists, PC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. James H Hemdon, MD		Date of Receipt M / D / Y 02 / 10 / 2003
Mailing Address Dept of Ortho Surg 55 Fruit St Gray 624		Transaction ID: 15035988
City Boston	State MA	Zip Code 02114-2617
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Partners Healthcare	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Armen S Kelidan, MD		Date of Receipt M / D / Y 02 / 10 / 2003
Mailing Address 680 N Lake Shore Dr, #1206 A		Transaction ID: 15036001
City Chicago	State IL	Zip Code 60611-6701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer IBJ	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Robert A Pruner, MD		Date of Receipt M / D / Y 02 / 19 / 2003
Mailing Address 4064 Postal Dr, SW PO Box 21369		Transaction ID: 15035898
City Roanoke	State Zip Code VA 24018-6438	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Roanoke Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Dennis P Rivara, MD		Date of Receipt M / D / Y 02 / 19 / 2003
Mailing Address Dept of Orthopaedics UNM Health Science Ctr		Transaction ID: 15035899
City Albuquerque	State Zip Code NM 87131-0001	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Edward H Saar, III, MD		Date of Receipt M / D / Y 02 / 19 / 2003
Mailing Address Arkansas Spine Center Doctor's Bldg		Transaction ID: 15035898
City Little Rock	State Zip Code AR 72205-5310	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Arkansas Specialty Spine Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Milo G Sloc, III, MD		Date of Receipt M / D / Y 02 / 10 / 2003
Mailing Address 520 S. Santa Fe Ste 400		Transaction ID: 15035994
City Salina	State KS	Zip Code 67401-4190
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Orthopaedic Clinic of Salina	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Dr. Paul A Swibyk, MD		Date of Receipt M / D / Y 02 / 10 / 2003
Mailing Address 5050 NE Hoyt, #64D		Transaction ID: 15035991
City Portland	State OR	Zip Code 97213-2990
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Robert William Bucholz, MD		Date of Receipt M / D / Y 02 / 10 / 2003
Mailing Address 5323 Harry Hines Blvd		Transaction ID: 15035992
City Dallas	State TX	Zip Code 75390-7218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer UT Southwestern	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1650.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Charles H. Classen, MD		Date of Receipt M / D / Y 02 / 10 / 2003
Mailing Address Kinston Orthopaedic Kinston Clinic North,		Transaction ID: 15035985
City Kinston	State NC	Zip Code 28501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Kinston Orthopaedic & Sports Med. Ctr.	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Richard W. Cohen, MD		Date of Receipt M / D / Y 02 / 10 / 2003
Mailing Address Suite 100 2041 Mesa Valley Way		Transaction ID: 15035993
City Austell	State GA	Zip Code 30106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Richard Peterson		Date of Receipt M / D / Y 02 / 20 / 2003
Mailing Address 3825 N Wilton Ave		Transaction ID: 15036021
City Chicago	State IL	Zip Code 60613-2519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer American Academy of Orthopaedic Surgeons	Occupation General Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Joseph M Erpelding, MD		Date of Receipt M / D / Y 02 / 20 / 2003
Mailing Address Society of Military Ortho 2900 12th Ave N, #140W		Transaction ID: 15036003
City	State	Zip Code
Billings	MT	59101-7503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Richard W Gamer, MD		Date of Receipt M / D / Y 02 / 20 / 2003
Mailing Address 328D Providence Dr, Ste 200		Transaction ID: 15036015
City	State	Zip Code
Anchorage	AK	99508-4603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Anchorage Fracture & Orthopaedic Clnl	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael H Gordon, MD		Date of Receipt M / D / Y 02 / 20 / 2003
Mailing Address 1813 Route B5 W #4		Transaction ID: 15036027
City	State	Zip Code
Brick	NJ	08724-5000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gordon Consulting	Occupation Orthopaedic Surgeon	
Receipt For: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Richard Justis Haynes, MD		Date of Receipt M / D / Y 02 / 20 / 2003
Mailing Address 8977 Main St		Transaction ID: 15036024
City	State	Zip Code
Houston	TX	77030-3701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Shriners Hospitals	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Paul Conrad Horn, MD		Date of Receipt M / D / Y 02 / 20 / 2003
Mailing Address 235 E Rowan #117		Transaction ID: 15036025
City	State	Zip Code
Spokane	WA	99207-1240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Northwest Orthopaedic Specialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Howard A. King, MD		Date of Receipt M / D / Y 02 / 20 / 2003
Mailing Address 600 N Robbins Rd #401		Transaction ID: 15036004
City	State	Zip Code
Boise	ID	83702-4588
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Walter F Krenzel III, MD		Date of Receipt M / D / Y 02 / 20 / 2003
Mailing Address 1231 118th Ave, #100		Transaction ID: 15036005
City Bellevue	State WA	Zip Code 98004-3804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. J Lee Leonard, MD		Date of Receipt M / D / Y 02 / 20 / 2003
Mailing Address 144B S College Rd Attn: Kathy		Transaction ID: 15036006
City Lafayette	State LA	Zip Code 70503-2917
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Jay M Lipka, MD		Date of Receipt M / D / Y 02 / 20 / 2003
Mailing Address 10301 Kanis Rd		Transaction ID: 15036007
City Little Rock	State AR	Zip Code 72205-6205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orho Arkansas	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Gary W Pushkin, MD		Date of Receipt M / D / Y 02 / 20 / 2003
Mailing Address 9101 Franklin Square Dr, #310		Transaction ID: 15036009
City	State	Zip Code
Baltimore	MD	21237-3888
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cohen & Pushkin, MD, PA	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Bernard A Rineberg, MD		Date of Receipt M / D / Y 02 / 20 / 2003
Mailing Address 303 George St #303		Transaction ID: 15036022
City	State	Zip Code
New Brunswick	NJ	08901-2024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Andrew H Schmidt, MD		Date of Receipt M / D / Y 02 / 20 / 2003
Mailing Address 3830 Rosewood Lane		Transaction ID: 15036018
City	State	Zip Code
Plymouth	MN	55441-1128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hennepin Faculty Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Craig P Smith, MD		Date of Receipt M / D / Y 02 / 20 / 2003
Mailing Address 414D Centennial Hills Blvd Suite A		Transaction ID: 15036010
City Casper	State WY	Zip Code 82609
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Casper Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. David C Templeman, MD		Date of Receipt M / D / Y 02 / 20 / 2003
Mailing Address Hennepin County Med Ctr 701 Park Ave. B62B		Transaction ID: 15036011
City Minneapolis	State MN	Zip Code 55415
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Stuart L Weinstein, MD		Date of Receipt M / D / Y 02 / 20 / 2003
Mailing Address Univ of Iowa Hosp Dept of Ortho		Transaction ID: 15036012
City Iowa City	State IA	Zip Code 52242-1009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University of Iowa Hospital	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. John C Bax		Date of Receipt M / D / Y 02 / 20 / 2003
Mailing Address 2323 North Casaloma Drive P.O.Box 7700		Transaction ID: 15036013
City Appleton	State WI	Zip Code 54913-8284
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Richard A Brown, MD		Date of Receipt M / D / Y 02 / 20 / 2003
Mailing Address 8850 Genesee Ave, #210		Transaction ID: 15036026
City La Jolla	State CA	Zip Code 92037-1206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Torrey Pines Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Paul Calvin Collins, MD		Date of Receipt M / D / Y 02 / 20 / 2003
Mailing Address 600 N Robbins Rd Ste 401		Transaction ID: 15036014
City Boise	State ID	Zip Code 83702-4588
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Intermountain Orthopedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	6500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Guy M Esposito, MD		Date of Receipt M / D / Y 02 / 21 / 2003
Mailing Address 237 Route 1D8, #2D5		Transaction ID: 15036037
City Somersworth	State NH	Zip Code 03878-1517
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Stephen J Lombardo, MD		Date of Receipt M / D / Y 02 / 21 / 2003
Mailing Address Kerlan Jobe Clinic 8801 Park Ter		Transaction ID: 15036028
City Los Angeles	State CA	Zip Code 90045-1539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. David R Mauerhan, MD		Date of Receipt M / D / Y 02 / 21 / 2003
Mailing Address Carolinas Medical Center-Orthop. S 1000 Blythe Boulevard, #5D3		Transaction ID: 15036039
City Charlotte	State NC	Zip Code 28232
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Miller Orthopaedic Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Srdjan Mirkovic, MD		Date of Receipt M / D / Y 02 / 21 / 2003
Mailing Address 876 N St Clair St, #450		Transaction ID: 15036029
City Chicago	State IL	Zip Code 60611-2849
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Northwestern Center for Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Tye Ouzounian, MD		Date of Receipt M / D / Y 02 / 21 / 2003
Mailing Address 5620 Wilbur Ave, #216		Transaction ID: 15036040
City Tarzana	State CA	Zip Code 91356-1309
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Bruce Wolock, MD		Date of Receipt M / D / Y 02 / 21 / 2003
Mailing Address 8564 Leisure Hill Dr		Transaction ID: 15036031
City Baltimore	State MD	Zip Code 21208-1740
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Todd J Albert, MD		Date of Receipt M / D / Y 02 / 21 / 2003
Mailing Address Rothman Institute 925 Chestnut St 5th Flr		Transaction ID: 15036032
City Philadelphia	State PA	Zip Code 19107-4216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. David E Afarian, MD		Date of Receipt M / D / Y 02 / 21 / 2003
Mailing Address Duke Health Center/Orthopaedics 3118 N Duke St		Transaction ID: 15036035
City Durham	State NC	Zip Code 27704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Duka University	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. James T Chender, MD		Date of Receipt M / D / Y 02 / 21 / 2003
Mailing Address PO Box 21389 4064 Postal Drive, SW		Transaction ID: 15036033
City Roanoke	State VA	Zip Code 24018-0548
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Roger B Collins, MD		Date of Receipt M / D / Y 02 / 21 / 2003
Mailing Address 105 N Greenleaf St		Transaction ID: 15036034
City Gurnee	State IL	Zip Code 60031-3326
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Dr. Stephen L Curtin, MD		Date of Receipt M / D / Y 02 / 24 / 2003
Mailing Address 2424 N Wyatt Dr #100		Transaction ID: 15036073
City Tucson	State AZ	Zip Code 85712-6119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tucson Ortho Institute	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Kenneth E DeHaven, MD		Date of Receipt M / D / Y 02 / 24 / 2003
Mailing Address 601 Elmwood Ave Box 685		Transaction ID: 15036074
City Rochester	State NY	Zip Code 14642-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Univ. Rochester Sch. Med.- /Dent.	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Timothy Charles Fitzgibbons, MD		Date of Receipt M / D / Y 02 / 24 / 2003
Mailing Address 771 D Mercy Rd, #224		Transaction ID: 15036070
City Omaha	State NE	Zip Code 68124-2346
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer GIKK, PC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert M Glazer, MD		Date of Receipt M / D / Y 02 / 24 / 2003
Mailing Address 135B Drayton Ln		Transaction ID: 15036072
City Wynnewood	State PA	Zip Code 19066-3311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Dept of Veteran Affairs	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. James A Goulet, MD		Date of Receipt M / D / Y 02 / 24 / 2003
Mailing Address Univ of Michigan Hosp 1500 E Medical Ctr Dr TC2914		Transaction ID: 15036050
City Ann Arbor	State MI	Zip Code 48109-0328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Univ. of Michigan Medical Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Martin Jacob Greenberg, MD		Date of Receipt M / D / Y Y Y Y 02 / 24 / 2003
Mailing Address 918 Merry Ln		Transaction ID: 15036051
City	State	Zip Code
Oak Brook	IL	60523-1422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert J Hagen, MD		Date of Receipt M / D / Y Y Y Y 02 / 24 / 2003
Mailing Address 1411 South Creasy Lane Suite 120		Transaction ID: 15036052
City	State	Zip Code
Lafayette	IN	47905-7433
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Lafayette Orthopaedic Cli- nic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Larry D'Hamon, MD		Date of Receipt M / D / Y Y Y Y 02 / 24 / 2003
Mailing Address 882 Meinacke Ave, #100		Transaction ID: 15036071
City	State	Zip Code
San Luis Obispo	CA	93405-3701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Central Coast Orthopaedic Medical Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. James A Moore, MD		Date of Receipt M / D / Y Y Y Y 02 / 24 / 2003
Mailing Address 3 Peter Cooper Road Apt 2F		Transaction ID: 15036059
City New York	State NY	Zip Code 10010-6612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bronx Lebanon Hospital	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. William C Nash, MD		Date of Receipt M / D / Y Y Y Y 02 / 24 / 2003
Mailing Address 1113 Woodland Dr		Transaction ID: 15036046
City Elizabethtown	State KY	Zip Code 42701-2797
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Elizabethtown Orthopaedic Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Joseph E Skoppy, Jr, MD		Date of Receipt M / D / Y Y Y Y 02 / 24 / 2003
Mailing Address 1800 Forsyth St		Transaction ID: 15036043
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 Ortho Surg & Rehab.	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Edward Tillet, MD		Date of Receipt M / D / Y 02 / 24 / 2003
Mailing Address #100 201 Abraham Flexner Way		Transaction ID: 15036076
City Louisville	State KY	Zip Code 40202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Julie Wehner, MD		Date of Receipt M / D / Y 02 / 24 / 2003
Mailing Address 916 Merry Lane		Transaction ID: 15036065
City Oak Brook	State IL	Zip Code 60523-1422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. J Kenneth Burkus, MD		Date of Receipt M / D / Y 02 / 24 / 2003
Mailing Address PO Box 9517 6262 Veterans Pkwy		Transaction ID: 15036069
City Columbus	State GA	Zip Code 31508-9517
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hughston Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. John F. Crowe, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address: 8 Greenwich Office Park		Transaction ID: 15036099
City: Greenwich	State: CT	Zip Code: 06831-5151
FEC ID number of contributing federal political committee: C		Amount of Each Receipt this Period: 500.00
Name of Employer: Orthopaedic & Neurological Surgical Sp	Occupation: Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas J. Dennis, Jr, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address: 7099 Scenic Hwy		Transaction ID: 15036125
City: Pensacola	State: FL	Zip Code: 32504-6842
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. John S. Eary, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address: University of Texas Southwest Medical Center		Transaction ID: 15036112
City: Dallas	State: TX	Zip Code: 75390-0001
FEC ID number of contributing federal political committee: C		Amount of Each Receipt this Period: 500.00
Name of Employer: University of Texas	Occupation: Orthopaedic Surgeon	
Receipt For: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Kimberly Lee Fury, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 375 E Park Ave, #200		Transaction ID: 15036083
City Durango	State CO	Zip Code 81301-5012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Durango Orthopaedic Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Michael Lee Granberry, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 271 Azalea Rd		Transaction ID: 15036089
City Mobile	State AL	Zip Code 36606-1901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Alabama Orthopaedic Clinics, PC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Lee Booth Grant, Jr, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 2500 E Prospect Rd		Transaction ID: 15036102
City Fort Collins	State CO	Zip Code 80525-9773
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopedic Center of the Rockies	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. John H Healey, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address Chief Orthopaedic Service Memorial Sloan-Kettering Cancer Ce		Transaction ID: 15036097
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Memorial Hospital	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. John G Haller, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 2185 N Decatur Rd		Transaction ID: 15036130
City Decatur	State GA	Zip Code 30033-5371
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Emory Spine Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Douglas E Jessup, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 7850 Parham Rd		Transaction ID: 15036135
City Richmond	State VA	Zip Code 23264-4373
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Advanced Orthopaedic Cent-ers	Occupation Orthopaedic Surgeon	
Receipt For: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Timothy L Keenen, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address Pacific Spine Specialists 19250 SW 65th Ave Ste 260		Transaction ID: 15036116
City Tualatin	State OR	Zip Code 97062-7707
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pacific Spine Specialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Kirk Kindsfater, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 1713 Brentford Ln		Transaction ID: 15036117
City Fort Collins	State CO	Zip Code 80525-4704
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. David M Lerner, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 634B Mercar		Transaction ID: 15036107
City Houston	State TX	Zip Code 77005-5348
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Baylor College of Medicine	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Edward C Littlejohn, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 14911 National Ave, Ste 3		Transaction ID: 15036120
City Los Gatos	State CA	Zip Code 95032-2632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Mark Grandell Luker, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address Rocky Mountain Orthopaedic Assoc., 627 25 1/2 Road		Transaction ID: 15036104
City Grand Junction	State CO	Zip Code 81505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Rocky Mountain Orthopaedic Assoc	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Peter J Mandel, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 1863 Rollins Rd		Transaction ID: 15036105
City Burlingame	State CA	Zip Code 94010-2301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. James R. McCoy, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address Arkansas Orthopaedic Society 2900 Hawkins Dr		Transaction ID: 15036129
City Searcy	State AR	Zip Code 72143-4802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Searcy Medical Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Edward R. McDevitt, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 3116 Droque Ct		Transaction ID: 15036106
City Annapolis	State MD	Zip Code 21403-4328
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Evangelos Magariotis, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 98 Edgewood Ave		Transaction ID: 15036098
City Clifton	State NJ	Zip Code 07012-1515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Clifton Orthopedics PA	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Jeffrey Meisles, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 875 W North Ave, #402		Transaction ID: 15036080
City Melrose Park	State IL	Zip Code 60160-1624
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey G Makris, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 1001 Blythe Blvd, #200		Transaction ID: 15036140
City Charlotte	State NC	Zip Code 28203-5863
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Miller Orthopaedic Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. J Michael Moses, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 2 Calaste Dr		Transaction ID: 15036114
City Johnstown	State PA	Zip Code 15505-2832
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer W.P.A Orthopaedic & Sports Med.	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Gavin Murray, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address PD Box B4147B		Transaction ID: 15036126
City Maitland	State FL	Zip Code 32794-1479
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. William Robert Niedermeier, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 35 Prairie Ave, #200		Transaction ID: 15036087
City Prairie Du Sac	State WI	Zip Code 53578-1500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates of Sauk Prairie	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Robert A Pruner, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 4064 Postal Dr, SW PO Box 21369		Transaction ID: 15036085
City Roanoke	State VA	Zip Code 24018-6438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Roanoke Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Samuel R. Rosenfeld, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 131 D W Stewart Dr, #5D8		Transaction ID: 15036086
City Orange	State CA	Zip Code 92868-3856
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer APOS	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Mark Seidi, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 4102 24th St, #300		Transaction ID: 15036141
City Lubbock	State TX	Zip Code 79410-1806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. W Norman Seoti, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 170 E End Ave		Transaction ID: 15036127
City New York	State NY	Zip Code 10128-7699
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Beth Israel Medical Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. John P Scullin, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 1 Greenville Orthopaedic Ctr		Transaction ID: 15036142
City Greenville	State PA	Zip Code 16125-1288
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Greenville Orthopaedic Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Gregory S Slapney, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 1745 Stripling Chapel Road		Transaction ID: 15036136
City Carrollton	State GA	Zip Code 30116-8845
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Carrollton Orthopaedic Cl- Inc	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Harvey E Smlres, Jr. MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address Princeton Ortho Associates 325 Princeton Ave		Transaction ID: 15036093
City Princeton	State NJ	Zip Code 08540-1617
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Princeton Ortho Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Dempsey S Springfield, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address Mt Sinai School of Medicine 5 E 98th St		Transaction ID: 15036123
City New York	State NY	Zip Code 10029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mt Sinai School of Medicine	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Cooper L Terry, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 497 Azalea Dr Ste 102		Transaction ID: 15036090
City Oxford	State MS	Zip Code 38655-7901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Dr. David B Thordarson, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 1510 San Pablo Street Suite 322		Transaction ID: 15036091
City Los Angeles	State CA	Zip Code 90089-9191
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer USC Ortho Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Roland H Winter, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 5408 Covey Creek Cir		Transaction ID: 15036092
City Stockton	State CA	Zip Code 95207-5341
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Gary M Zeitman, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 231 Granite Run Lancaster Ortho Group		Transaction ID: 15036137
City Lancaster	State PA	Zip Code 17601-6823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lancaster Orthopaedic Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Dennis T Alter, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 9 Pine Cone Dr Ste 104A		Transaction ID: 15036143
City Palm Coast	State FL	Zip Code 32137-6883
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Benjamin E Bierbaum, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 91 Parker Hill Ave		Transaction ID: 15036088
City Boston	State MA	Zip Code 02120-3215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Longwood Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Charles M Blitzer, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address New Hampshire Ortho Society 237 Route 108, #205		Transaction ID: 15036094
City Somersworth	State NH	Zip Code 03878-1517
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer New Hampshire Ortho Socie- ty	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. George R Bradbury, III, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address Premier Care Orthopedics 12277 Depaul Dr. Ste 305		Transaction ID: 15036082
City Bridgeton	State MO	Zip Code 63044-2529
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Premier Care Orthopedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. John J. Callaghan, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address University of Iowa Health Care 200 Hawkins Drive		Transaction ID: 15036095
City Iowa City	State IA	Zip Code 52242-1009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University of Iowa Hospital and Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Bert C. Callahan, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 130 Warren Street Ste 132		Transaction ID: 15036108
City Beaver Dam	State WI	Zip Code 53916-3062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Beaver Dam Orthopaedic Cl- inic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Charles D. Corderas, MD		Date of Receipt M / D / Y 02 / 25 / 2003
Mailing Address 14317 Northwest Blvd		Transaction ID: 15036113
City Corpus Christi	State TX	Zip Code 78410-5538
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. John Kirk Drake, MD		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 3635 Bienville Blvd		Transaction ID: 15036155
City Ocean Springs	State MS	Zip Code 39564-5711
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Blenville Orthopaedic Specialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert Thomas Fisher, MD		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 52 Thomas Johnson Dr		Transaction ID: 15036167
City Frederick	State MD	Zip Code 21702-4300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Orthopaedic Specialists of Frederick	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Dr. John W Galnor, MD		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address P O Box 1200		Transaction ID: 15030717
City Santa Barbara	State CA	Zip Code 93102-1200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Santa Barbara Medical Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1850.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. William L Hennikus, Jr. MD		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address Children's Hosp Central Calif 9300 Valley Children's Place		Transaction ID: 15030709
City Madera	State CA	Zip Code 93638-8761
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sequoia Pediatric Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Jim K Hudson, MD		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 3635 Bienville Blvd		Transaction ID: 15030713
City Ocean Springs	State MS	Zip Code 39564-5711
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Bienville Orthopaedic Specialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Joseph P Iannotti, MD, PhD		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address The Cleveland Clinic A-41 9500 Euclid Ave		Transaction ID: 15036164
City Cleveland	State OH	Zip Code 44195-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Cleveland Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. David S Lint, MD		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 4045 W Royal Dr		Transaction ID: 15030702
City	State	Zip Code
Traverse City	MI	49684-8865
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Great Lakes Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Neil J Mali, MD		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 525 St Mary St		Transaction ID: 15030720
City	State	Zip Code
Thibodaux	LA	70301-2692
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. David P Meana, MD		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 3704 Camino Codorniz		Transaction ID: 15030719
City	State	Zip Code
Calabasas	CA	91302-5043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer Kaiser Permanente	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	990.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Kenneth M Gates, MD		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 351 S W 3rd St		Transaction ID: 15030700
City Anacortes	State WA	Zip Code 98221-1215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Northwest Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Anthony F Pasheli, MD		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 201 Cedar SE Ste 6600		Transaction ID: 15030701
City Albuquerque	State NM	Zip Code 87106-4915
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer New Mexico Orthopaedic Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Edward F Quinn, MD		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 800 N DuPont Hwy		Transaction ID: 15030718
City Milford	State DE	Zip Code 19563-1008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Delaware Bone & Joint Specialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Michael G Raab, MD		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 3226 Dunlap Drive		Transaction ID: 15030714
City Gainesville	State GA	Zip Code 30506-1648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Alan S Raubman, MD		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address North Ridge Medical Plaza 5801 North Dixie Highway		Transaction ID: 15030699
City Fort Lauderdale	State FL	Zip Code 33334
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Peter B Salamon, MD		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 333 E Alpine		Transaction ID: 15030730
City Stockton	State CA	Zip Code 95204-5407
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Miguel Antonio Schmitz, MD		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 800 Hillside Avenue		Transaction ID: 15030731
City Klamath Falls	State OR	Zip Code 97601-2214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Michael A. Simon, MD		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 5841 S Maryland Ave, MC 3079		Transaction ID: 15030711
City Chicago	State IL	Zip Code 60637-1463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University of Chicago	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Todd V. Swanson, MD		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address Desert Orthopaedic Center, LTD 2800 E. Desert Inn Road		Transaction ID: 15030729
City Las Vegas	State NV	Zip Code 89117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Desert Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Audrey K Tsao, MD		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 2500 N State St Dept Orthopaedics		Transaction ID: 15036156
City Jackson	State MS	Zip Code 39216-4500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Univ. of Mississippi Med- ical Ctr.	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Andrew J Vear, MD		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 1801 N Senate Blvd		Transaction ID: 15030706
City Indianapolis	State IN	Zip Code 46202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. John Eric Winter, II, MD		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 2301 House Ave Ste 505		Transaction ID: 15036169
City Cheyenne	State WY	Zip Code 82001-5178
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Eugene Michael Wolf, MD		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 3000 California St		Transaction ID: 15036157
City San Francisco	State CA	Zip Code 94115-2411
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Paul J Beres, MD		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 1100 Ninth Ave		Transaction ID: 15036159
City Seattle	State WA	Zip Code 98101-2739
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Virginia Mason Medical Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Douglas Allen Bernard, MD		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 2309 E Main St Ste 200		Transaction ID: 15036163
City New Iberia	State LA	Zip Code 70560-4048
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Timothy J Bonetus, DO		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address Northern Arizona Orthopaedics, Ltd 1485 N Turquoise Dr Ste 200		Transaction ID: 15030718
City Flagstaff	State AZ	Zip Code 86001-1481
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer No AZ Ortho & Neurosurgery	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Harold S Boyd, MD		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 128D Center St N E		Transaction ID: 15036166
City Salem	State OR	Zip Code 97301-4113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Jonathan L Chang, MD		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 500 N Garfield Ave #204		Transaction ID: 15030732
City Monterey Park	State CA	Zip Code 91754-1242
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pacific Orthopaedic Medical Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Gary Dilings, MD		Date of Receipt M / D / Y 03 / 04 / 2003
Mailing Address 1777 Hamburg Turnpike #305		Transaction ID: 15030739
City Wayne	State NJ	Zip Code 07470-5243
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Melburn K. Huebner, MD		Date of Receipt M / D / Y 03 / 04 / 2003
Mailing Address 1901 Medi Park Dr, #1D		Transaction ID: 15030737
City Amarillo	State TX	Zip Code 79106-2105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Jan Marc Kadyk, MD		Date of Receipt M / D / Y 03 / 04 / 2003
Mailing Address Boone Ortho Assoc 194 Doctors Dr		Transaction ID: 15030738
City Boone	State NC	Zip Code 28607-5000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Boone Orthopaedic Assoc. PA	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Robert C Petrucelli, MD		Date of Receipt M / D / Y 03 / 04 / 2003
Mailing Address 20 Commerce Blvd Ste A		Transaction ID: 15030747
City Succasunna	State NJ	Zip Code 07876-1348
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. James William Serens, MD		Date of Receipt M / D / Y 03 / 04 / 2003
Mailing Address 520 Brookdale Dr		Transaction ID: 15030744
City Statesville	State NC	Zip Code 28677-4196
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Mark A S Stuart, MD		Date of Receipt M / D / Y 03 / 04 / 2003
Mailing Address 17270 Red Oak Dr, #200		Transaction ID: 15030743
City Houston	State TX	Zip Code 77060-2632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer KSF Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Edward Taniello, MD		Date of Receipt M / D / Y 03 / 04 / 2003
Mailing Address 78-15 Eliot Ave		Transaction ID: 15030751
City Middle Village	State NY	Zip Code 11378-1300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. John N Callender, MD		Date of Receipt M / D / Y 03 / 04 / 2003
Mailing Address 254D Filbert St		Transaction ID: 15030750
City San Francisco	State CA	Zip Code 94123-3318
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer California Pacific Ortho & Sports Med	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Mark W Diehl, MD		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address 111D Hazeltine Lane		Transaction ID: 15030802
City Kennesaw	State GA	Zip Code 30152-4742
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Pinnacle Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Thomas W Currey, MD		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address 975 E 3rd St, C-220 Dept of Orthopaedic		Transaction ID: 15030784
City Chattanooga	State TN	Zip Code 37403-2103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University Orthopaedics, LLC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey C Davis, MD		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address 1201 11th Ave S Suite 200		Transaction ID: 15030801
City Birmingham	State AL	Zip Code 35205-3423
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Alabama Sports Medicine	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Robert H Harlan, III, MD, MBA		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address Southeastern Orthopaedics, PC 860 Ft. Sanders West Blvd., Suite		Transaction ID: 15030805
City Knoxville	State TN	Zip Code 37922
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Michael B Haynes, MD		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address 22250 Providence Dr. #401		Transaction ID: 15030767
City Southfield	State MI	Zip Code 48075-6212
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Floyd R Jaggars, MD		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address 2795 Millstone Plantation Rd		Transaction ID: 15030768
City Tallahassee	State FL	Zip Code 32312-3881
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Tallahassee Orthopaedic Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Robert A. Kaye, MD		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address 418 N 19th St		Transaction ID: 15030783
City Phoenix	State AZ	Zip Code 85008-3741
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Med Pro of Arizona	Occupation Orthopaedic Surgeon	
Receipt For: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Kent S Lemer, MD		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address 17 Jauncy Ave		Transaction ID: 15030794
City	State	Zip Code
North Arlington	NJ	07031-4700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. John K Marson, MD		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address 848 Miranda Creek Ct		Transaction ID: 15030762
City	State	Zip Code
Alamo	CA	94507-1467
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer East Bay Sports Medicine	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Daniel D Morgan, Jr, MD		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address 38690 Stivers St Ste A		Transaction ID: 15030808
City	State	Zip Code
Fremont	CA	94538-5387
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Fremont Orthopaedic Medical Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Robert Mueller, MD		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address 108 Bellemore Rd		Transaction ID: 15030754
City	State	Zip Code
Baltimore	MD	21210-1339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Dr. John C Richmond, MD		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address New England Med Ctr 750 Washington St		Transaction ID: 15030795
City	State	Zip Code
Boston	MA	02111-1533
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Leonard M Rudolf, MD		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address 129-C Mascorna St		Transaction ID: 15030797
City	State	Zip Code
Lebanon	NH	03768-2667
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	700.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. John William Uribe, MD		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address 1150 Campo Sano Ave, #200		Transaction ID: 15030780
City Coral Gables	State FL	Zip Code 33146-1174
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. James C Valas, MD		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address Orthopaedic Center 35 Kosciuszko St		Transaction ID: 15030799
City Manchester	State NH	Zip Code 03101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer The Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Gerald C Vanden Bosch, MD		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address 1803 Forest Hills Rd PO Box 314B		Transaction ID: 15030789
City Wilson	State NC	Zip Code 27853-5412
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Wilson Orthopaedic Surgery/Neurology C	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. David L Waxman, MD		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address 800 Davissan Run Rd, #102		Transaction ID: 15030689
City Clarksburg	State WV	Zip Code 26301-9307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Alan H Wilde, MD		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address 173D W 25th St		Transaction ID: 15030793
City Cleveland	State OH	Zip Code 44113-3170
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Stulberg, Wilda Inc	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Daniel L Zimet, MD		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address 239 Hurley Rd		Transaction ID: 15030779
City Coatesville	State PA	Zip Code 19320-1525
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1900.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. David E. Attarian, MD		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address Duke Health Center/Orthopaedics 3116 N Duke St		Transaction ID: 15030755
City Durham	State NC	Zip Code 27704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Duke University	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Dr. Steven L. Buckley, MD		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address 8007 Macon Court		Transaction ID: 15030752
City Huntsville	State AL	Zip Code 35892-1931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Sports Med	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. John J. Galeher, Jr. MD		Date of Receipt M / D / Y 03 / 05 / 2003
Mailing Address S-3873 Southwestern Blvd		Transaction ID: 15030781
City Orchard Park	State NY	Zip Code 14127
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 281	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Frank R Joseph, MD		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address 1285 Hembree Rd Suite 200A		Transaction ID: 15030553
City Roswell	State GA	Zip Code 30076-5720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Abbott Kagan, II, MD		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address Florida Orthopaedic Society 8710 College Pky		Transaction ID: 15030565
City Fort Myers	State FL	Zip Code 33919-4811
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Florida Orthopaedic Society	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Daloree K Kirpatrick, MD		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address 5871 Peachtree-Dunwoody Rd Suite 700		Transaction ID: 15030568
City Atlanta	State GA	Zip Code 30342-5000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Rowland Brook Mayor, MD		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address 1 Church St 4th Fl		Transaction ID: 15030561
City New Haven	State CT	Zip Code 06510-3330
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Center for Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. R Scott Oliver, MD		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address Mass Orthopaedic Assoc Plymouth Bay Orthopaedics		Transaction ID: 15030557
City Duxbury	State MA	Zip Code 02332-5315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mass Orthopaedic Assoc	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Charles Turner Price, MD		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address Nemours Children's Clinic 83 W Columbia St		Transaction ID: 15030568
City Orlando	State FL	Zip Code 32808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Nemours Children's Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Michael A Thorpe, MD		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address 314B Ellis St, Ste 103		Transaction ID: 15030562
City	State	Zip Code
Bellingham	WA	98225-1844
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. John Thomas Bolger, MD		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address 1111 Delafield St #120		Transaction ID: 15030556
City	State	Zip Code
Waukesha	WI	53188-3402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates of Waukesha	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Leroy H Cooley, MD		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address Mohawk Valley Ortho 1903 Sunset Ave		Transaction ID: 15030570
City	State	Zip Code
Utica	NY	13502-5617
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mohawk Valley Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Leslie P Dean, MD		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address 328D Providence Dr #200		Transaction ID: 15030587
City Anchorage	State AK	Zip Code 99508-4803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Anchorage Fracture & Orthopaedic Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas L Erikson, MD		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address 184D E Florence Blvd, #A		Transaction ID: 15030571
City Casa Grande	State AZ	Zip Code 85222-5337
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Sierra Orthopaedics PC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. David A Fisher, MD		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address 1801 N Senata Blvd, #200		Transaction ID: 15030588
City Indianapolis	State IN	Zip Code 46202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedics of Indianapolis	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 74 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Frank A B Gotschak, MD		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address UT Southwestern GB.242		Transaction ID: 15030594
City Dallas	State TX	Zip Code 75390-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer UT Southwestern	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas B Grollman, MD		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address PO Box 1807		Transaction ID: 15030603
City Lihue	State HI	Zip Code 96766-5807
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. David A Halsey, MD		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address 17 Bragg Hill Rd		Transaction ID: 15030608
City Norwich	State VT	Zip Code 05055-9402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Connecticut Valley Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Bruce T Henderson, MD		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address 44555 Woodward Ste 407		Transaction ID: 15030590
City Pontiac	State MI	Zip Code 48341-5031
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Paul Conrad Horn, MD		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address 235 E Rowan #117		Transaction ID: 15030591
City Spokane	State WA	Zip Code 99207-1240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Northwest Orthopaedic Specialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Roger J LaGratta, MD		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address 226 White St		Transaction ID: 15030572
City Danbury	State CT	Zip Code 06810-6879
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Danbury Orthopedic Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Michael D LaGrone, MD		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address 13 Medical Dr		Transaction ID: 15030578
City Amarillo	State TX	Zip Code 79106-4121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Mark J Lemos, MD		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address 70 Orchard Acres		Transaction ID: 15030592
City Carlisle	State MA	Zip Code 01741-1308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Kenneth L Moore, MD		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address 1223 1/2 Trotwood Ave		Transaction ID: 15030598
City Columbia	State TN	Zip Code 38401-6430
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mid-Tennessee Bone & Joint Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Daniel J Nagle, MD		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address 448 E Ontario, #500		Transaction ID: 15030607
City Chicago	State IL	Zip Code 60611-7108
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. E Michael Olin, MD		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address 914D A Academy Rd		Transaction ID: 15030581
City Philadelphia	State PA	Zip Code 19114-2853
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Delaware Valley Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Dr. Mark D Perry, MD		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address UT Southwestern Medical Ctr Dept of Orthopaedics		Transaction ID: 15030579
City Dallas	State TX	Zip Code 75390-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UT Southwestern	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 78 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Michael Saul Sirkin, MD		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address New Jersey Medical School 90 Bergen St Ste 5200		Transaction ID: 15030580
City Newark	State NJ	Zip Code 07103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer New Jersey Medical School	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. J Andy Sullivan, MD		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address 940 NE 13th St 2MR2000D		Transaction ID: 15030593
City Oklahoma City	State OK	Zip Code 73104-5099
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Oklahoma	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. J Keith Troop, MD		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address Bone & Joint Clinic 2002 12th Street NW		Transaction ID: 15030585
City Ardmore	State OK	Zip Code 73401-6218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 78 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Robert S Adelaar, MD		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address Med Coll Of Virginia Dept of Ortho Surgery		Transaction ID: 15030599
City Richmond	State VA	Zip Code 23298-0153
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Medical College of Virginia	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Allen F Anderson, MD		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address 423D Harding Rd, #1D00 St. Thomas Medical Building		Transaction ID: 15030601
City Nashville	State TN	Zip Code 37205-2038
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer TOA	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Knute C Buehler, MD		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address 2800 Neff Road		Transaction ID: 15030589
City Bend	State OR	Zip Code 97701-6337
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopedic & Neurosurgical Ctr of the	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 80 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. David J Caucci, MD		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address 1325 North Main Street		Transaction ID: 15030602
City Honesdale	State PA	Zip Code 18431-2003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Honesdale Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Charles M Davis, III, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address Milton S Hershey Medical Center Department of Orthopaedics		Transaction ID: 15030649
City Hershey	State PA	Zip Code 17033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer The Milton S Hershey Medical Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Leonard Thomas Flecko, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address 1514 K-98 Highway		Transaction ID: 15030648
City Great Bend	State KS	Zip Code 67530-5012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Central Kansas Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 81 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Robert Hall, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address 334D Providence Dr, #584		Transaction ID: 15030618
City Anchorage	State AK	Zip Code 99508-4643
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Peter T Hurley, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address 214 18th St SE		Transaction ID: 15030617
City Hickory	State NC	Zip Code 28602-1366
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Hickory Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Miers G Johnson, III, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address Medical Center Physicians 215 E Hawaii		Transaction ID: 15030618
City Nampa	State ID	Zip Code 83688-6011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Salzer Medical Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 82 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Jeffrey J Lazarus, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address 31 S River Rd		Transaction ID: 15030639
City Stuart	State FL	Zip Code 34886-6723
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Heart & Family Health Institute	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. George E Lavinnek, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address 33 Electric Ave, #803 P O Box 2284		Transaction ID: 15030619
City Fitchburg	State MA	Zip Code 01420-7854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Dr. Ernest B Meralak, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address 2835 Drummond		Transaction ID: 15030645
City Shaker Heights	State OH	Zip Code 44120-1829
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University Anesthesia, Inc	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1150.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 83 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Kenneth A Martin, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address 8907 Kanis Rd Ste 330		Transaction ID: 15030620
City Little Rock	State AR	Zip Code 72205-6449
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 334.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	334.00

Full Name (Last, First, Middle Initial) B. Dr. Peter A Matsuura, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address 870 Ponahawaii St #214		Transaction ID: 15030663
City Hilo	State HI	Zip Code 96720-2660
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00

Full Name (Last, First, Middle Initial) C. Dr. Henry Reiton McCarroll, Jr, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address 2351 Clay St, #510		Transaction ID: 15030653
City San Francisco	State CA	Zip Code 94115-1531
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 84 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. James Albert Nunley, II, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address Duke Univ Med Ctr Room 5314, Box 2923		Transaction ID: 15030654
City Durham	State NC	Zip Code 27710-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Duke University Medical Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Dr. J Lockwood Ochsner, Jr, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address 1514 Jefferson Hwy		Transaction ID: 15030621
City New Orleans	State LA	Zip Code 70121-2483
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Ochsner Clinic Foundation	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Dr. Spiro N Pappas, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address 200 Delafield Rd Ste 1D40		Transaction ID: 15030655
City Pittsburgh	State PA	Zip Code 15215-5200
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: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 85 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Anthony J Robins, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address 1231 118th NE, #100		Transaction ID: 15030622
City Bellevue	State WA	Zip Code 98004-3804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Prolance Surgeons	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas P Sculco, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address Hosp for Special Surgery 535 E 70th St		Transaction ID: 15030625
City New York	State NY	Zip Code 10021-4892
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Mark E Steiner, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address 7 Hewins Farm Rd		Transaction ID: 15030641
City Wellesley Hills	State MA	Zip Code 02481-6838
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 86 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Randolph Hill Taylor, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address PD Box 2898		Transaction ID: 15030627
City Monroe	State LA	Zip Code 71207-2898
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Jerold P Waldman, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address 284D1 Crown Valley Prkwy, #101		Transaction ID: 15030629
City Mission Viejo	State CA	Zip Code 92691-6350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer COMG	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Dennis Martin Walker, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address 1717 Oak Park Blvd 3rd floor		Transaction ID: 15030643
City Lake Charles	State LA	Zip Code 70601-8591
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Center for Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 87 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Mark Welisch, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address 16311 Ventura Blvd, #800		Transaction ID: 15030657
City	State	Zip Code
Encino	CA	91436-2140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer OCMG Inc.	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Mark E Wheeler, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address 32788 K-22		Transaction ID: 15030638
City	State	Zip Code
Sioux City	IA	51108-8632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer CNOS	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Russell E Windsor, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address Hosp for Special Surgery 535 E 70th St		Transaction ID: 15030642
City	State	Zip Code
New York	NY	10021-4892
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hospital for Special Surgery	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 88 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Bertram Zarins, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address Massachusetts Gen Hosp 15 Parkman St Ste 514		Transaction ID: 15030615
City Boston	State MA	Zip Code 02114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Massachusetts General Hospital	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey John Anderson, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address 333 O'Connor Dr		Transaction ID: 15030631
City San Jose	State CA	Zip Code 95128-1623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Yves Boudreau, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address Shelby Bone & Joint Clinic 202 E Grover St		Transaction ID: 15030659
City Shelby	State NC	Zip Code 28150-3518
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 88 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Gary Worthington Bradley, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address 536 E Arrellaga St		Transaction ID: 15030632
City Santa Barbara	State CA	Zip Code 93103-2264
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Bruce R Buhr, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address Kansas Orthopaedic Society Wichita Clinic		Transaction ID: 15030661
City Wichita	State KS	Zip Code 67208-3054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Wichita Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Stuart Drew Patterson, MD		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address Bond Clinic PA 500 E Central Ave		Transaction ID: 15030638
City Winter Haven	State FL	Zip Code 33880-3054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bond Clinic, PA	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 00 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Chris John Dangles, MD		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address 802 W University		Transaction ID: 15030675
City Urbana	State IL	Zip Code 61801-2530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Carle Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Richard Henry Dearlake, MD		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address 301 W Wallace St		Transaction ID: 15030670
City Findlay	State OH	Zip Code 45840-1241
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Findlay Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Thomas R Highland, MD		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address 400 Keene St P O Box 0		Transaction ID: 15030674
City Columbia	State MO	Zip Code 65201-0151
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 01 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Jeffrey Einer Johnson, MD		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address Washington Univ School of Med Dept of Ortho Surgery		Transaction ID: 15030932
City Saint Louis	State MO	Zip Code 63110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Washington University School of Medicine	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Marc L Kahn, MD		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address The Browning Road Medical Center Garden State Orthopaedics		Transaction ID: 15030677
City Pennsauken	State NJ	Zip Code 08109-1479
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Garden State Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Mark F Mills, MD		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address 680 Golden Ridge Rd		Transaction ID: 15030681
City Golden	State CO	Zip Code 80401-9541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Panorama Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 02 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. James A Rydlewicz, MD		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address 5233 W Morgan Ave		Transaction ID: 15030683
City Milwaukee	State WI	Zip Code 53220-1599
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Milwaukee Clinic of Orthopaedic Surgery	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Dr. Christopher C Schmidt, MD		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address 11 Murfield Ct		Transaction ID: 15030683
City Bridgeville	State PA	Zip Code 15017-1074
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. David Thomas Sowa, MD		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address 4745 Stanton-Ogletown Rd Ste 225		Transaction ID: 15030640
City Newark	State DE	Zip Code 19713-2087
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer First State Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 03 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Charles S Walker, MD		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address 540B Flanders Dr		Transaction ID: 15030680
City Baton Rouge	State LA	Zip Code 70808-4364
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Dale R Anderson, MD		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address 725 Indiana St		Transaction ID: 15030686
City Rapid City	State SD	Zip Code 57701-5484
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Lesley J Anderson, MD		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address 2100 Webster St #308		Transaction ID: 15030687
City San Francisco	State CA	Zip Code 94115-2378
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: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 04 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Michael J Berck, MD		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address 711 Westminster Ave		Transaction ID: 15030688
City Elizabeth	State NJ	Zip Code 07208-2210
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Lawrence N Borelli, MD		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address 899 Hartglen Ave		Transaction ID: 15030680
City Westlake Village	State CA	Zip Code 91361-2028
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Edward J Collins, Jr. MD		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address 150 Mansfield Ave		Transaction ID: 15030688
City Willimantic	State CT	Zip Code 06228-2028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Conn Sports Med & Ortho Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 05 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Douglas A Dennis, MD		Date of Receipt M / D / Y 03 / 21 / 2003
Mailing Address Colorado Joint Replacement 2425 S Colorado Blvd, Ste 270		Transaction ID: 15030956
City Denver	State CO	Zip Code 80222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. John P Domans, MD		Date of Receipt M / D / Y 03 / 21 / 2003
Mailing Address Childrens Hosp of Philadelphia 34th & Civic Ctr Blvd		Transaction ID: 15030951
City Philadelphia	State PA	Zip Code 19104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Childrens Hospital of Philadelphia	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Gregory P Duff, MD		Date of Receipt M / D / Y 03 / 21 / 2003
Mailing Address 2800 Wheaton Way #311		Transaction ID: 15030961
City Bremerton	State WA	Zip Code 98310-5319
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: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 06 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. George S. Mize, MD		Date of Receipt M / D / Y Y Y Y 03 / 21 / 2003
Mailing Address 554D West 111th St		Transaction ID: 15030964
City	State	Zip Code
Oak Lawn	IL	60453-5035
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Murray Alan Morrison, MD		Date of Receipt M / D / Y Y Y Y 03 / 21 / 2003
Mailing Address 75 Kings Hwy Cutoff		Transaction ID: 15030965
City	State	Zip Code
Fairfield	CT	06824-5340
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Surgery Group, PC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Victor Romano, MD		Date of Receipt M / D / Y Y Y Y 03 / 21 / 2003
Mailing Address 1137 Franklin		Transaction ID: 15030968
City	State	Zip Code
River Forest	IL	60305-1341
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 07 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Carlton G Savory, MD, FACS		Date of Receipt M / D / Y 03 / 21 / 2003
Mailing Address 8282 Veterans Pkwy		Transaction ID: 15030967
City Columbus	State GA	Zip Code 31809-3540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hughston Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. James A Shapiro, MD		Date of Receipt M / D / Y 03 / 21 / 2003
Mailing Address 8308 8th Ave, #605		Transaction ID: 15030958
City Kenosha	State WI	Zip Code 53143-5031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Janet E Whitlow, MD		Date of Receipt M / D / Y 03 / 21 / 2003
Mailing Address 4547 N 52nd Pl		Transaction ID: 15030845
City Phoenix	State AZ	Zip Code 85018-5024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 08 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Richard P Whitaker, MD		Date of Receipt M / D / Y 03 / 21 / 2003
Mailing Address 1803 E High St		Transaction ID: 15030954
City	State	Zip Code
Pottstown	PA	19464-5061
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Specialists of Pottstown	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Frederick Martin Azar, MD		Date of Receipt M / D / Y 03 / 21 / 2003
Mailing Address 2976 Gardens Way		Transaction ID: 15030946
City	State	Zip Code
Memphis	TN	38111-2647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Marshall G Baca, MD		Date of Receipt M / D / Y 03 / 21 / 2003
Mailing Address 241 D W Pierca		Transaction ID: 15030862
City	State	Zip Code
Carlsbad	NM	88220-3512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 08 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Richard D Courts, MD		Date of Receipt M / D / Y Y Y Y 03 / 27 / 2003
Mailing Address 791 D Frost St, #202		Transaction ID: 15030987
City San Diego	State CA	Zip Code 92123-2712
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Medical Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert Rey Cunningham, MD		Date of Receipt M / D / Y Y Y Y 03 / 27 / 2003
Mailing Address P O Box 0		Transaction ID: 15030978
City Columbia	State MO	Zip Code 65205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Columbia Orthopaedic Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Paul W Gorman, MD		Date of Receipt M / D / Y Y Y Y 03 / 27 / 2003
Mailing Address PO Box 2267		Transaction ID: 15030880
City Johnson City	State TN	Zip Code 37605-2267
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Watsuga Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Richard Greenfield, MD		Date of Receipt M / D / Y 03 / 27 / 2003
Mailing Address 3737 Moraga Ave Ste A106		Transaction ID: 15030976
City San Diego	State CA	Zip Code 92117-5412
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Larry D Greenway, MD		Date of Receipt M / D / Y 03 / 27 / 2003
Mailing Address 1015 E 32nd St, #101		Transaction ID: 15030971
City Austin	State TX	Zip Code 78705-2700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Austin Bone & Joint Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. John McArthur Hama, III, MD		Date of Receipt M / D / Y 03 / 27 / 2003
Mailing Address Boston VA Medical Ctr 150 S Huntington Ave		Transaction ID: 15031010
City Boston	State MA	Zip Code 02130-4817
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Dept. of Veterans Affairs, Boston VAMC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Shepard R. Hunzick, MD		Date of Receipt M / D / Y 03 / 27 / 2003
Mailing Address Univ of Virginia Med Ctr Department of Orthopaedics		Transaction ID: 15031005
City Charlottesville	State VA	Zip Code 22908-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Health Services Foundation	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Michael A. Kelly, MD		Date of Receipt M / D / Y 03 / 27 / 2003
Mailing Address 170 E End Ave		Transaction ID: 15030879
City New York	State NY	Zip Code 10128-7639
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Ronald W. Lindsey, MD		Date of Receipt M / D / Y 03 / 27 / 2003
Mailing Address 6560 Fannin, #1900		Transaction ID: 15031011
City Houston	State TX	Zip Code 77030-2737
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Baylor College of Medicine	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Ward Sayre Oakley, Jr, MD		Date of Receipt M / D / Y 03 / 27 / 2003
Mailing Address PD Box 2000		Transaction ID: 15030983
City Pinehurst	State NC	Zip Code 28370-2000
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. John Bernard Ryan, MD		Date of Receipt M / D / Y 03 / 27 / 2003
Mailing Address 735 Yarmouth Rd.		Transaction ID: 15030989
City Bloomfield	State MI	Zip Code 48301-2628
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St John Health System	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Thomas S Samuelson, MD		Date of Receipt M / D / Y 03 / 27 / 2003
Mailing Address 400B W 123rd St		Transaction ID: 15030988
City Leawood	State KS	Zip Code 66209-2218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kansas City Bone & Joint	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Richard A Saunders, MD		Date of Receipt M / D / Y 03 / 27 / 2003
Mailing Address 25 Willowbrook Road Suite 2		Transaction ID: 15030989
City Queensbury	State NY	Zip Code 12804-5864
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer North Country Sports Medi- cine	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Peter J Stam, MD		Date of Receipt M / D / Y 03 / 27 / 2003
Mailing Address University of Cincinnati College of Medicine		Transaction ID: 15031004
City Cincinnati	State OH	Zip Code 45267-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Univ of Cincinnati College of Medicine	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael T Stowell, MD		Date of Receipt M / D / Y 03 / 27 / 2003
Mailing Address 19245 Jamestown Dr		Transaction ID: 15031001
City Hagerstown	State MD	Zip Code 21742-1718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mid Atlantic Orthopaedic Specialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 104 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. William W Tipton, Jr, MD		Date of Receipt M / D / Y 03 / 27 / 2003
Mailing Address Director Of Medical Affairs 6300 N River Rd		Transaction ID: 15031002
City Rosemont	State IL	Zip Code 60018-4262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer American Academy of Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Russell A Wagner, MD		Date of Receipt M / D / Y 03 / 27 / 2003
Mailing Address 556 8th Ave		Transaction ID: 15030691
City Fort Worth	State TX	Zip Code 76104-2080
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Gerald R Williams, Jr, MD		Date of Receipt M / D / Y 03 / 27 / 2003
Mailing Address 1 Cupp Pavilion, Presbyterian Hosp 39th & Market Sts		Transaction ID: 15031007
City Philadelphia	State PA	Zip Code 19104-4228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hospital of the Univ of Pennsylvania	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Stephen A Albanese, MD		Date of Receipt M / D / Y 03 / 27 / 2003
Mailing Address Pediatric Orthopaedic Surgery 550 Harrison Street		Transaction ID: 15030993
City Syracuse	State NY	Zip Code 13202-3096
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SUNY Upstate Orthopaedic Surgery	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. David C Baker, MD		Date of Receipt M / D / Y 03 / 27 / 2003
Mailing Address 19 Brookwood Ave Ste 104		Transaction ID: 15030994
City Carlisle	State PA	Zip Code 17013-9142
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey A Baum, MD		Date of Receipt M / D / Y 03 / 27 / 2003
Mailing Address 200 Delafield Rd Ste 1040		Transaction ID: 15030877
City Pittsburgh	State PA	Zip Code 15215-5234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Three Rivers Orthopaedics Associates U	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Steven Berkowitz, MD		Date of Receipt M / D / Y 03 / 27 / 2003
Mailing Address 204D Sixth Ave		Transaction ID: 15030995
City Neptune	State NJ	Zip Code 07753-6101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Seaview Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Terry A. Clyburn, MD		Date of Receipt M / D / Y 03 / 27 / 2003
Mailing Address UT Houston Medical School Dept of Orthopaedic Surgery		Transaction ID: 15030996
City Houston	State TX	Zip Code 77030-1501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UT Houston Medical School	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Nick M. Digiovine, MD		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address Butte Ortho & Fracture Clinic 225 S Clark St		Transaction ID: 15031030
City Butte	State MT	Zip Code 59701-1515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Butte Ortho & Fracture Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Daneca M Dipalo		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address 809 Morris Ave		Transaction ID: 15031027
City Springfield	State NJ	Zip Code 07081-1511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Liberty Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas J Ditloff, MD		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address 890D Orchard Lake Rd #103		Transaction ID: 15031038
City West Bloomfield	State MI	Zip Code 48322-3424
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Norman L Donati, MD		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address 612 W Gordon St		Transaction ID: 15031031
City Thomaston	State GA	Zip Code 30288-5418
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Stephen F Emery, MD		Date of Receipt M / D / Y Y Y Y 04 / 02 / 2003
Mailing Address 726 Allen St		Transaction ID: 15031039
City	State	Zip Code
Cody	WY	82414-3402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Big Horn Basin Orthopaedic Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. A Philip Fortunetta, MD		Date of Receipt M / D / Y Y Y Y 04 / 02 / 2003
Mailing Address 120 Mineola Blvd, #410		Transaction ID: 15031037
City	State	Zip Code
Mineola	NY	11501-4077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Richard H Gebisman, MD		Date of Receipt M / D / Y Y Y Y 04 / 02 / 2003
Mailing Address Dept of Orthopaedic Surgery Ste 11300 W Pavilion		Transaction ID: 15031035
City	State	Zip Code
Saint Louis	MO	63110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Washington University School of Medical	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Andrew Peter Kant, MD		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address 17270 Red Oak Dr, #200		Transaction ID: 15031029
City Houston	State TX	Zip Code 77060-2632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Patricia A Kolwisch, MD		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address Henry Ford Medical Center Dept of Ortho		Transaction ID: 15031036
City West Bloomfield	State MI	Zip Code 48322
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Henry Ford Hospital	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. David G Lavelle, MD		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address Mayo Clinic 200 1st St SW		Transaction ID: 15031021
City Rochester	State MN	Zip Code 55505-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Mayo Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Stephen M McCollam, MD		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address 2001 Peachtree Rd #705		Transaction ID: 15031026
City Atlanta	State GA	Zip Code 30309-1476
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Peachtree Orthopaedic Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. J Wesley Masko, MD		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address 2901 Stabler St		Transaction ID: 15031032
City Lansing	State MI	Zip Code 48910-3022
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Linda J Reamussen, MD		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address 649 Kanaha St		Transaction ID: 15031042
City Kailua	State HI	Zip Code 96734-1541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Windward Ortho Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Albert E Sanders, MD		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address 7107 Brookside		Transaction ID: 15031023
City San Antonio	State TX	Zip Code 78209-3519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Frank H Schmidt, MD		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address 726 Allen Ave		Transaction ID: 15031034
City Cody	State WY	Zip Code 82414-3434
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Big Horn Basin Orthopaedic Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael E Tritz, MD		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address 102 W Karnwood Ave Ste 130		Transaction ID: 15031020
City Decatur	State IL	Zip Code 62528-4368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. John F Walker, MD		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address 1905 Donnybrook		Transaction ID: 15031044
City	State	Zip Code
Tyler	TX	75701-4236
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. John A Barrasso, MD		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address 414D Centennial Hills Blvd. Ste A		Transaction ID: 15031033
City	State	Zip Code
Casper	WY	82606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Isidor H Liebman, MD		Date of Receipt M / D / Y 04 / 02 / 2003
Mailing Address The Cleveland Clinic Found Dept of Ortho Surg		Transaction ID: 15031025
City	State	Zip Code
Cleveland	OH	44195-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Cleveland Clinic Founda- tion	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Robert M Dinick, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 3901 Central Pike Ste 351		Transaction ID: 15030842
City	State	Zip Code
Hermitage	TN	37076-3422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Midsouth Orthopaedic Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. J William Fellows, Jr, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 120D 1st Ave E, #C		Transaction ID: 15030843
City	State	Zip Code
Spencer	IA	51301-4342
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NWIB	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Craig R Foster, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 226 White St		Transaction ID: 15030822
City	State	Zip Code
Danbury	CT	06810-6879
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 114 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Thomas G Friemood, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 880 Golden Ridge Rd #250		Transaction ID: 15030823
City Golden	State CO	Zip Code 80401-9541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Panorama Orthopedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. David M Henneghan, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 824 Illinois Ave		Transaction ID: 15030824
City Stevens Point	State WI	Zip Code 54481-3112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Rica Medical Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Harry N Herkowitz, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 3535 W 13 Mile Rd Ste 604		Transaction ID: 15030862
City Royal Oak	State MI	Zip Code 48073-6700
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: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Russell A. Hudgens, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 3715 Dauphin St. Bldg 3, Ste. 200		Transaction ID: 15030827
City	State	Zip Code
Mobile	AL	36608-1727
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Alabama Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. William G. Humphreys, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 3107 Frederick Ave		Transaction ID: 15030860
City	State	Zip Code
Saint Joseph	MO	64506-3082
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Stephen S. Hurst, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 618 Gloucester Ln		Transaction ID: 15030811
City	State	Zip Code
Foster City	CA	94404-3615
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer San Mateo Ortho Med Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 116 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Dalf R Ichtertz, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 1803 W Charles St		Transaction ID: 15030829
City	State	Zip Code
Grand Island	NE	68803-5804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NHSI, PC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Joshua J Jacobs, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 1725 W Harrison St, #1063		Transaction ID: 15030831
City	State	Zip Code
Chicago	IL	60612-3836
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Midwest Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Gopal Krishnan, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 1331 E 8th St		Transaction ID: 15030825
City	State	Zip Code
Weslaco	TX	75568-6888
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Krishnan and Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 117 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Sterling J Laveeg, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 250 S Crescent Dr		Transaction ID: 15030864
City	State	Zip Code
Mason City	IA	50401-2826
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mason City Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Vincent K Melneray, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 703 Main St Rm 1044 Att Lynn Riley		Transaction ID: 15030818
City	State	Zip Code
Paterson	NJ	07503-2621
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Northlands Orthopaedic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Keith W Miller, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address Central Indiana Ortho 3600 W Bethel Ave		Transaction ID: 15030813
City	State	Zip Code
Muncie	IN	47304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Central Indiana Orthopedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 118 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Joseph T Moskal, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 4084 Postal Dr, SW PO Box 21369		Transaction ID: 15030835
City Roanoke	State VA	Zip Code 24018-6438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Roanoke Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas J Parr, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 14090 Southwest Fwy Suite 130		Transaction ID: 15030846
City Sugar Land	State TX	Zip Code 77478-3677
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Dr. A Herbert Alexander, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address Alexander Orthopaedics PA 100 Hospital Dr Ste 100		Transaction ID: 15030808
City Ketchum	State ID	Zip Code 83340-6567
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Alexander Orthopaedics, PA	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 119 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Samuel E Smith, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address Front Range Orthopedic Surgery 1551 Professional Ln		Transaction ID: 15030852
City Longmont	State CO	Zip Code 80501-6862
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Front Range Orthopedic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Wilburn A Smith, Jr, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 2023 Normandie Dr		Transaction ID: 15030819
City Montgomery	State AL	Zip Code 36111-2711
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Edward C Tanner, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 1445 Portland Ave Ste 210		Transaction ID: 15030812
City Rochester	State NY	Zip Code 14621-5008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 120 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Laura Lowe Tosi, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address Childrens Hospital 111 Michigan Ave N W		Transaction ID: 15030865
City Washington	State DC	Zip Code 20010-2870
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer CNMC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas P Vesileff, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 326D Providence Dr, #20D Anchorage Fracture & Ortho Clinic		Transaction ID: 15030849
City Anchorage	State AK	Zip Code 99508-4603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Wayne B Venters, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address Rockwood Clinic, P.S. 400 East Fifth Avenue		Transaction ID: 15030810
City Spokane	State WA	Zip Code 99223
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 121 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Charles N Versteeg, Jr, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 840 Royal Ave #1		Transaction ID: 15030840
City Medford	State OR	Zip Code 97504-6167
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer South Oregon Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Stephen C Weber, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 2801 K Street, Suite 310		Transaction ID: 15030854
City Sacramento	State CA	Zip Code 95816-5119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Charles Rodney Bamhart, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 121 S Santa Anita St		Transaction ID: 15030815
City San Gabriel	State CA	Zip Code 91778-1148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer San Gabriel Orthopedic Medical Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 122 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Robert J Bercik, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 1445 Raritan Rd		Transaction ID: 15030828
City	State	Zip Code
Clark	NJ	07066-1230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. H Chester Boston, Jr, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address PO Box 2447		Transaction ID: 15030837
City	State	Zip Code
Tuscaloosa	AL	35403-2447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University Orthopaedic Cl- inic PC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Stephen L Brenneke, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 351 D N E 122nd, #103		Transaction ID: 15030857
City	State	Zip Code
Portland	OR	97233-1500
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 123 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Mark J Conkin, MD		Date of Receipt M / D / Y 04 / 11 / 2003
Mailing Address 1702 Sand Lily Dr		Transaction ID: 15030859
City	State	Zip Code
Golden	CO	80401-8503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Woodridge Orthopaedic & Spine Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. David Arthur Debriss, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address East Lansing Ortho Assn 3394 E Jolly Road		Transaction ID: 15030814
City	State	Zip Code
Lansing	MI	48910-8595
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Frank A Cordasco, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address Hosp for Special Surgery 535 E 70th St		Transaction ID: 15030874
City	State	Zip Code
New York	NY	10021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hospital for Special Surgery	Occupation Orthopaedic Surgeon	
Receipt For: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 124 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Fred G Carley, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address Dept of Ortho Univ of Texas Health Science Ctr		Transaction ID: 15030911
City State Zip Code San Antonio TX 78284-7774	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Univ of Texas Health Science Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Fred G Carley, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address Dept of Ortho Univ of Texas Health Science Ctr		Transaction ID: 15030913
City State Zip Code San Antonio TX 78284-7774	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Univ of Texas Health Science Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Dr. Thomas J Dowling, Jr. MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 2171 Jericho Turnpike, #304		Transaction ID: 15030915
City State Zip Code Commack NY 11725-2500	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Long Island Spine Specialists PC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 125 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Holly J Duck, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 2704 Marshall Ct		Transaction ID: 15030916
City Madison	State WI	Zip Code 53705-2287
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Bone & Joint Surgery Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. William F Gerwin, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address St Elizabeth Medical Plaza Suite 200		Transaction ID: 15030917
City Lincoln	State NE	Zip Code 68510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Nebraska Orthopaedic & Sports Medicine	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Wayne M Goldstein, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address Illinois Bone and Joint Institute 2454 Dempster, Suite 206		Transaction ID: 15030801
City Des Plaines	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Illinois Bone & Joint Institute	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 126 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Robert Allen Green, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 1000 Asylum Ave suite 2128		Transaction ID: 15031057
City Hartford	State CT	Zip Code 06105-1767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Greater Hartford Orthopaedic Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas P Gross, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address Midlands Orthopaedics 1810 Blanding St		Transaction ID: 15031050
City Columbia	State SC	Zip Code 29201-3520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Midlands Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Robert H Hamington, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 237 Route 108, #205		Transaction ID: 15031055
City Somersworth	State NH	Zip Code 03878-1517
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Seacoast Orthopedics and Sports Medical	Occupation Orthopaedic Surgeon	
Receipt For: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 127 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Robert N Hensinger, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address Univ of Michigan Med Ctr 1500 E Medical Ctr Dr		Transaction ID: 15031054
City Ann Arbor	State MI	Zip Code 48109-0328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Univ of Michigan Medical Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Dr. C Thomas Hopkins, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 717 S 8th St		Transaction ID: 15030870
City Griffin	State GA	Zip Code 30224-4818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic & Sports Injury Center, PC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Dr. Stanley G Hopp, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 301 21st Ave, N		Transaction ID: 15030877
City Nashville	State TN	Zip Code 37203-1858
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Orthopedic Alliance	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 128 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Lawrence R Hausman, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 2424 N Wyatt Dr, #260		Transaction ID: 15030925
City Tucson	State AZ	Zip Code 85712-6118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Tucson Orthopaedic Institute PC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. William J Hazack, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address Rothman Inst at Jefferson 925 Chestnut St 5th Floor		Transaction ID: 15030889
City Philadelphia	State PA	Zip Code 19107-4216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Rothman Institute Orthopaedic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Ramon L Jimenez, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 71 Corral de Tierra Rd		Transaction ID: 15030804
City Salinas	State CA	Zip Code 93508-9325
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 129 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Glenn C Landon, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 2727 W Holcombe Blvd		Transaction ID: 15030907
City	State	Zip Code
Houston	TX	77025-1669
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kelsay-Saybold Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Vincent J Leone, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 833 Northern Blvd Ste 220		Transaction ID: 15030887
City	State	Zip Code
Great Neck	NY	11021-5315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NYOSS	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Roger N Levy, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 180 E 79th St Apt. 8B		Transaction ID: 15030888
City	State	Zip Code
New York	NY	10021-0437
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Mt Sinai Medical Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 130 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Neal D Lintecum, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 1112 W 8th St Ste 104		Transaction ID: 15030922
City Lawrence	State KS	Zip Code 66044-2249
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. John H Mahan, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 3225 N Civic Center Plaza		Transaction ID: 15030902
City Scottsdale	State AZ	Zip Code 85251-6919
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Scottsdale Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Joseph G Martin, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 1414 W Lombard St		Transaction ID: 15030888
City Davenport	State IA	Zip Code 52804-2152
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ORA	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 131 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Peter L Meehan, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 118B5 Alpharetta Hwy, #285		Transaction ID: 15031061
City Roswell	State GA	Zip Code 30076-4811
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Dr. Mark C Maier, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address Idaho Orthopaedic Society 901 N Curtis #501		Transaction ID: 15030808
City Boise	State ID	Zip Code 83706
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Mark Herman Meyer, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address PO Box 2410		Transaction ID: 15030878
City Kearney	State NE	Zip Code 68848-2410
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kearney Bone and Joint Cl- inic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 132 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Daniel J Nagle, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 448 E Ontario, #500		Transaction ID: 15030912
City Chicago	State IL	Zip Code 60611-7108
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert B Nelson, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 308 Oak St		Transaction ID: 15030921
City Livingston	State TN	Zip Code 38570-1729
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Twins Lakes Orthopedic Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Glenn B Pfeffer, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 3000 California 3rd Fl		Transaction ID: 15030880
City San Francisco	State CA	Zip Code 94115-2411
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 133 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Michael D Plooster, MD		Date of Receipt M / D / Y Y Y Y 04 / 24 / 2003
Mailing Address 835 15th St		Transaction ID: 15030883
City Baraboo	State WI	Zip Code 53813-1577
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Merrill A Ritter, MD		Date of Receipt M / D / Y Y Y Y 04 / 24 / 2003
Mailing Address 1199 Hadley Rd		Transaction ID: 15030805
City Moorestville	State IN	Zip Code 46158-1797
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Dr. Richard F Santora, MD		Date of Receipt M / D / Y Y Y Y 04 / 24 / 2003
Mailing Address 791D Frost St, #202		Transaction ID: 15030871
City San Diego	State CA	Zip Code 92123-2712
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 134 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Robert Scheinberg, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address Ste 130 8210 Walnut Hill Ln		Transaction ID: 15030920
City Dallas	State TX	Zip Code 75231
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Roman Scheutman, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 8273 Industrial Road		Transaction ID: 15030879
City Las Vegas	State NV	Zip Code 89118-3833
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. William B Stetson, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 1505 Willson Terrace Ste 200		Transaction ID: 15030881
City Glendale	State CA	Zip Code 91208-4071
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 135 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Edward Toriello, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 78-15 Eliot Ave		Transaction ID: 15030873
City	State	Zip Code
Middle Village	NY	11378-1300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Dr. Julie Wehner, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 916 Merry Lane		Transaction ID: 15030826
City	State	Zip Code
Oak Brook	IL	60523-1422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 475.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 725.00	

Full Name (Last, First, Middle Initial) C. Dr. Bruce M Albert, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 18300 Sand Canyon Ave, #801		Transaction ID: 15030891
City	State	Zip Code
Invine	CA	92618-5709
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1975.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 136 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Bruce M Albert, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 16300 Sand Canyon Ave, #901		Transaction ID: 15030892
City	State	Zip Code
Inline	CA	92618-3709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Dr. Brant Allen, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 4760 W. Sunset Blvd.		Transaction ID: 15030823
City	State	Zip Code
Los Angeles	CA	90027-6063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Dr. James B Benjamin, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 3395 North Campbell Ave		Transaction ID: 15030824
City	State	Zip Code
Tucson	AZ	85719-2308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1450.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 137 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Daniel J Berry, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address Mayo Clinic 200 First St SW		Transaction ID: 15030895
City Rochester	State MN	Zip Code 55905-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Mayo Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Clayton B Brandes, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 9536 NE 31st St		Transaction ID: 15030897
City Bellevue	State WA	Zip Code 98004-1736
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Proliance Surgeons	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. James L Christensen, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 555 N Arlington Ave		Transaction ID: 15030899
City Reno	State NV	Zip Code 89503-4723
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: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 138 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Ron Clark, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address Valparaiso Ortho Clinic 2501 Cumberland Dr		Transaction ID: 15031058
City Valparaiso	State IN	Zip Code 46383
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Valparaiso Orthopaedic Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Donald Mark Arms, MD		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 207 Oak Park		Transaction ID: 15031058
City Mc Minnville	State TN	Zip Code 37110-1336
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Kenneth E DeHaven, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 601 Elmwood Ave Box 885		Transaction ID: 15031089
City Rochester	State NY	Zip Code 14642-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Univ. Rochester Sch. Med.-/Dent.	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	1350.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 130 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. John W Durham, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address Northern Arizona Orthopaedics, Ltd 1485 N Turquoise Dr Ste 200		Transaction ID: 15031064
City Flagstaff	State AZ	Zip Code 86001-1481
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Northern Arizona Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert C Durkin, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address Kapiolani Medical Center 1319 Punahou St Ste 630		Transaction ID: 15031062
City Honolulu	State HI	Zip Code 96826
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. David P Fisher, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 627 25 1/2 Road		Transaction ID: 15031152
City Grand Junction	State CO	Zip Code 81505-1001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Rocky Mountain Orthopaedic Assn	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 140 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Ray M Fitzgerald, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 17270 Red Oak Dr, #200		Transaction ID: 15031157
City Houston	State TX	Zip Code 77060-2632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer KSF Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Bruce E Fredrickson, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 550 Harrison Ctr Ste 130		Transaction ID: 15031075
City Syracuse	State NY	Zip Code 13202-3066
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Leroy Robert Fullerton, Jr, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 811 13th Street Ste 2D Bldg 3		Transaction ID: 15031121
City Augusta	State GA	Zip Code 30501-2700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates of Augusta	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 141 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Andrew Paul Gerken, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 1808 Port Kimberly		Transaction ID: 15031065
City Newport Beach	State CA	Zip Code 92660-6620
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Newport Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Martin Gillespie, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 2414 Harbor Island Dr		Transaction ID: 15031112
City New Bern	State NC	Zip Code 28562-7376
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Gautham Gondl, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 2019 Tate Springs Road		Transaction ID: 15031132
City Lynchburg	State VA	Zip Code 24501-1119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Central Virginia Orthopedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 142 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Sean Meneghello Griggs, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 19 Friendship St #340		Transaction ID: 15031086
City Newport	State RI	Zip Code 02840-2200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UCI	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert A Gurtler, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 2192 Wagon Trail Rd		Transaction ID: 15031114
City White Heath	State IL	Zip Code 61884-9314
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Robert J Hagen, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 1411 South Creasy Lane Suite 120		Transaction ID: 15031115
City Lafayette	State IN	Zip Code 47505-7433
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Lafayette Orthopaedic Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 143 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Elliot Hershman, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 130 E 77th St 7th Floor		Transaction ID: 15031096
City New York	State NY	Zip Code 10021-1851
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Manhattan Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Eric Dunaway Hoffman, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 33 Sewall St PO Box 1260		Transaction ID: 15031085
City Portland	State ME	Zip Code 04102-2638
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates of Portland	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Raymond L Horwood, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 1575 Balmoral Way		Transaction ID: 15031118
City Westlake	State OH	Zip Code 44145-2418
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Associates, Inc	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 144 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. John W Hower, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address P O Box 1808		Transaction ID: 15031106
City Twin Falls	State ID	Zip Code 83303-1808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Twin Falls Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. James F Kayvanfar, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address Orthopaedic & Spinal Surgery 24318 Walnut St		Transaction ID: 15031102
City Santa Clarita	State CA	Zip Code 91321
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Robert A Kelly, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 440 Barnett Pkwy, #55		Transaction ID: 15031080
City Kennesaw	State GA	Zip Code 30144-4518
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 145 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. John S Kirkpatrick, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 940 Faculty Office Tower 510 20th Street South		Transaction ID: 15031095
City Birmingham	State AL	Zip Code 35294-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Univ of Alabama at Birmingham	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Michael S LaDouceur, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 5653 Frist Blvd Ste 731		Transaction ID: 15031133
City Hermitage	State TN	Zip Code 37076-2062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael D Lahay, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 3057 S Whitpost Way		Transaction ID: 15031128
City Eagle	State ID	Zip Code 63618-6462
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Primary Health, Inc	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 146 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. David Leffers, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 3808 Beach Dr		Transaction ID: 15031140
City Tampa	State FL	Zip Code 33629-8222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Florida Orthopaedic Institute	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. David M Linner, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 834B Mercer		Transaction ID: 15031081
City Houston	State TX	Zip Code 77005-3346
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Baylor College of Medicine	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Dr. Raphael G F Longobardi, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 82 Old Tappan		Transaction ID: 15031072
City Old Tappan	State NJ	Zip Code 07675-7434
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Northern Jersey Orthopedic Center, PA	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 147 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Howard J Luks, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 36 Fieldstone Dr		Transaction ID: 15031088
City Katonah	State NY	Zip Code 10536-3342
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Ralf S Luloff, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 252D Betty Ct		Transaction ID: 15031079
City Green Bay	State WI	Zip Code 54301-1815
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Prevas Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael M Lynch, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 40 Cross St		Transaction ID: 15031122
City Norwalk	State CT	Zip Code 06851-4847
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Coastal Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 148 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Robert R Madigan, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address PD Box 51090		Transaction ID: 15031091
City Knoxville	State TN	Zip Code 37850-1090
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Southeastern Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Karen Jane McRea, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 11 University Pl		Transaction ID: 15031107
City Johnson City	State TN	Zip Code 37604-6590
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Watauga Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Gordon M Mead, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address P O Box 51455		Transaction ID: 15031148
City Shreveport	State LA	Zip Code 71135-1455
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 149 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Evangelos Merganotis, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 96 Edgewood Ave		Transaction ID: 15031118
City Clifton	State NJ	Zip Code 07012-1515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Clifton Orthopaedics PA	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Dr. R Kent Mosaman, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 2475 Mel Curry Rd		Transaction ID: 15031156
City Bloomington	State IN	Zip Code 47408-9327
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Dr. William C Nesh, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 1113 Woodland Dr		Transaction ID: 15031108
City Elizabethtown	State KY	Zip Code 42701-2797
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Elizabethtown Orthopaedic Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 150 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Peter O Newton, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 303D Children's Way, #410		Transaction ID: 15031070
City San Diego	State CA	Zip Code 92123-4228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Children's Specialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Dr. Glenn W Nichols, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 200 Medical Pkwy, #111		Transaction ID: 15031120
City Chesapeake	State VA	Zip Code 23320-4911
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Jacob M O'Neill, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 471 Klutzy Park Plaza Dr		Transaction ID: 15031142
City Henderson	State KY	Zip Code 42420-5347
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Henderson Orthopaedic Medical Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 151 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. John M Osewski, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 135 Bramble Brook Rd		Transaction ID: 15031067
City Ardsley	State NY	Zip Code 10502-2206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Carlo A Orlando, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 319 Wonderview Dr		Transaction ID: 15031092
City Glendale	State CA	Zip Code 91202-1145
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer AOS	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Anthony V Patroski, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 310 Passaic Ave		Transaction ID: 15031155
City Spring Lake	State NJ	Zip Code 07762-1341
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Institute of Central Jersey	Occupation Orthopaedic Surgeon	
Receipt For: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 152 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Thomas J Pejunas, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 896 Ashley Rd		Transaction ID: 15031078
City	State	Zip Code
Santa Barbara	CA	93108-1059
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Matthew C Reckmeyer, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address Lincoln Ortho Ctr 8800 A Street		Transaction ID: 15031110
City	State	Zip Code
Lincoln	NE	68510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Lincoln Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Charles R Reha, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 6 Harding Ct		Transaction ID: 15031093
City	State	Zip Code
Easton	PA	18045-2581
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 153 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Jeffrey Roberts, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 24723 Detroit Rd		Transaction ID: 15031150
City Westlake	State OH	Zip Code 44145-2546
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Steven Douglas K. Ross, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address Dept of Orthopaedics-UCI 101 City Drive South		Transaction ID: 15031071
City Orange	State CA	Zip Code 92868
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UCI	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Benjamin D Rubin, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address Orthopaedic Specialty Institute 280 S. Main		Transaction ID: 15031083
City Orange	State CA	Zip Code 92868
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Specialty Institute	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 154 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Michael P Rubinstein, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 1801 W Romneya Dr, #208		Transaction ID: 15031147
City Anaheim	State CA	Zip Code 92801-1825
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Charles M Rubend, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 1507 Severncroft Road		Transaction ID: 15031069
City Annapolis	State MD	Zip Code 21401-5811
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Anna Arundel Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. George V Russell, Jr. MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address Univ of Mississippi Medical Center Dept of Ortho Surgery		Transaction ID: 15031145
City Jackson	State MS	Zip Code 39210-4505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UMC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 155 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Miguel Antonio Schmitz, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 800 Hillside Avenue		Transaction ID: 15031103
City Klamath Falls	State OR	Zip Code 97601-2214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Dr. Scott Beecher Sculchfield, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 1591 Lexington Rd		Transaction ID: 15031151
City Danville	State KY	Zip Code 40422-9795
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Stewart Shanfield, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 101 Laguna Rd, #A		Transaction ID: 15031143
City Fullerton	State CA	Zip Code 92835-3688
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Fullerton Orthopedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 156 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. David W Sherton, Jr. MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 3134 Sycamore Ln		Transaction ID: 15031109
City	State	Zip Code
Billings	MT	59102-0524
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Montana Orthopaedic & Sports Medicine	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. John J Siegert, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address PO Box 170653		Transaction ID: 15031141
City	State	Zip Code
Milwaukee	WI	53217-8056
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 475.00
Name of Employer Hand Doctors of Milwaukee, SC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) C. Dr. Mark J Ginnreth, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address Extremity Preservation, Inc 4701 Meridian Ave		Transaction ID: 15031077
City	State	Zip Code
Miami Beach	FL	33140-2510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Extremity Preservation, Inc	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	▶	1225.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 157 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Robert R Slater, Jr, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 2057 Boulder Mine Way		Transaction ID: 15031119
City Gold River	State CA	Zip Code 95670-8365
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kaiser Permanente	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Philip Alan Sobel, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 861 B S Sepulveda Blvd		Transaction ID: 15031154
City Los Angeles	State CA	Zip Code 90045-4005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Robert B Stephenson, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 4550 Lee Highway PO Box 1617		Transaction ID: 15031144
City Dublin	State VA	Zip Code 24084-1617
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Valley Orthopaedics & Sports Medicine.	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 158 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Susan M Swank, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address Spine Center 12401 Washington Blvd		Transaction ID: 15031066
City Whittier	State CA	Zip Code 90602-1006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PIH/Spine Ctr	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Owen Britt Tabor, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 8005 Park Ave, #608		Transaction ID: 15031113
City Memphis	State TN	Zip Code 38119-5216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tabor Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. James R Urbaniak, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address Duke Orthopaedic Surgery Duke Hospital South -Trent Drive		Transaction ID: 15031125
City Durham	State NC	Zip Code 27710-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Duke University	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 150 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Bradley N Water, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 100 Mimosa Dr PO Box 2968		Transaction ID: 15031124
City Thomasville	State GA	Zip Code 31792-6676
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Thomasville Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Christopher S Wilson, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 855D W 38th Ave, #108		Transaction ID: 15031136
City Wheat Ridge	State CO	Zip Code 80033-4341
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 475.00
Name of Employer Hand Specialists, PC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael Joseph Young, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address PO Box 22150		Transaction ID: 15031088
City Hot Springs	State AR	Zip Code 71503-2150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Associates of Hot Springs	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1225.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 160 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. David W Aiken, Jr, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 4224 Houma Blvd, #650		Transaction ID: 15031101
City Metairie	State LA	Zip Code 70006-2877
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Marc Addison Asher, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address Univ Of Kansas Med Ctr 3801 Rainbow Blvd		Transaction ID: 15031123
City Kansas City	State KS	Zip Code 66160-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kansas Univ Surgical Assn.	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Gregory J Austin, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 725 Reservoir Ave, #101		Transaction ID: 15031111
City Cranston	State RI	Zip Code 02910-4450
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Assoc. Inc.	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 161 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Jeffrey A. Baum, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 200 Delafield Rd Ste 1040		Transaction ID: 15031099
City Pittsburgh	State PA	Zip Code 15215-3234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Three Rivers Orthopaedics Associates U	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Barry P. Boden, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address The Ortho Center 9711 Medical Center Dr		Transaction ID: 15031076
City Rockville	State MD	Zip Code 20850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Dr. Clifford K. Boase, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address Miller Orthopaedic One Edmundson Place		Transaction ID: 15031148
City Council Bluffs	State IA	Zip Code 51503-4843
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Miller Orthopaedic Affiliates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 162 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Alberto Antonio Bolanos, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 50 South San Mateo Drive Suite 470		Transaction ID: 15031131
City San Mateo	State CA	Zip Code 94401-3857
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Raymond J Boniface, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 835 McKay Ct #100		Transaction ID: 15031139
City Youngstown	State OH	Zip Code 44512-5786
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Donald William Bryan, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 4403 Harrison Blvd Suite 2800		Transaction ID: 15031135
City Ogden	State UT	Zip Code 84403-5271
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 163 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Peter Capicotta, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 813 Wild Mallard Trail		Transaction ID: 15031117
City Webster	State NY	Zip Code 14580-1570
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Greater Rochester Orthopaedic PC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Terry A. Clyburn, MD		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address UT Houston Medical School Dept of Orthopaedic Surgery		Transaction ID: 15031105
City Houston	State TX	Zip Code 77030-1501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UT Houston Medical School	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Dr. Thomas F Gleason, MD		Date of Receipt M / D / Y 05 / 07 / 2003
Mailing Address 734 Raleigh Road		Transaction ID: 15031181
City Glenview	State IL	Zip Code 60025-4328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Illinois Bone & Joint Institute	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 164 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Robert S Garab, MD		Date of Receipt M / D / Y 05 / 07 / 2003
Mailing Address Orthopaedic Specialty Inst 280 S Main St Ste 200		Transaction ID: 15032362
City Orange	State CA	
Zip Code 92868	FEC ID number of contributing federal political committee. C	
Name of Employer Orthopaedic Specialty Institute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Lowry Jones, Jr, MD		Date of Receipt M / D / Y 05 / 07 / 2003
Mailing Address 3651 College Blvd.		Transaction ID: 15032371
City Leawood	State KS	
Zip Code 66211-1910	FEC ID number of contributing federal political committee. C	
Name of Employer Dickson Divalek Midwest Ortho Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Steven R. Kassman, MD		Date of Receipt M / D / Y 05 / 07 / 2003
Mailing Address 444 W Osborn Rd Ste 200		Transaction ID: 15032368
City Phoenix	State AZ	
Zip Code 85013-3814	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 165 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Randall J Lewis, MD		Date of Receipt M / D / Y 05 / 07 / 2003
Mailing Address 2021 K St NW Ste 400		Transaction ID: 15032377
City Washington	State DC	Zip Code 20006-1009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Doctors Lewis, Unger and Barth	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Stephan B Lowe, MD		Date of Receipt M / D / Y 05 / 07 / 2003
Mailing Address 170 Kimel Park Dr		Transaction ID: 15032375
City Winston-Salem	State NC	Zip Code 27103-6946
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Gregg Louis Measnell, MD		Date of Receipt M / D / Y 05 / 07 / 2003
Mailing Address 704 West Grove Ste 5		Transaction ID: 15032365
City El Dorado	State AR	Zip Code 71730-4469
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: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 166 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Leland R Meyer, MD		Date of Receipt M / D / Y 05 / 07 / 2003
Mailing Address S 5841 Hwy B		Transaction ID: 15032967
City Eau Claire	State WI	Zip Code 54701
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Stephen M McCollam, MD		Date of Receipt M / D / Y 05 / 07 / 2003
Mailing Address 2001 Peachtree Rd #705		Transaction ID: 15031159
City Atlanta	State GA	Zip Code 30309-1476
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Peachtree Orthopaedic Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. David R Olson, MD		Date of Receipt M / D / Y 05 / 07 / 2003
Mailing Address 920 E 28th St #600		Transaction ID: 15032382
City Minneapolis	State MN	Zip Code 55407-1134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopedic Medicine & Surgery LTD	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 167 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Audie M Rohick, MD		Date of Receipt M / D / Y 05 / 07 / 2003
Mailing Address 348D Derby Ln		Transaction ID: 15032370
City Weston	State FL	Zip Code 33331-3509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. John R Rowel, Jr, MD		Date of Receipt M / D / Y 05 / 07 / 2003
Mailing Address Piedmont Ortho Assoc 35 International Dr		Transaction ID: 15031160
City Greenville	State SC	Zip Code 29615-4816
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Donald I Satzner, MD		Date of Receipt M / D / Y 05 / 07 / 2003
Mailing Address 10 Crossroads Drive Suite 210		Transaction ID: 15032363
City Owings Mills	State MD	Zip Code 21117-5458
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 168 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Noah Daniel Weiss, MD		Date of Receipt M / D / Y 05 / 07 / 2003
Mailing Address 357 Perkins St		Transaction ID: 15032369
City Sonoma	State CA	Zip Code 95476-6826
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Courtenay S Whitman, MD		Date of Receipt M / D / Y 05 / 07 / 2003
Mailing Address 800 Chatham Med Park		Transaction ID: 15032374
City Elkin	State NC	Zip Code 28621-2484
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Charles M Younger, MD		Date of Receipt M / D / Y 05 / 07 / 2003
Mailing Address 2000 W Cuthbert		Transaction ID: 15032378
City Midland	State TX	Zip Code 79701-5728
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 169 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Champ L Baker, Jr, MD		Date of Receipt M / D / Y 05 / 07 / 2003
Mailing Address 8282 Veterans Parkway PO Box 9517		Transaction ID: 15032361
City Columbus	State GA	Zip Code 31909-3540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hughston Orthopaedic Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Frederick E Benedict, MD		Date of Receipt M / D / Y 05 / 07 / 2003
Mailing Address 1108 Dresser Ct		Transaction ID: 15032364
City Raleigh	State NC	Zip Code 27609-7328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Capital Orthopedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Eugene J Chlweck, MD		Date of Receipt M / D / Y 05 / 07 / 2003
Mailing Address 730 S Main Street		Transaction ID: 15032373
City Old Forge	State PA	Zip Code 18518-1459
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 170 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Michael R. Cain, MD		Date of Receipt M / D / Y 05 / 07 / 2003
Mailing Address: 8 Greenwich Office Park		Transaction ID: 15032968
City: Greenwich	State: CT	Zip Code: 06831-5151
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Doreen DiPasquale, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address: 110 Irving St, N.W., #3B2B		Transaction ID: 15032449
City: Washington	State: DC	Zip Code: 20010-2976
FEC ID number of contributing federal political committee: C		Amount of Each Receipt this Period: 1000.00
Name of Employer: Self Employed	Occupation: Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Leslie P. Dean, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address: 3260 Providence Dr #200		Transaction ID: 15032392
City: Anchorage	State: AK	Zip Code: 99508-4803
FEC ID number of contributing federal political committee: C		Amount of Each Receipt this Period: 500.00
Name of Employer: Anchorage Fracture & Orthopaedic Clinic	Occupation: Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 171 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Juliet M DeCampos, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 9400 University Pkwy, #309		Transaction ID: 15032411
City Pensacola	State FL	Zip Code 32514-5485
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Norman L Dunitz, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address St. John Wheeling Medical Bldg. 1819 S. Wheeling, #500		Transaction ID: 15032442
City Tulsa	State OK	Zip Code 74104-5634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Tulsa Bone and Joint Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Bruce T Faure, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 6849 W Ridgeview Dr		Transaction ID: 15032458
City Mequon	State WI	Zip Code 53092-1008
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: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 172 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. John English Feighan, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 228D Harcourt Dr		Transaction ID: 15032414
City Cleveland Heights	State OH	Zip Code 44106-4610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Jonathan P Garino, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address Dept of Orthopaedics Univ of PA		Transaction ID: 15032409
City Philadelphia	State PA	Zip Code 19104-4271
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University of Pennsylvania	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. James O Gemmer, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 11 Country Club Dr		Transaction ID: 15032407
City Fairfield	State CA	Zip Code 94534-1305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 173 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. J Randy Gipple, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 1225 S Gear Ave Ste 159		Transaction ID: 15032451
City West Burlington	State IA	Zip Code 52655-1686
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Vaughn G Gooding, Jr, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 120 Centerville Rd		Transaction ID: 15032428
City Warwick	State RI	Zip Code 02886-4336
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Dr. Dennis H Gordon, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 1151 East 3900 S, #175B		Transaction ID: 15032439
City Salt Lake City	State UT	Zip Code 84124-1255
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 174 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Lee Booth Grant, Jr, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 2500 E Prospect Rd		Transaction ID: 15032422
City Fort Collins	State CO	Zip Code 80525-9773
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Center of the Rockies	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas Jeffrey Green, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 1 Dunwoody Dr		Transaction ID: 15032399
City Carlisle	State PA	Zip Code 17013-9565
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Martin Jacob Greenberg, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 918 Merry Ln		Transaction ID: 15032453
City Oak Brook	State IL	Zip Code 60523-1422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 475.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 725.00	

SUBTOTAL of Receipts This Page (optional)	1975.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 175 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Kenneth K Ishize, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 12705 Corte Cordillera		Transaction ID: 15032458
City Salinas	State CA	Zip Code 93908-8842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Dr. Edward M Jaffe, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 720 SW 2nd Ave, #360		Transaction ID: 15032386
City Gainesville	State FL	Zip Code 32601-1213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Ortho Ctr of North Central Florida	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Lee Matthew Jones, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address PO Box 130367		Transaction ID: 15032398
City Tyler	State TX	Zip Code 75713-0367
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 176 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Francis Burns Kelly, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 1800 Forsyth St		Transaction ID: 15032455
City Macon	State GA	Zip Code 31201-1408
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Forsyth St Orthopaedic Surgery & Rehab	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. William A Leone, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 3111 NE 27th Ave		Transaction ID: 15032390
City Lighthouse Point	State FL	Zip Code 33064-8107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Holy Cross Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Lawrence Leventhal, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 801 W Temple Ave		Transaction ID: 15032429
City Effingham	State IL	Zip Code 62401-2168
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 177 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Thomas M Loeb, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 4003 Kresge Way Ste 22B		Transaction ID: 15032412
City Louisville	State KY	Zip Code 40207-4652
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Orthopaedic Specialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Dr. Daniel J Marlin, Jr, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 621 S New Ballas, #5015		Transaction ID: 15032420
City Saint Louis	State MO	Zip Code 63141-6232
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Charles J Maluszak, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 10473 Saint Andrews Rd		Transaction ID: 15032408
City Boynton Beach	State FL	Zip Code 33438-4419
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopedic Center of Palm Beach City	Occupation Orthopaedic Surgeon	
Receipt For: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 178 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Gary Mark McClain, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 2055 N Military Tr Ste 303		Transaction ID: 15032421
City Jupiter	State FL	Zip Code 33458-7801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Joseph M McGraw, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 4045 W Royal		Transaction ID: 15032436
City Traverse City	State MI	Zip Code 49684-8865
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Great Lakes Orthopaedic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Scott A Meyer, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 411 Laurel St #3300		Transaction ID: 15032423
City Des Moines	State IA	Zip Code 50314-5017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Iowa Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 179 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Eric A Manesmith, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 521 B NEW JERSEY		Transaction ID: 15032431
City Indianapolis	State IN	Zip Code 46220-3048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer OrthoIndy	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Kenneth L Moore, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 1228 1/2 Trotwood Ave		Transaction ID: 15032387
City Columbia	State TN	Zip Code 38401-6430
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Mid-Tennessee Bone & Joint Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey M Nakano, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 627 25 1/2 Road		Transaction ID: 15032400
City Grand Junction	State CO	Zip Code 81505-1001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Rocky Mountain Orthopaedic Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 180 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. John L Nehil, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address Audubon Medical Plaza, #64D 3 Audubon Plaza Dr		Transaction ID: 15032424
City Louisville	State KY	Zip Code 40217-1387
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Bradley James Nelson, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address MCUD--SS-ORT Keller Army Community Hospital		Transaction ID: 15032413
City West Point	State NY	Zip Code 10966
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer US Army	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. James H Nutt, III, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 130B DeKalb St		Transaction ID: 15032459
City Norristown	State PA	Zip Code 19401-5400
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Norristown Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 181 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Larry Parker, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 8 Asbury Road SE		Transaction ID: 15032432
City Huntsville	State AL	Zip Code 35801-1102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sportsmed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. John R Payne, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 801 Leighton Ave. Suite 402		Transaction ID: 15032401
City Anniston	State AL	Zip Code 36207-5700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Anniston Orthopaedics Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. K Thomas Relehard, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 4001 Kresge Way, #100		Transaction ID: 15032403
City Louisville	State KY	Zip Code 40207-4840
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Louisville Bone & Joint Specialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 182 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Robert Riedeman, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 8080 Falls Rd, #203		Transaction ID: 15032427
City Baltimore	State MD	Zip Code 21208-2498
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Christopher C Schmidt, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 11 Murfield Ct		Transaction ID: 15032415
City Bridgeville	State PA	Zip Code 15017-1074
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) C. Dr. Douglas R Schreiber, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 1020 Independence Blvd Ste 308		Transaction ID: 15032404
City Virginia Beach	State VA	Zip Code 23455-5500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 475.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

SUBTOTAL of Receipts This Page (optional)	▶	1725.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 183 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. William E Schreiber, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address Azalea Orthopaedic and Sports Medi 1805 Donnybrook		Transaction ID: 15032405
City Tyler	State TX	Zip Code 75701-1854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Azalea Orthopaedic & Sports Medicine, P	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert T Semba, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 7800 W College Drive		Transaction ID: 15032434
City Palos Heights	State IL	Zip Code 60463-1001
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Matthew S Shapiro, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address Ortho Healthcare NW 1200 Hilyard, Ste 600		Transaction ID: 15032385
City Eugene	State OR	Zip Code 97401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer OHN	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 184 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Jeffrey J Soldais, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address New England Ortho Surgeons 10 Main St		Transaction ID: 15032393
City Florence	State MA	Zip Code 01062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer New England Ortho Surgeons	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. Dr. Lyla Sorensen, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 1100 9th Ave PO Box 980		Transaction ID: 15032441
City Seattle	State WA	Zip Code 98101-2739
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Virginia Mason Medical Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Stephen G Taylor, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 6001 Westown Pkwy		Transaction ID: 15032480
City West Des Moines	State IA	Zip Code 50266-7702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Des Moines Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 185 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. George H Thompson, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 11100 Euclid Ave		Transaction ID: 15032461
City Cleveland	State OH	Zip Code 44106-1736
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Audrey K Teas, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 2500 N State St Dept Orthopaedics		Transaction ID: 15032462
City Jackson	State MS	Zip Code 39216-4500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Univ. of Mississippi Medical Ctr.	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael B Vessey, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 1581 Chandler Rd		Transaction ID: 15032447
City Lake Oswego	State OR	Zip Code 97034-2811
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Kaiser Permanente	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 186 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Michael William Weiss, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 9104 Babcock Blvd, #2120		Transaction ID: 15032425
City Pittsburgh	State PA	Zip Code 15237-5818
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert F Weiss, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 1200 Brooks Ln Ste G20		Transaction ID: 15032391
City Clairton	State PA	Zip Code 15025-3748
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. J Crista Yelon, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 471 Klutzy Park Plaza Drive		Transaction ID: 15032430
City Henderson	State KY	Zip Code 42420-5347
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 187 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Daniel T Altman, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address Tri Rivers Surgical Assoc 9104 Babcock Blvd Ste 2120		Transaction ID: 15032438
City Pittsburgh	State PA	Zip Code 15237
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. M Scott Beall, Jr, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 1010 Carondelet Dr, #428		Transaction ID: 15032395
City Kansas City	State MO	Zip Code 64114-4866
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Jack G Beall, Jr, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 657 Del Prado Blvd		Transaction ID: 15032450
City Cape Coral	State FL	Zip Code 33900-2668
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 188 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Timothy Lamar Beck, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 3414 Golden Rd		Transaction ID: 15032397
City	State	Zip Code
Tyler	TX	75701-8336
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Azalea Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Steven Berkowitz, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 204D Sixth Ave		Transaction ID: 15032389
City	State	Zip Code
Neptune	NJ	07753-6101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Seaview Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. David A. Bamstein, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address New Mexico Orthopaedics 201 Cedar SE Ste 860D		Transaction ID: 15032398
City	State	Zip Code
Albuquerque	NM	87108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer New Mexico Orthopaedic As- sociates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 180 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Thomas R Bielejeski, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 1901 N California St		Transaction ID: 15032440
City Stockton	State CA	Zip Code 95204-6098
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Stockton Orthopaedic Medical Group, Inc	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert S Block, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 332 Dewey St		Transaction ID: 15032437
City Bennington	State VT	Zip Code 05201-2225
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Taconic Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Robert H Bkoff, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 1414 W Fair Ave Ste 149		Transaction ID: 15032418
City Marquette	State MI	Zip Code 49855-2675
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Surgery Associates of Marq	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 180 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Stephen L Brenneke, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 351 D N E 122nd, #103		Transaction ID: 15032416
City Portland	State OR	Zip Code 97230-1500
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. John J Brasnan, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 250B Saddlebrook Dr		Transaction ID: 15032433
City Vestal	State NY	Zip Code 13850-2941
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Courtney W Brown, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address Panorama Orthopedics 660 Golden Ridge Road		Transaction ID: 15032445
City Golden	State CO	Zip Code 80401-9541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Panorama Ortho Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 181 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. John P Buckley, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address PD Box 2447		Transaction ID: 15032426
City Tuscaloosa	State AL	Zip Code 35403-2447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Dwight W Bumes, III, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address New Mexico Orthopaedics 201 Cedar SE Ste 8600		Transaction ID: 15032443
City Albuquerque	State NM	Zip Code 87106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer New Mexico Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Paul A Goble, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 201 E Orangeburg Ave, #F		Transaction ID: 15032408
City Modesto	State CA	Zip Code 95350-5355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Cecil M Christensen, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 1200 Binz, #143D		Transaction ID: 15032417
City Houston	State TX	Zip Code 77004-6847
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Park Plaza Orthopaedic Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Clifford W Colwell, Jr, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 11025 N Torrey Pines Rd Ste 140		Transaction ID: 15032446
City La Jolla	State CA	Zip Code 92037-1030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Scripps Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Shannon E Cooks, MD		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 1749 Pine		Transaction ID: 15032410
City Abilene	State TX	Zip Code 79601-5043
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 183 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Jerald L Cooper, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 7801 W. Jefferson Blvd.		Transaction ID: 15032467
City Fort Wayne	State IN	Zip Code 46804-4133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 475.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) B. Dr. Randolph Copeland, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 1809 Red Rock Dr		Transaction ID: 15031486
City Gallup	State NM	Zip Code 87301-5651
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer US Public Health Service, IHS	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Leonidhar Diven, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 6254 97th Pl Ste 2H		Transaction ID: 15032478
City Reno Park	State NY	Zip Code 11374-1348
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 184 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Jack W Crossland, III, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 5405 S 500 East, #203		Transaction ID: 15031491
City	State	Zip Code
Ogden	UT	84405-7417
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ogden Orthopaedic Specialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Dr. Paul H DeHean, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 1110 N Green St Ste B		Transaction ID: 15031504
City	State	Zip Code
Mc Henry	IL	60050-5775
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. John Henry Doherty, Jr. MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 746 Jefferson Ave, #102		Transaction ID: 15032473
City	State	Zip Code
Scranton	PA	18510-1624
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Professional Orthopaedic Associates, L	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 185 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. John T Duddy, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 2741 DeBarr Rd Ste C305		Transaction ID: 15031492
City Anchorage	State AK	Zip Code 99508-2863
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Gary E Friedlaender, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address Yale Univ School of Med PO Box 208071		Transaction ID: 15032472
City New Haven	State CT	Zip Code 06520-8071
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Yale University	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Victor Goldberg, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 11100 Euclid Ave		Transaction ID: 15031505
City Cleveland	State OH	Zip Code 44108-1738
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UHC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 186 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Michael P Grant, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 708 Rider Ridge Dr		Transaction ID: 15031507
City Longmont	State CO	Zip Code 80501-4695
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Longmont Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Larry D Haron, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 862 Meinecke Ave, #100		Transaction ID: 15032480
City San Luis Obispo	State CA	Zip Code 93405-3701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Central Coast Orthopaedic Medical Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Shelton G Hopkins, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 7777 Forest Lane C106		Transaction ID: 15031487
City Dallas	State TX	Zip Code 75230-6831
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 187 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Ghaleb Arthur Hussein, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address Olympia Orthopaedic Associates PO Box 368		Transaction ID: 15031493
City Olympia	State WA	Zip Code 98506-0368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Olympia Orthopaedic Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Brent M Johnson, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address PO Box 21369 4064 Postal Dr. SW		Transaction ID: 15032481
City Roanoke	State VA	Zip Code 24018-0546
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. John D Kelly, IV, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address Temple University Hospital 3400 N Broad Street		Transaction ID: 15032491
City Philadelphia	State PA	Zip Code 19140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Temple University	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 188 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Jerold E Lancourt, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 7777 Forest Ln		Transaction ID: 15031494
City	State	Zip Code
Dallas	TX	75230-2505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer North Dallas Ortho & Rehab	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Charles Louis Letvin, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address Illinois Bone & Joint Institute 2101 Waukegan Rd. #100		Transaction ID: 15031489
City	State	Zip Code
Bannockburn	IL	60015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 475.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) C. Dr. David A Lewis, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 12522 E Lambert Rd, Ste A		Transaction ID: 15032478
City	State	Zip Code
Whittier	CA	90608-2758
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Marc I Maberg, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 1527 State Hwy 27, #1300		Transaction ID: 15031495
City Somerset	State NJ	Zip Code 08873-2079
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Center of N.J.	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas Wendell Marshall, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 940 N Marr Rd		Transaction ID: 15031496
City Columbus	State IN	Zip Code 47201-2609
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Southern Indiana Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. William A Matrese, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 342 Hamburg Tpke		Transaction ID: 15031488
City Wayne	State NJ	Zip Code 07470-2162
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 200 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. William Keith McKibbin, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 129 Skyview Dr		Transaction ID: 15031497
City Asheville	State NC	Zip Code 28804-2720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Blue Ridge Bone & Joint Clinic, PA	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert Cameron More, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 8 Sand Hill Rd Ste 102		Transaction ID: 15031476
City Flemington	State NJ	Zip Code 08822-4946
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hunterdon Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Alan H Morris, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 831B Kingsbury Blvd		Transaction ID: 15031477
City Clayton	State MO	Zip Code 63105-3628
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Metropolitan Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 201 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. John W Nable, Jr. MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 1717 Oak Park Blvd 3rd Floor		Transaction ID: 15032495
City Lake Charles	State LA	Zip Code 70601-8891
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Center for Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Charles Erik Nye, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 9119 W 74th St, #20D Midwest Orthopaedics P A		Transaction ID: 15032485
City Shawnee Mission	State KS	Zip Code 66204-2229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Midwest Orthopaedics PA	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Ray Payne, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 230 Clearfield Ave Ste 124		Transaction ID: 15031498
City Virginia Beach	State VA	Zip Code 23462-1832
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Atlantic Orthopedic Specialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 202 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Paul C Perlik, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 1915 Randolph Rd		Transaction ID: 15031510
City Charlotte	State NC	Zip Code 28207-1113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Charlotte Orthopaedic Specialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert Reeve, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 3808 Woodcrest Rd		Transaction ID: 15032486
City Temple	State TX	Zip Code 76502-2140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Daniel D Rhoads, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address Albany Orthopaedic Center 2100 Palmyra Rd		Transaction ID: 15032470
City Albany	State GA	Zip Code 31701-1320
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Albany Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 203 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Jory Richman, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 9104 Babcock Blvd. Suite 2120		Transaction ID: 15032469
City Pittsburgh	State PA	Zip Code 15237-5818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mercy Hospital	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Ronald R Romanelli, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address Ortho Center of Illinois Ste 150		Transaction ID: 15032487
City Springfield	State IL	Zip Code 62704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Center of Ill- inois	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Lee M Schmidt, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 6565 N Charles St #606		Transaction ID: 15032488
City Baltimore	State MD	Zip Code 21204-5801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Specialists of Maryland	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 204 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Glen D Shapiro, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address PD Box 5001 3073 Main Street		Transaction ID: 15032489
City North Conway	State NH	Zip Code 03860-5001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Richard S Sherman, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 2101 Waukegan Rd Ste 110		Transaction ID: 15032465
City Bannockburn	State IL	Zip Code 60015-1836
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 475.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) C. Dr. Joseph H Sklar, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 300 Birnie Avenue		Transaction ID: 15031480
City Springfield	State MA	Zip Code 01107-1107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer N.E. Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	▶	1225.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 205 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. John W Staeheli, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 875 Swift Blvd		Transaction ID: 15032490
City Richland	State WA	Zip Code 99352-3592
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert A Stanton, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address Ortho Specialty Group 75 Kings Highway Cutoff		Transaction ID: 15031499
City Fairfield	State CT	Zip Code 06430
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Specialty Gro- up PC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Thomas H Thompson, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 250B N W Medical Park Dr		Transaction ID: 15031482
City Roseburg	State OR	Zip Code 97470-5505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 206 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Timothy Patrick Tyman, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 231 Granite Run Dr Lancaster Ortho Group		Transaction ID: 15031508
City Lancaster	State PA	Zip Code 17601-6823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. James H Van Olet, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 3955 NW Lincoln Ave		Transaction ID: 15032492
City Corvallis	State OR	Zip Code 97330-2359
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Michelle D Ward, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 8409 Wilson Ct		Transaction ID: 15031479
City Alta Loma	State CA	Zip Code 91701-1550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Garey Orthopedic Medical Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 207 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. William Charles Walters, III, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 8624 Fannin, #2800		Transaction ID: 15031500
City Houston	State TX	Zip Code 77030-2338
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas Woo, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address Ste 300 5255 East Stop 11 Road		Transaction ID: 15031474
City Indianapolis	State IN	Zip Code 46237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedics Indianapolis	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Robert T Wyker, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 3515 Glenwood Ave P O Box 10707		Transaction ID: 15031481
City Raleigh	State NC	Zip Code 27612-4568
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Raleigh Orthopaedic Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 208 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Charlotte E Alexander, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address Alexander Orthopaedics, PA 100 Hospital Dr Ste 100		Transaction ID: 15031501
City Ketchum	State ID	Zip Code 83340
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Alexander Orthopaedics, PA	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Edward J Adler, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 151B Plaza Encantada NW		Transaction ID: 15031503
City Albuquerque	State NM	Zip Code 87107-3255
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer New Mexico Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Thomas E Balar, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 105 N Greenleaf Street		Transaction ID: 15031475
City Gurnee	State IL	Zip Code 60031-5328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Greenleaf Orthopedic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 200 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. James A Bell, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 10 Bentley Rd		Transaction ID: 15032493
City Rancho Mirage	State CA	Zip Code 92270-1626
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. David F Bindeglass, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 75 Kings Highway Cutoff		Transaction ID: 15031490
City Fairfield	State CT	Zip Code 06824-5340
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Specialty Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Dr. James C Binstel, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 1786 Kylemore Court		Transaction ID: 15031484
City Dayton	State OH	Zip Code 45459-1485
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 210 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Richard J Boal, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 875 Poplar Church Rd		Transaction ID: 15032494
City	State	Zip Code
Camp Hill	PA	17011-2208
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Samuel Capra, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 889 Alder Ave, #303		Transaction ID: 15032466
City	State	Zip Code
Incline Village	NV	89451-8213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Thomas A Carothers, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 10547 Montgomery Rd Ste 400		Transaction ID: 15031509
City	State	Zip Code
Cincinnati	OH	45242-4418
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tristate Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 211 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Arnold Keith Cohn, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 2101 Waukegan Rd Ste 110		Transaction ID: 15032475
City Bannockburn	State IL	Zip Code 60015-1836
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 475.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) B. Dr. Stephen E Conrad, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 1800 Sullivan Ave, #307		Transaction ID: 15031502
City Daly City	State CA	Zip Code 94015-2223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Peninsula Orthopaedic Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Bryan G Waxman, MD		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address IL Bone and Joint Institute, Ltd. 2101 Waukegan Road		Transaction ID: 15031508
City Bannockburn	State IL	Zip Code 60015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 475.00
Name of Employer IL Bone and Joint Institute	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 212 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Ray W Covington, MD		Date of Receipt M / D / Y Y Y Y 05 / 21 / 2003
Mailing Address 3500 Hillcrest Dr Ste 1		Transaction ID: 15031515
City Waco	State TX	Zip Code 76708-3144
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Waco Bone & Joint Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Michael David Danks, MD		Date of Receipt M / D / Y Y Y Y 05 / 21 / 2003
Mailing Address Orthopaedic Specialists of NV 701 S. Tonopah Drive		Transaction ID: 15031538
City Las Vegas	State NV	Zip Code 89106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Specialists of Nevada	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Joe L Gerold, MD		Date of Receipt M / D / Y Y Y Y 05 / 21 / 2003
Mailing Address 701 Richard M. Scruschy Pkwy		Transaction ID: 15031539
City Fairfield	State AL	Zip Code 35064-2699
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 213 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Benjamin Gull, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address 3366 Oakdale Avenue N. Suite 103		Transaction ID: 15031541
City Minneapolis	State MN	Zip Code 55422-2848
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Twin Cities Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Ronald G Hoyer, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address 1660 Gulf to Bay Blvd		Transaction ID: 15031517
City Clearwater	State FL	Zip Code 33755-6488
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Florida Knee Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. James H Hemdon, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address Dept of Ortho Surg 55 Fruit St Gray 624		Transaction ID: 15031545
City Boston	State MA	Zip Code 02114-2617
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Partners Healthcare	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 214 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Behrooz Heshmatpour, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address 701 W Temple Ave		Transaction ID: 15031518
City Effingham	State IL	Zip Code 62401-2188
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Craig T Kerins, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address 1521 Anthony Rd		Transaction ID: 15031536
City Augusta	State GA	Zip Code 30904-4898
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Augusta Orthopaedic Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Daniel King, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address 109 Silver Palm Avenue		Transaction ID: 15031521
City Melbourne	State FL	Zip Code 32901-3125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 215 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Matthew J Kraszy, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address 11100 Euclid Ave		Transaction ID: 15031550
City Cleveland	State OH	Zip Code 44106-1736
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University Hospitals of Cleveland	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Joseph E Lelman, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address 10 Main Street		Transaction ID: 15031522
City Florence	State MA	Zip Code 01062-3158
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer New England Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Marvin R Lavanthal, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address 374 Bluff Ridge Cove		Transaction ID: 15031514
City Cordova	State TN	Zip Code 38018-7617
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Memphis Orthopedic Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 216 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Kevin W Luke, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address 125 Circle Ridge Dr		Transaction ID: 15031540
City Burr Ridge	State IL	Zip Code 60527-8380
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Parkview Orthopaedic Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Victor W Maska, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address 1901 N California Street		Transaction ID: 15031523
City Stockton	State CA	Zip Code 95204-6098
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Stockton Orthopaedic Medical Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Dr. Mathias A. Mosen, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address 3300 Webster St #202		Transaction ID: 15031537
City Oakland	State CA	Zip Code 94609-5108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	2050.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 217 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Robert Ball McGinley, MD		Date of Receipt M / D / Y Y Y Y 05 / 21 / 2003
Mailing Address The Orthopaedic Group 1855 Springhill Ave		Transaction ID: 15031549
City	State	Zip Code
Mobile	AL	36607
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Frederick N Meyer, MD		Date of Receipt M / D / Y Y Y Y 05 / 21 / 2003
Mailing Address 8505 Sugar Paine Court		Transaction ID: 15031526
City	State	Zip Code
Mobile	AL	36695-2741
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University of South Alabama	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Christopher B Michelsen, MD		Date of Receipt M / D / Y Y Y Y 05 / 21 / 2003
Mailing Address 5141 Broadway Room #107		Transaction ID: 15031548
City	State	Zip Code
New York	NY	10034-1199
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 218 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Paul R Miller, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address 17870 St James Rd		Transaction ID: 15031524
City Brookfield	State WI	Zip Code 53045-2061
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Advanced Healthcare	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Dr. Srdjan Mirkovic, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address 876 N St Clair St #450		Transaction ID: 15031526
City Chicago	State IL	Zip Code 60611-2849
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Northwestern Center for Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Dr. George F Muschler, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address 9500 Euclid Ave Desk A-41		Transaction ID: 15031547
City Cleveland	State OH	Zip Code 44195-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer The Cleveland Clinic Foundation	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 210 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Colin E Poole, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address 800 N Robbins Rd Ste 401		Transaction ID: 15031528
City Boise	State ID	Zip Code 83702-4566
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Intermountain Orthopedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Wl Carlton Reckling, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address 220B Omega		Transaction ID: 15031544
City Cheyenne	State WY	Zip Code 82009-1916
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Fred C Redfern, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address 800 Whitney Ranch Dr, #D22		Transaction ID: 15031513
City Henderson	State NV	Zip Code 89014-2632
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 220 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. David T Svard, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address PD Box 1994		Transaction ID: 15031543
City Mountain Home	State AR	Zip Code 72654-1894
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Central Arkansas VA	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Richard Edmund Topping, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address 1502 Harrison Ave		Transaction ID: 15031530
City Elkins	State WV	Zip Code 26241-3327
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tygarts Valley Orthopaedi- cs	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Bruce M Watanabe, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address 1010 S W Coast Hwy #101		Transaction ID: 15031548
City Newport	State OR	Zip Code 97365-5239
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 221 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Scott Philip Warell, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address Robinwood Medical Center Ste 205		Transaction ID: 15031512
City Hagerstown	State MD	Zip Code 21742
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Robinwood Orthopaedic Specialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Dr. William Leonard Berger, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address 1020 29th Street #450		Transaction ID: 15031531
City Sacramento	State CA	Zip Code 95816-5173
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. B Hudson Berry, Jr, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address Shands Jacksonville 855 W 8th Street		Transaction ID: 15031532
City Jacksonville	State FL	Zip Code 32209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Univ. of Florida	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 222 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Thomas J Blumenfeld, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address 1020 28th St Ste 450		Transaction ID: 15031529
City Sacramento	State CA	Zip Code 95816-5173
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Pierre L Clohioux, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address Ortho Surgery Group Ferrell-Duncan Clinic		Transaction ID: 15031533
City Springfield	State MO	Zip Code 65807
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ferrell-Duncan Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Stephens Milligan, MD		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address 2 Darin Ave		Transaction ID: 15031527
City Morrisonville	State NY	Zip Code 12562-9649
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: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 223 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Andrew Roger Cuman, MD		Date of Receipt M / D / Y 05 / 27 / 2003
Mailing Address 2533 SE 5th Way		Transaction ID: 15031562
City Meridian	State ID	Amount of Each Receipt this Period
Zip Code 83642-7410		500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Seltzer Medical Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Kenneth A Davenport, MD		Date of Receipt M / D / Y 05 / 27 / 2003
Mailing Address 1414 W Fair Ave, #149		Transaction ID: 15031563
City Marquette	State MI	Amount of Each Receipt this Period
Zip Code 49855-2675		1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Orthopaedic Associates of Marquette	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Richard Johnston, MD		Date of Receipt M / D / Y 05 / 27 / 2003
Mailing Address 1050 Old Des Peres Rd #100		Transaction ID: 15031570
City Saint Louis	State MO	Amount of Each Receipt this Period
Zip Code 63131-1885		250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 224 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Steven Harris Jones, MD		Date of Receipt M / D / Y 05 / 27 / 2003
Mailing Address 500 Hioaks Rd STE B		Transaction ID: 15031568
City Richmond	State VA	Zip Code 23225-4061
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer West End Orthopaedic Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Alexandra S Kindy, MD		Date of Receipt M / D / Y 05 / 27 / 2003
Mailing Address 101 3rd Ave S W, #101		Transaction ID: 15031573
City Minot	State ND	Zip Code 58701-3880
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Trinity Health	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. David Michael Klein, MD		Date of Receipt M / D / Y 05 / 27 / 2003
Mailing Address 5741 Bee Ridge Road Suite 280		Transaction ID: 15031589
City Sarasota	State FL	Zip Code 34233-5084
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kennedy-White Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 225 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Stanley Liebovitz, MD		Date of Receipt M / D / Y 05 / 27 / 2003
Mailing Address 39 E 69th St		Transaction ID: 15031575
City New York	State NY	Zip Code 10021-4883
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. James Kevin Lynch, MD		Date of Receipt M / D / Y 05 / 27 / 2003
Mailing Address 1 Church St 4th Fl		Transaction ID: 15031574
City New Haven	State CT	Zip Code 06510-3330
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael Evan Margolis, MD		Date of Receipt M / D / Y 05 / 27 / 2003
Mailing Address 7050 E Sunrise Dr Apt 7201		Transaction ID: 15031558
City Tucson	State AZ	Zip Code 85750-0885
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Southern Arizona Orthopedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 226 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Mark F Mills, MD		Date of Receipt M / D / Y 05 / 27 / 2003
Mailing Address 880 Golden Ridge Rd		Transaction ID: 15031572
City Golden	State CO	Zip Code 80401-9541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Panorama Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Dr. Moheb S Moneim, MD		Date of Receipt M / D / Y 05 / 27 / 2003
Mailing Address Dept Ortho HSC-UNM 2211 Lomas Blvd.		Transaction ID: 15031559
City Albuquerque	State NM	Zip Code 87131-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University of New Mexico	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Dr. Wade H Perry, III, MD		Date of Receipt M / D / Y 05 / 27 / 2003
Mailing Address 205 Chapman Rd		Transaction ID: 15031567
City Keene	State NH	Zip Code 03431-4372
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Dartmouth Hitchcock Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 227 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Guy J Alexander Rudin, MD		Date of Receipt M / D / Y 05 / 27 / 2003
Mailing Address 15820 Andrie St NW		Transaction ID: 15031560
City Ramsey	State MN	Zip Code 55303-4738
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Consultants	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. J Steven Shockey, MD		Date of Receipt M / D / Y 05 / 27 / 2003
Mailing Address Kentucky Orthopaedic Society 108 N. Auxier Ave		Transaction ID: 15031552
City Pikeville	State KY	Zip Code 41501-1201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kentucky Orthopaedic Society	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Paul L Tesar, MD		Date of Receipt M / D / Y 05 / 27 / 2003
Mailing Address PO Box 929		Transaction ID: 15031553
City Saint Helens	State OR	Zip Code 97051-0529
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 228 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Daniel M Veibi, MD		Date of Receipt M / D / Y 05 / 27 / 2003
Mailing Address 102 Wetherell Street Unit 27		Transaction ID: 15031554
City Manchester	State CT	Zip Code 06040-6450
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey Jonathan Wise, MD		Date of Receipt M / D / Y 05 / 27 / 2003
Mailing Address Blue Ridge Ortho Assoc 52 W Shriley Ave		Transaction ID: 15031561
City Warrenton	State VA	Zip Code 20186
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Blue Ridge Orthopaedic As- sociates, PC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Robert Andrus, MD		Date of Receipt M / D / Y 05 / 27 / 2003
Mailing Address 1791 E 280 N, Ste 200		Transaction ID: 15031557
City Saint George	State UT	Zip Code 84750-2489
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 229 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Steven B. Carr, MD		Date of Receipt M / D / Y 05 / 27 / 2003
Mailing Address 800 N Robbins Rd Ste 401		Transaction ID: 15031555
City State Zip Code Boise ID 83702-4565	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Intermountain Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Joseph B. Chalal, MD		Date of Receipt M / D / Y 05 / 27 / 2003
Mailing Address 4801 S Congress Ave		Transaction ID: 15031556
City State Zip Code Lake Worth FL 33461-4746	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Charles C. Craig, MD		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address Axwell Orthopaedic PA Newton Professional Centre		Transaction ID: 15031580
City State Zip Code Newton KS 67114-3765	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Axwell Orthopaedic PA	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 230 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. David M Hampton, MD		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 2931 Perryton Pkwy		Transaction ID: 15031585
City Pampa	State TX	Zip Code 79065-2823
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Harold Roger Hansen, MD		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 590 Court St		Transaction ID: 15031584
City Keene	State NH	Zip Code 03431-1719
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Dartmouth Hitchcock-Keene	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. D Marshall Jemison, MD		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address Hayes Hand Center 979 E 3rd St #C92D		Transaction ID: 15031581
City Chattanooga	State TN	Zip Code 37403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hayes Hand Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 231 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Daniel C Johnson, MD		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address Yankton Bone & Joint Center 1000 W 4th St Ste 1		Transaction ID: 15031578
City Yankton	State SD	Zip Code 57078-3700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Yankton Bone and Joint Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Michael H McCormick, MD		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 2202 State Ave, #30D		Transaction ID: 15031579
City Panama City	State FL	Zip Code 32405-4590
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. John Marvin Purvis, MD		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 1180 N State St #204		Transaction ID: 15031577
City Jackson	State MS	Zip Code 39202-2413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer POSM	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 232 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Gerald A Rahn, MD		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 839 S Walker St, #E		Transaction ID: 15031578
City Bloomington	State IN	Zip Code 47403-2122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Bloomington Bone & Joint Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Dr. Brian P Wicks, MD		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 12784 Silverdale Way		Transaction ID: 15031582
City Silverdale	State WA	Zip Code 98283-7714
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Doctors Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. David Cautilli, MD		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address Cautilli Orthopaedic Surgical Spec 1205 Langhorne-Newtown Road		Transaction ID: 15031588
City Langhorne	State PA	Zip Code 19047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer JCPA	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 233 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. David B. Coward, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 2801 K Street #310		Transaction ID: 15251726
City Sacramento	State CA	Zip Code 95816-5119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sacramento Knee and Sports Medicine	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. A. George Dass, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address Family Ortho Assoc 4468 W Bristol Rd		Transaction ID: 15253150
City Flint	State MI	Zip Code 48532-2100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Family Orthopaedic Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Gary Prasad Francke, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 14 Maple Street Ste 100		Transaction ID: 15251722
City Gilford	State NH	Zip Code 03249-6580
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopedic Professional Assn	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 234 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Gabriel Gluck, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 8702 Sudley Rd		Transaction ID: 15253826
City Manassas	State VA	Zip Code 20110-4463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Philip F Hegan, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address #204 2521 Glenn Hendren Dr		Transaction ID: 15253148
City Liberty	State MO	Zip Code 64068
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 475.00
Name of Employer Liberty Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) C. Dr. William N Haller, Jr, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 100 Medical Dr, #1D1		Transaction ID: 15253830
City Gadsden	State AL	Zip Code 35503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 235 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Sharon Lee Hame, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address UCLA School of Med Dept of Ortho Surgery		Transaction ID: 15251724
City Los Angeles	State CA	Zip Code 90095-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UCLA Medical Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Carl W Hartzog, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 100 Medical Ctr Dr, #1D1		Transaction ID: 15253832
City Gadsden	State AL	Zip Code 35903-1130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. William L Hennius, Jr, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address Children's Hosp Central Calif 9300 Valley Children's Place		Transaction ID: 15253149
City Madera	State CA	Zip Code 93638-6761
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sequoia Pediatric Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 236 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Delores K Kirkpatrick, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 5871 Peachtree-Dunwoody Rd Suite 700		Transaction ID: 15253143
City Atlanta	State GA	Zip Code 30342-5000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Dr. Paul K Kosmalta, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address Marshfield Clinic Dept of Ortho. 2K2		Transaction ID: 15253829
City Marshfield	State WI	Zip Code 54449
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Marshfield Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. John D Lubahn, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 300 State St, #205		Transaction ID: 15253821
City Erie	State PA	Zip Code 16507-1429
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hand Microsurgery	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 237 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. James V Nepola, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address Univ Of Iowa Hosp Dept of Ortho		Transaction ID: 15253138
City Iowa City	State IA	Zip Code 52242-1009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer University of Iowa Hospital	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Dr. Constantina T Nicholas, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 4029 W Main St		Transaction ID: 15253822
City Kalamazoo	State MI	Zip Code 49006-2700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Glenn W Nichols, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 200 Medical Pkwy, #111		Transaction ID: 15253798
City Chesapeake	State VA	Zip Code 23320-4511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 238 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Richard J Orton, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 2212 Via Granada Pl, NW		Transaction ID: 15253824
City	State	Zip Code
Albuquerque	NM	87104-5500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Covenant Medical Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Steve H Peterson, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 691 Pauline Ct Ste L		Transaction ID: 15253825
City	State	Zip Code
Sonora	CA	95370-5216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Ellen M Raney, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address Shriners Hosp for Children 1310 Punahou St		Transaction ID: 15253141
City	State	Zip Code
Honolulu	HI	96828-1027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Shriner's Hospital for Children	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 230 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Ronald A. Ripps, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address Connecticut Orthopaedic Society 33 Hospital Ave		Transaction ID: 15251729
City Danbury	State CT	Zip Code 06810-6007
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Connecticut Family Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Randall Duane Roush, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 115D Graham Rd, #102		Transaction ID: 15251728
City Florissant	State MO	Zip Code 63031-8077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Northland MidAmerica Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael F. Schafer, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 675 N. St. Clair, 17-100		Transaction ID: 15253140
City Chicago	State IL	Zip Code 60611-5588
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Northwestern Univ. Medical School	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 240 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Richard S Schenk, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 28 William Penn Rd		Transaction ID: 15251728
City Warren	State NJ	Zip Code 07059-5038
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Charles P Schneider, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 206 E Elm St		Transaction ID: 15253142
City Caldwell	State ID	Zip Code 83905-4894
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Dr. William B Smith, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 625 E St Paul Ave		Transaction ID: 15253139
City Milwaukee	State WI	Zip Code 53202-5518
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Blount Orthopaedic Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 241 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. James G Wambrod, Jr. MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 816 W Forest Ave		Transaction ID: 15253147
City Jackson	State TN	Zip Code 38301-3066
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Jackson Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Brian P Wicks, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 127B4 Silverdale Way		Transaction ID: 15253819
City Silverdale	State WA	Zip Code 98383-7714
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Doctors Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Dr. Preston M Woln. MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 830 W Diversy Ave #300 Center for Athletic Med		Transaction ID: 15251721
City Chicago	State IL	Zip Code 60614-1454
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 242 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Donald J Zoltan, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 2025 W Oklahoma Ave #100		Transaction ID: 15253827
City Milwaukee	State WI	Zip Code 53215-4455
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. John W Adkison, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 111 S 11th Ave Ste 320		Transaction ID: 15253818
City Yakima	State WA	Zip Code 98902-3273
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopedics Northwest	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Stephen Few Blackstock, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 100 Medical Center Dr Ste 101		Transaction ID: 15253802
City Gadsden	State AL	Zip Code 35503-1130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 243 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Andrew A. Brooks, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 723D Medical Center Dr #400		Transaction ID: 15253799
City West Hills	State CA	Zip Code 91307-4013
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Dr. James McMaster Bryan, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address Orthopaedic Clinic of Daytona Beach 1075 Mason Ave		Transaction ID: 15253151
City Daytona Beach	State FL	Zip Code 32117-4611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 475.00
Name of Employer Orthopaedic Clinic of Daytona Beach	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) C. Dr. David Buehler, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 4800 Linton Blvd Bldg A-201		Transaction ID: 15253800
City Delray Beach	State FL	Zip Code 33445-6584
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer South Palm Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1725.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 244 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Christopher D Casscells, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address Plaza Center Bldg Ste 100 3505 Silverside Rd		Transaction ID: 15253137
City Wilmington	State DE	Zip Code 19810-4804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Casscells Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. David Cautilli, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address Cautilli Orthopaedic Surgical Spec 1205 Langhorne-Newtown Road		Transaction ID: 15253820
City Langhorne	State PA	Zip Code 19047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer JCPA	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey H Charen, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address Orthopaedic Associates of Central 205 May St #202		Transaction ID: 15251725
City Edison	State NJ	Zip Code 08837
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates of Central NJ	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 245 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Burnet Todd Clarke, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 385D Laurel Ave		Transaction ID: 15253823
City Beaumont	State TX	Zip Code 77707-2216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. William N Haller, III, MD		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 135 Fairbaks Circle		Transaction ID: 15253831
City Gadsden	State AL	Zip Code 35901-5413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Richard P Dreesmaek, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address Ortho Institute of Illinois 303 N Kumpf Blvd		Transaction ID: 15336689
City Peoria	State IL	Zip Code 61605
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopedic Institute of Illinois	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 246 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. James B Duke, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 2300 SE 17th St, #500		Transaction ID: 15336723
City Ocala	State FL	Zip Code 34471-9139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. J Olive Edmunds, Jr, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address Tidewater Pl 1440 Canal St #1500		Transaction ID: 15336719
City New Orleans	State LA	Zip Code 70112-2715
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Morton Farber, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 71 Taylor Road		Transaction ID: 15336763
City Short Hills	State NJ	Zip Code 07078-2258
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 247 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Cyrus Ghavam, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 2508 Darville Rd Ste 201		Transaction ID: 15336673
City Decatur	State AL	Zip Code 35603-4232
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Sportsmed, PC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Dr. John T Gil, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 823D Walnut Hill Ln, #708		Transaction ID: 15339044
City Dallas	State TX	Zip Code 75231-4431
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Robert Mark Hazel, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 92 Chestnut St		Transaction ID: 15336770
City Brevard	State NC	Zip Code 28712-5010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 248 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Mark S. Humphrey, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 108000 Quivira Rd, #130		Transaction ID: 15336666
City Overland Park	State KS	Zip Code 66215-2311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Associated Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. William T. Jonas, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 1022 College Ave		Transaction ID: 15336672
City Manhattan	State KS	Zip Code 66502-2704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic & Sports Medicine Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. David A. Katcharian, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 13983 Covington Dr		Transaction ID: 15336693
City Plymouth	State MI	Zip Code 48170-2450
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 249 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Allen Sanders Kent, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 800 12th Ave Ste 200		Transaction ID: 15336927
City	State	Zip Code
Fort Worth	TX	76104-2519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey I Korchek, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 10749 Riverside Dr		Transaction ID: 15336665
City	State	Zip Code
North Hollywood	CA	91602-2324
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Harrison A Letimer, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address Kinston Clinic N Ste G		Transaction ID: 15336718
City	State	Zip Code
Kinston	NC	28501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kinston Orthopaedic Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 250 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Sheldon S Lin, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 90 Bergen St Ste 7400 DOC Building		Transaction ID: 15336439
City Newark	State NJ	Zip Code 07103-2425
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UMDNJ	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert R Madigan, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address PO Box 51090		Transaction ID: 15336765
City Knoxville	State TN	Zip Code 37950-1090
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Southeastern Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Laurence R McGloth, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 343 Elm St Ste 201		Transaction ID: 15336874
City Reno	State NV	Zip Code 89503-4522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 251 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Anthony E Melanakis, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 1420 North Monroe Street		Transaction ID: 15336773
City Monroe	State MI	Zip Code 48162-4211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Mark S Nizel, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address Dept of Ortho & Rehab 1811 NW 12th Ave		Transaction ID: 15336668
City Miami	State FL	Zip Code 33136-1094
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Miami	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael D O'Reilly, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address P O Box 19070		Transaction ID: 15338817
City Green Bay	State WI	Zip Code 54307-9070
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Prevea Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 252 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Paul Platner, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 2300 N Vermilion St		Transaction ID: 15336667
City Danville	State IL	Zip Code 61832-7489
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Carle Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Steven I Rabin, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address Loyola Univ Medical Center Bldg 105 Dept of Ortho Rm 1700		Transaction ID: 15336526
City Maywood	State IL	Zip Code 60153-3304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Loyola University Medical Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. E Anthony Rankin, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 1180 Varnum St N E, #312 Providence Hospital		Transaction ID: 15336715
City Washington	State DC	Zip Code 20017-2103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Providence Hospital	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 253 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. John P Scullin, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 1 Greenville Orthopaedic Ctr		Transaction ID: 15338925
City Greenville	State PA	Zip Code 16125-1288
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Greenville Orthopaedic Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Dr. Kenneth C Spengler, Jr, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 1 Hampton Rd		Transaction ID: 15339232
City Exeter	State NH	Zip Code 03833-4848
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Access Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. James E Strker, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address Capital Region Orthopedic Group 1387 Washington Avenue		Transaction ID: 15339142
City Albany	State NY	Zip Code 12208-1043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Capital Region Orthopedic Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1900.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 254 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Clay M Wertheimer, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 1100 Pacific Ave, #300 Everett Bone and Joint		Transaction ID: 15336921
City Everett	State WA	Zip Code 98201-4261
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Prolance Surgeons, Inc	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Archie Kent Whitmore, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 630 W 34th St, #302		Transaction ID: 15336692
City Austin	State TX	Zip Code 78705-1229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer North Orthopaedic Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Richard L Worland, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 635 Walsing Dr		Transaction ID: 15336768
City Richmond	State VA	Zip Code 23229-6138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Advanced Orthopedic Centers	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 255 / 281	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. James K Baker, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 9000 Patricia St Ste 202		Transaction ID: 15338915
City Chalmette	State LA	Zip Code 70043-1789
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Jaafar M Bazih, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 1919 S Wheeling, #504		Transaction ID: 15338913
City Tulsa	State OK	Zip Code 74104-5634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tulsa Bone and Joint Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Brett R Bolhofer, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 4800 4th St N		Transaction ID: 15338721
City Saint Petersburg	State FL	Zip Code 33703-5822
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer All Florida Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 256 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Robert Emrey Booth Jr, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 3 B Orthopaedics 800 Spruce St		Transaction ID: 15338671
City Philadelphia	State PA	Zip Code 19107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Brian C Brenner, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 1921 18th St		Transaction ID: 15338618
City Bakersfield	State CA	Zip Code 93301-4287
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Karr Bone & Joint Special-ists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Matthew J Bueche, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 1-S 224 Summit Ave, #203		Transaction ID: 15338820
City Oakbrook Terrace	State IL	Zip Code 60181
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer M & M Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 257 / 281	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. J Dean Cole, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 111B S Orange Ave Ste 205		Transaction ID: 15336683
City Orlando	State FL	Zip Code 32806-1200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Edward Adrian Connolly, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 520 Valley View Dr.		Transaction ID: 15336670
City Moline	State IL	Zip Code 61265-6152
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic & Rheumatology Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Kimberly J Templeton, MD		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address Univ of Kansas Med Ctr Dept of Ortho Surgery		Transaction ID: 15336771
City Kansas City	State KS	Zip Code 66160-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Univ of Kansas Medical Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	375374.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 258 / 281	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 02 / 21 / 2003
Mailing Address 8300 N River Road		Transaction ID: 15036151
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.30
Name of Employer	Occupation	Reimbursement for Bank Fees from Affil Org
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 354.20	

Full Name (Last, First, Middle Initial) B. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 03 / 17 / 2003
Mailing Address 8300 N River Road		Transaction ID: 15030608
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 779.47
Name of Employer	Occupation	Reimbursement for Bank Fees from Affil Org
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1133.67	

Full Name (Last, First, Middle Initial) C. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 04 / 20 / 2003
Mailing Address 8300 N River Road		Transaction ID: 15031063
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1464.14
Name of Employer	Occupation	Reimbursement for Bank Fees from Affil Org
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2597.81	

SUBTOTAL of Receipts This Page (optional)	▶	2493.91
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 250 / 281	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 05 / 15 / 2003
Mailing Address 8300 N River Road		Transaction ID: 15031511
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 861.35
Name of Employer	Occupation	Reimbursement for Bank Fees from Affil Org
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3459.16	

Full Name (Last, First, Middle Initial) B. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 06 / 20 / 2003
Mailing Address 8300 N River Road		Transaction ID: 15331501
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1849.58
Name of Employer	Occupation	Reimbursement for Bank Fees from Affil Org
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5308.74	

SUBTOTAL of Receipts This Page (optional)	▶	2710.93
TOTAL This Period (last page this line number only)	▶	5204.84

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 260 / 261
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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

Full Name (Last, First, Middle Initial) A. Northern Trust Company		Transaction ID: 15035982	
Mailing Address 50 S LaSalle St		Date of Disbursement 02 / 06 / 2003	
City Chicago	State IL	Zip Code 60675	Amount of Each Disbursement this Period 172.78
Purpose of Disbursement Bank fees deducted from account		001 Category/ Type	
Candidate Name			Bank fees deducted from account
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District D			

Full Name (Last, First, Middle Initial) B. Northern Trust Company		Transaction ID: 15036150	
Mailing Address 50 S LaSalle St		Date of Disbursement 02 / 26 / 2003	
City Chicago	State IL	Zip Code 60675	Amount of Each Disbursement this Period 4.50
Purpose of Disbursement Bank fees deducted from account		001 Category/ Type	
Candidate Name			Bank fees deducted from account
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District D			

Full Name (Last, First, Middle Initial) C. Northern Trust Company		Transaction ID: 15030695	
Mailing Address 50 S LaSalle St		Date of Disbursement 03 / 05 / 2003	
City Chicago	State IL	Zip Code 60675	Amount of Each Disbursement this Period 774.97
Purpose of Disbursement Bank fees deducted from account		001 Category/ Type	
Candidate Name			Bank fees deducted from account
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District D			

SUBTOTAL of Disbursements This Page (optional)	▶	952.25
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 261 / 261
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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

Full Name (Last, First, Middle Initial) A. Northern Trust Company		Transaction ID: 15030868 Date of Disbursement 03 / 24 / 2003	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 632.79	
City Chicago	State IL		Zip Code 60675
Purpose of Disbursement Bank fees deducted from account			001 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Bank fees deducted from account	
State: District D			

Full Name (Last, First, Middle Initial) B. Northern Trust Company		Transaction ID: 15031049 Date of Disbursement 04 / 07 / 2003	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 631.35	
City Chicago	State IL		Zip Code 60675
Purpose of Disbursement Bank fees deducted from account			001 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Bank fees deducted from account	
State: District D			

Full Name (Last, First, Middle Initial) C. Northern Trust Company		Transaction ID: 15031062 Date of Disbursement 04 / 24 / 2003	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 283.28	
City Chicago	State IL		Zip Code 60675
Purpose of Disbursement Bank fees deducted from account			001 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Bank fees deducted from account	
State: District D			

SUBTOTAL of Disbursements This Page (optional)	▶	1747.43
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 262 / 281

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

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

Full Name (Last, First, Middle Initial) A. Northern Trust Company		Transaction ID: 15031158 Date of Disbursement 05 / 05 / 2003	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 578.08	
City Chicago	State IL		Zip Code 60675
Purpose of Disbursement Bank fees deducted from account			001 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Bank fees deducted from account	
State: District D			

Full Name (Last, First, Middle Initial) B. Northern Trust Company		Transaction ID: 15231544 Date of Disbursement 05 / 27 / 2003	
Mailing Address 50 S. LaSalle St.		Amount of Each Disbursement this Period 557.65	
City Chicago	State IL		Zip Code 60675
Purpose of Disbursement Bank fees deducted from account			001 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Bank fees deducted from account	
State: District D			

Full Name (Last, First, Middle Initial) C. Northern Trust Company		Transaction ID: 15231549 Date of Disbursement 06 / 05 / 2003	
Mailing Address 50 S. LaSalle St.		Amount of Each Disbursement this Period 1291.93	
City Chicago	State IL		Zip Code 60675
Purpose of Disbursement Bank fees deducted from account			001 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Bank fees deducted from account	
State: District D			

SUBTOTAL of Disbursements This Page (optional)	▶	2427.64
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Northern Trust Company		Transaction ID: 15450075 Date of Disbursement 06 / 24 / 2003	
Mailing Address 50 S. LaSalle St.			
City Chicago	State IL	Zip Code 60675	Amount of Each Disbursement this Period 63.51
Purpose of Disbursement Bank fees deducted from account		001 Category/ Type	Bank fees deducted from account
Candidate Name			
Office Sought: House Senate President State: District D	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	63.51
TOTAL This Period (last page this line number only)	▶	5190.83

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 264 / 281			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. Fitzgerald for Senate Inc		Transaction ID: 15035881 Date of Disbursement 01 / 31 / 2003	
Mailing Address 50 North Brockway Street Suite 4-8			
City Palatine	State IL	Zip Code 60067	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Peter Fitzgerald, U.S. SENATE IL		011 Category/ Type	Peter Fitzgerald, U.S. SE- NATE IL
Candidate Name Peter Fitzgerald			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IL	District: 1		

Full Name (Last, First, Middle Initial) B. Citizens for Arlen Specter		Transaction ID: 15035880 Date of Disbursement 01 / 31 / 2003	
Mailing Address 226 North Alfred Street			
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Arlen Specter, U.S. SENATE PA		011 Category/ Type	Arlen Specter, U.S. SENATE PA
Candidate Name Arlen Specter			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA	District: 1		

Full Name (Last, First, Middle Initial) C. Republican National Committee		Transaction ID: 15036147 Date of Disbursement 02 / 26 / 2003	
Mailing Address 310 First Street SE			
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 15000.00
Purpose of Disbursement Dues		011 Category/ Type	Dues
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State:	District: 0		

SUBTOTAL of Disbursements This Page (optional)	▶	21000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 265 / 281			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. Republican Majority Fund		Transaction ID: 15036148 Date of Disbursement 02 / 26 / 2003	
Mailing Address 101 Constitution Ave NW Suite 900W		Amount of Each Disbursement this Period 5000.00	
City Washington	State DC	Zip Code 20001	Don Nickles Leadership PAC
Purpose of Disbursement Don Nickles Leadership PAC		011 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District D			

Full Name (Last, First, Middle Initial) B. Keep Our Majority PAC (KOMPAC)		Transaction ID: 15036149 Date of Disbursement 02 / 26 / 2003	
Mailing Address PO Box 20209		Amount of Each Disbursement this Period 2500.00	
City Alexandria	State VA	Zip Code 22320	Dennis Hastert Leadership PAC
Purpose of Disbursement Dennis Hastert Leadership PAC		011 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District D			

Full Name (Last, First, Middle Initial) C. America's Foundation		Transaction ID: 15036145 Date of Disbursement 02 / 26 / 2003	
Mailing Address 128 North Columbus Street Attn: Linda Daniel		Amount of Each Disbursement this Period 1500.00	
City Alexandria	State VA	Zip Code 22314	
Purpose of Disbursement		011 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District D			

SUBTOTAL of Disbursements This Page (optional)	9000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 266 / 281			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. Gingrey for Congress		Transaction ID: 15036148 Date of Disbursement 02 / 26 / 2003	
Mailing Address PO Box U		Amount of Each Disbursement this Period 1000.00	
City Marietta	State GA	Zip Code 30060	011 Category/ Type
Purpose of Disbursement Phil Gingrey, U.S. HOUSE 11th GA		Candidate Name Phil Gingrey	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: GA	District: 11		Phil Gingrey, U.S. HOUSE 11th GA

Full Name (Last, First, Middle Initial) B. Citizens For Bunning		Transaction ID: 15036152 Date of Disbursement 02 / 27 / 2003	
Mailing Address 1717 Dixie Highway Suite 180		Amount of Each Disbursement this Period 2000.00	
City Ft Wright	State KY	Zip Code 41011	011 Category/ Type
Purpose of Disbursement Jim Bunning, U.S. SENATE KY		Candidate Name Jim Bunning	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: KY	District: 1		Jim Bunning, U.S. SENATE KY

Full Name (Last, First, Middle Initial) C. Michael Burgess for Congress		Transaction ID: 15036153 Date of Disbursement 02 / 27 / 2003	
Mailing Address 108 Highland Lake Dr		Amount of Each Disbursement this Period 1000.00	
City Highland Village	State TX	Zip Code 75077	011 Category/ Type
Purpose of Disbursement Michael Burgess, U.S. HOUSE 26th TX		Candidate Name Michael Burgess	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: TX	District: 26		Michael Burgess, U.S. HOU- SE 26th TX

SUBTOTAL of Disbursements This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 267 / 281
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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

Full Name (Last, First, Middle Initial) A. Committee for Leadership and Progress		Transaction ID: 15030697 Date of Disbursement 03 / 06 / 2003	
Mailing Address PO Box 31107		Amount of Each Disbursement this Period 1000.00	
City Bethesda	State MD		Zip Code 20824
Purpose of Disbursement Leadership PAC for Nita Lowey			011 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Leadership PAC for Nita Lowey	
State: District D			

Full Name (Last, First, Middle Initial) B. Simpson for Congress		Transaction ID: 15030696 Date of Disbursement 03 / 06 / 2003	
Mailing Address PO Box 1541		Amount of Each Disbursement this Period 1000.00	
City Boise	State ID		Zip Code 83701
Purpose of Disbursement Michael K. Simpson, U.S. HOUSE 2nd ID			011 Category/ Type
Candidate Name Michael K. Simpson			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Michael K. Simpson, U.S. HOUSE 2nd ID	
State: ID District 2			

Full Name (Last, First, Middle Initial) C. Jo Banner for Congress Committee		Transaction ID: 15030611 Date of Disbursement 03 / 17 / 2003	
Mailing Address PO Box 851232		Amount of Each Disbursement this Period 1000.00	
City Mobile	State AL		Zip Code 36685
Purpose of Disbursement Jo Bonner, U.S. HOUSE 1st AL			011 Category/ Type
Candidate Name Jo Bonner			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Jo Banner, U.S. HOUSE 1st AL	
State: AL District 1			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 268 / 281			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. Friends Of Rosa DeLauro			Transaction ID: 15030612 Date of Disbursement 03 / 17 / 2003	
Mailing Address 49 Huntington Street				
City New Haven	State CT	Zip Code 06511	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Rosa L. DeLauro, U.S. HOUSE 3rd CT		Candidate Name Rosa L. DeLauro	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Rosa L. DeLauro, U.S. HOUSE 3rd CT	
State: CT District 3				

Full Name (Last, First, Middle Initial) B. Jim Gerlach for Congress Committee			Transaction ID: 15030614 Date of Disbursement 03 / 17 / 2003	
Mailing Address 811 Welsh Ayres Way				
City Downington	State PA	Zip Code 19335	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Jim Gerlach, U.S. HOUSE 6th PA		Candidate Name Jim Gerlach	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Jim Gerlach, U.S. HOUSE 6th PA	
State: PA District B				

Full Name (Last, First, Middle Initial) C. Judd Gregg Committee			Transaction ID: 15030610 Date of Disbursement 03 / 17 / 2003	
Mailing Address PO Box 1812				
City Concord	State NH	Zip Code 03302	Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement Judd Gregg, U.S. SENATE NH		Candidate Name Judd Gregg	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Judd Gregg, U.S. SENATE NH	
State: NH District 2				

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)				PAGE 269 / 281			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. Friends Of Congressman Tim Holden		Transaction ID: 15030609 Date of Disbursement 03 / 17 / 2003	
Mailing Address P.O. Box 37			
City St. Clair	State PA	Zip Code 17970	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Tim Holden, U.S. HOUSE 17th PA		011 Category/ Type	Tim Holden, U.S. HOUSE 17- th PA
Candidate Name Tim Holden			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA District: 17			

Full Name (Last, First, Middle Initial) B. Re-Elect Nancy Johnson To Congress Comm		Transaction ID: 15030613 Date of Disbursement 03 / 17 / 2003	
Mailing Address 4451 Brookfield Corporate Drive Suite 200			
City Chantilly	State VA	Zip Code 20151-1652	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Nancy L. Johnson, U.S. HOUSE 6th CT		011 Category/ Type	Nancy L. Johnson, U.S. HO- USE 6th CT
Candidate Name Nancy L. Johnson			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CT District: B			

Full Name (Last, First, Middle Initial) C. National Republican Senatorial Committee		Transaction ID: 15031015 Date of Disbursement 03 / 28 / 2003	
Mailing Address 425 Second Street NE			
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Membership Dues		011 Category/ Type	Membership Dues
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District: D			

SUBTOTAL of Disbursements This Page (optional)	▶	11000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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21b 22 23 24 25 26
 27 28a 28b 28c 29 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. National Republican Senatorial Committee		Transaction ID: 15031016 Date of Disbursement 03 / 28 / 2003	
Mailing Address 425 Second Street NE		Amount of Each Disbursement this Period 10000.00	
City Washington	State DC		Zip Code 20002
Purpose of Disbursement Membership Dues			011 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Membership Dues	
State: District D			

Full Name (Last, First, Middle Initial) B. National Republican Congressional Committee Contr		Transaction ID: 15031017 Date of Disbursement 03 / 28 / 2003	
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 10000.00	
City Washington	State DC		Zip Code 20003
Purpose of Disbursement Membership Dues			011 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Membership Dues	
State: District D			

Full Name (Last, First, Middle Initial) C. National Republican Congressional Committee Contr		Transaction ID: 15031018 Date of Disbursement 03 / 28 / 2003	
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 5000.00	
City Washington	State DC		Zip Code 20003
Purpose of Disbursement Membership Dues			011 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Membership Dues	
State: District D			

SUBTOTAL of Disbursements This Page (optional)	▶	25000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 271 / 281			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. John Breaux Senate Committee		Transaction ID: 15031019 Date of Disbursement 03 / 28 / 2003		
Mailing Address 110-B East Broad Street		Amount of Each Disbursement this Period 1000.00		
City Falls Church	State VA			Zip Code 22046
Purpose of Disbursement John B. Breaux, U.S. SENATE LA				011 Category/ Type
Candidate Name John B. Breaux				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		John B. Breaux, U.S. SENATE LA	
State: LA District 1				

Full Name (Last, First, Middle Initial) B. Cardoza for Congress		Transaction ID: 15031012 Date of Disbursement 03 / 28 / 2003		
Mailing Address 5576 Zeiner Court		Amount of Each Disbursement this Period 1000.00		
City Atwater	State CA			Zip Code 95301
Purpose of Disbursement Dennis Cardoza, U.S. HOUSE 18th CA				011 Category/ Type
Candidate Name Dennis Cardoza				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Dennis Cardoza, U.S. HOUSE 18th CA	
State: CA District 18				

Full Name (Last, First, Middle Initial) C. Keller for Congress		Transaction ID: 15031013 Date of Disbursement 03 / 28 / 2003		
Mailing Address PO Box 1453		Amount of Each Disbursement this Period 1500.00		
City Orlando	State FL			Zip Code 32802
Purpose of Disbursement Ric Keller, U.S. HOUSE 8th FL				011 Category/ Type
Candidate Name Ric Keller				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Ric Keller, U.S. HOUSE 8th FL	
State: FL District 8				

SUBTOTAL of Disbursements This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 272 / 281
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a
	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c
	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) A. John Shadegg For Congress		Transaction ID: 15031014 Date of Disbursement 03 / 28 / 2003
Mailing Address PO Box 45444		Amount of Each Disbursement this Period 2500.00
City Phoenix	State AZ	
Zip Code 85004	011 Category/ Type	
Purpose of Disbursement John B. Shadegg, U.S. HOUSE 3rd AZ	Candidate Name John B. Shadegg	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: AZ District 3	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	John B. Shadegg, U.S. HOUSE 3rd AZ

Full Name (Last, First, Middle Initial) B. Chambliss For Senate		Transaction ID: 15031047 Date of Disbursement 04 / 03 / 2003
Mailing Address PO Box 12469		Amount of Each Disbursement this Period 1000.00
City Atlanta	State GA	
Zip Code 30355	011 Category/ Type	
Purpose of Disbursement Saxby Chambliss, U.S. SENATE GA	Candidate Name Saxby Chambliss	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: GA District 1	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Saxby Chambliss, U.S. SENATE GA

Full Name (Last, First, Middle Initial) C. Friends Of Duke Cunningham		Transaction ID: 15031048 Date of Disbursement 04 / 03 / 2003
Mailing Address 4710 Fourth St #100		Amount of Each Disbursement this Period 1000.00
City La Mesa	State CA	
Zip Code 91941	011 Category/ Type	
Purpose of Disbursement Randy 'Duke' Cunningham, U.S. HOUSE 50th	Candidate Name Randy 'Duke' Cunningham	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CA District 50	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Randy 'Duke' Cunningham, U.S. HOUSE 50th CA

SUBTOTAL of Disbursements This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Tom Lantos For Congress Committee		Transaction ID: 15031048 Date of Disbursement 04 / 03 / 2003
Mailing Address PO Box 011		Amount of Each Disbursement this Period 1000.00
City Burlingame	State CA	
Zip Code 94011		
Purpose of Disbursement Tom Lantos, U.S. HOUSE 12th CA	011 Category/ Type	
Candidate Name Tom Lantos		Tom Lantos, U.S. HOUSE 12- th CA
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: CA District: 12		

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Committee		Transaction ID: 15030868 Date of Disbursement 04 / 16 / 2003
Mailing Address 430 S Capitol St SE 2nd Floor		Amount of Each Disbursement this Period 5000.00
City Washington	State DC	
Zip Code 20003		
Purpose of Disbursement Member Dues	011 Category/ Type	
Candidate Name		Member Dues
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District: D		

Full Name (Last, First, Middle Initial) C. Democratic Senatorial Campaign Committee		Transaction ID: 15030867 Date of Disbursement 04 / 16 / 2003
Mailing Address 430 South Capitol St SE		Amount of Each Disbursement this Period 5000.00
City Washington	State DC	
Zip Code 20003		
Purpose of Disbursement Member Dues	011 Category/ Type	
Candidate Name		Member Dues
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District: D		

SUBTOTAL of Disbursements This Page (optional)	▶	11000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 274 / 281			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. Kay Granger Campaign Fund		Transaction ID: 15030869 Date of Disbursement 04 / 16 / 2003	
Mailing Address 910 Houston Street Suite 105-C			
City Fort Worth	State TX	Zip Code 76102	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Kay Granger, U.S. HOUSE 12th TX		011 Category/ Type	Kay Granger, U.S. HOUSE 12th TX
Candidate Name Kay Granger			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: TX District: 12			

Full Name (Last, First, Middle Initial) B. Democratic National Committee		Transaction ID: 15032354 Date of Disbursement 05 / 07 / 2003	
Mailing Address 430 S Capitol Street SE			
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 15000.00
Purpose of Disbursement Membership Dues		011 Category/ Type	Membership Dues
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District: D			

Full Name (Last, First, Middle Initial) C. Wyden For Senate		Transaction ID: 15032363 Date of Disbursement 05 / 07 / 2003	
Mailing Address 123 Ne 3rd Suite 321			
City Portland	State OR	Zip Code 97232	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Ron Wyden, U.S. SENATE OR		011 Category/ Type	Ron Wyden, U.S. SENATE OR
Candidate Name Ron Wyden			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OR District: 1			

SUBTOTAL of Disbursements This Page (optional)	▶	17000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 275 / 281			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. Ferguson for Congress		Transaction ID: 15251731 Date of Disbursement 06 / 19 / 2003	
Mailing Address PO Box 4205			
City Warren	State NJ	Zip Code 07059	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mike Ferguson			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NJ	District: 7		

Full Name (Last, First, Middle Initial) B. Matheson For Congress		Transaction ID: 15251712 Date of Disbursement 06 / 19 / 2003	
Mailing Address 677 South 200 West Suite A			
City Salt Lake City	State UT	Zip Code 84101	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Jim Matheson			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: UT	District: 2		

Full Name (Last, First, Middle Initial) C. Bob Matsui For Congress Comm.		Transaction ID: 15251733 Date of Disbursement 06 / 19 / 2003	
Mailing Address 555 Capitol Mall Suite 1425			
City Sacramento	State CA	Zip Code 95814	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Robert T. Matsui			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CA	District: 5		

SUBTOTAL of Disbursements This Page (optional)	▶	8000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 276 / 281			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. Murtha For Congress Committee		Transaction ID: 15251713 Date of Disbursement 06 / 19 / 2003	
Mailing Address 551 Main Street BT Financial Plaza Suite 220		Amount of Each Disbursement this Period 1000.00	
City Johnstown	State PA	Zip Code 15901	011 Category/ Type
Purpose of Disbursement		Candidate Name John P. Murtha	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: PA District 12	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jim Ramstad Volunteer Committee		Transaction ID: 15251659 Date of Disbursement 06 / 19 / 2003	
Mailing Address 8100 Penn Avenue South Suite 104		Amount of Each Disbursement this Period 2000.00	
City Bloomington	State MN	Zip Code 55431	011 Category/ Type
Purpose of Disbursement		Candidate Name Jim Ramstad	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MN District 3	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Daniel K Inouye In 2004		Transaction ID: 15251743 Date of Disbursement 06 / 19 / 2003	
Mailing Address 1088 Bishop St Suite 1009		Amount of Each Disbursement this Period 1000.00	
City Honolulu	State HI	Zip Code 96813	011 Category/ Type
Purpose of Disbursement		Candidate Name Sen. Daniel Inouye	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: HI District 1	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 277 / 281			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Committee		Transaction ID: 15331490 Date of Disbursement 06 / 24 / 2003
Mailing Address 430 S Capitol St SE 2nd Floor		Amount of Each Disbursement this Period 10000.00
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Member Dues	011 Category/ Type	
Candidate Name		
Office Sought: House Senate President State: District D	Disbursement For: Primary General Other (specify) ▼	Member Dues

Full Name (Last, First, Middle Initial) B. Citizens For Bunning		Transaction ID: 15331477 Date of Disbursement 06 / 24 / 2003
Mailing Address 1717 Dixie Highway Suite 180		Amount of Each Disbursement this Period 3000.00
City Ft Wright	State KY Zip Code 41011	
Purpose of Disbursement	011 Category/ Type	
Candidate Name Jim Bunning		
Office Sought: House <input checked="" type="checkbox"/> Senate President State: KY District 1	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Burr For Congress Committee		Transaction ID: 15331485 Date of Disbursement 06 / 24 / 2003
Mailing Address PO Box 5928		Amount of Each Disbursement this Period 5000.00
City Winston-Salem	State NC Zip Code 27113	
Purpose of Disbursement	011 Category/ Type	
Candidate Name Richard M. Burr		
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NC District 5	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	18000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 278 / 281			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. Friends Of Rosa DeLauro		Transaction ID: 15331491 Date of Disbursement 06 / 24 / 2003	
Mailing Address 49 Huntington Street			
City New Haven	State CT	Zip Code 06511	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rosa L. DeLauro			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CT	District: 3		

Full Name (Last, First, Middle Initial) B. Donald A. Manzullo For Congress		Transaction ID: 15331499 Date of Disbursement 06 / 24 / 2003	
Mailing Address PO Box 7783			
City Rockford	State IL	Zip Code 61125	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Donald A. Manzullo			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IL	District: 16		

Full Name (Last, First, Middle Initial) C. Oxley For Congress		Transaction ID: 15331496 Date of Disbursement 06 / 24 / 2003	
Mailing Address PO Box 1988			
City Findlay	State OH	Zip Code 45839	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Michael G. Oxley			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OH	District: 4		

SUBTOTAL of Disbursements This Page (optional)	▶	5500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 279 / 281			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. Missourians For Kit Bond			Transaction ID: 15331492 Date of Disbursement 06 / 24 / 2003			
Mailing Address 147 N Meramec Suite 100			Amount of Each Disbursement this Period 2000.00			
City Clayton	State MO	Zip Code 63105				
Purpose of Disbursement		011 Category/ Type				
Candidate Name Sen. Christopher Bond						
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼					
State: MO	District: 1					

Full Name (Last, First, Middle Initial) B. Mike Crapo For Us Senate			Transaction ID: 15331497 Date of Disbursement 06 / 24 / 2003			
Mailing Address PO Box 1948			Amount of Each Disbursement this Period 2000.00			
City Boise	State ID	Zip Code 83701				
Purpose of Disbursement		011 Category/ Type				
Candidate Name Sen. Mike Crapo						
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼					
State: ID	District: 2					

Full Name (Last, First, Middle Initial) C. Bennett Election Committee Inc			Transaction ID: 15331495 Date of Disbursement 06 / 24 / 2003			
Mailing Address 175 South West Temple Suite 650			Amount of Each Disbursement this Period 1000.00			
City Salt Lake City	State UT	Zip Code 84101				
Purpose of Disbursement		011 Category/ Type				
Candidate Name Sen. Robert Bennett						
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼					
State: UT	District: 2					

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 280 / 281			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. Shelby For U S Senate		Transaction ID: 15331483 Date of Disbursement 06 / 24 / 2003	
Mailing Address Post Office Box 1091		Amount of Each Disbursement this Period 2000.00	
City Tuscaloosa	State AL	Zip Code 35401	011 Category/ Type
Purpose of Disbursement		Disbursement For: 2004 X Primary General Other (specify) ▼	
Candidate Name Sen. Richard Shelby			
Office Sought: House X Senate President	State: AL	District: 1	

Full Name (Last, First, Middle Initial) B. Tom Delay Congressional Committee		Transaction ID: 15331487 Date of Disbursement 06 / 24 / 2003	
Mailing Address 10707 Corporate Drive Suite 130		Amount of Each Disbursement this Period 5000.00	
City Stafford	State TX	Zip Code 77477	011 Category/ Type
Purpose of Disbursement		Disbursement For: 2004 X Primary General Other (specify) ▼	
Candidate Name Rep. Tom DeLay			
Office Sought: X House Senate President	State: TX	District: 22	

Full Name (Last, First, Middle Initial) C. Friends Of Don Sherwood		Transaction ID: 15331488 Date of Disbursement 06 / 24 / 2003	
Mailing Address B1 Warren Street		Amount of Each Disbursement this Period 1000.00	
City Tunkhannock	State PA	Zip Code 18657	011 Category/ Type
Purpose of Disbursement		Disbursement For: 2004 X Primary General Other (specify) ▼	
Candidate Name Rep. Donald Sherwood			
Office Sought: X House Senate President	State: PA	District: 10	

SUBTOTAL of Disbursements This Page (optional)	▶	8000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Promoting Republicans You Can Elect Project		Transaction ID: 15331486 Date of Disbursement 06 / 24 / 2003	
Mailing Address 1155 21ST STREET NW SUITE 300		Amount of Each Disbursement this Period 5000.00	
City Washington	State DC		Zip Code 20036
Purpose of Disbursement			011 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District D			

Full Name (Last, First, Middle Initial) B. Price For Congress		Transaction ID: 15341030 Date of Disbursement 06 / 25 / 2003	
Mailing Address PO Box 425		Amount of Each Disbursement this Period 1000.00	
City Roswell	State GA		Zip Code 30077
Purpose of Disbursement			011 Category/ Type
Candidate Name Thomas Price			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: GA District B			

SUBTOTAL of Disbursements This Page (optional)	▶	6000.00
TOTAL This Period (last page this line number only)	▶	169500.00