

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---|---|
| 6. (a) Cash on Hand January 1, <input type="text" value="2012"/> | | <input type="text" value="1409935.15"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="1430560.47"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="72944.07"/> | <input type="text" value="1423981.73"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="1503504.54"/> | <input type="text" value="2833916.88"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="535019.84"/> | <input type="text" value="1865432.18"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="968484.70"/> | <input type="text" value="968484.70"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---------------------------------------|---|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 61497.33 | 1257916.31 |
| (ii) Unitemized | 4577.50 | 111946.16 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 66074.83 | 1369862.47 |
| (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) | 66074.83 | 1369862.47 |
| 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)..... | 1869.24 | 20507.46 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 5000.00 | 33500.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 111.80 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 72944.07 | 1423981.73 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 72944.07 | 1423981.73 |

DETAILED SUMMARY PAGE

of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 1519.84 | 20687.18 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 1519.84 | 20687.18 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 64500.00 | 1315500.00 |
| 24. Independent Expenditures (use Schedule E) | 464000.00 | 514245.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 10000.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 10000.00 |
| 29. Other Disbursements | 5000.00 | 5000.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 535019.84 | 1865432.18 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 535019.84 | 1865432.18 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 66074.83 | 1369862.47 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 10000.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 66074.83 | 1359862.47 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 1519.84 | 20687.18 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 1869.24 | 20507.46 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | -349.40 | 179.72 |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 62 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

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

A. Charles L Beck MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3584 W 9000 S Ste 405
 City West Jordan State UT Zip Code 84088-5712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physician Group of Utah Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 01 / 2012
Transaction ID : A867E0F12F1244559AE5
 Amount of Each Receipt this Period 250.00

B. Richard A Biama MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1566 Edgehill Ln
 City Redlands State CA Zip Code 92373-6523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arrowhead Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 01 / 2012
Transaction ID : A1302E3A6A14E47C09D2
 Amount of Each Receipt this Period 250.00

C. Benjamin E Bierbaum MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 91 Parker Hill Ave
 City Roxbury Crossing State MA Zip Code 02120-3215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Longwood Orthopedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 01 / 2012
Transaction ID : A5FDC6B30BCF04F05936
 Amount of Each Receipt this Period 1000.00

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 62 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

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

A. Gail S Chorney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 E 17th St
 City New York State NY Zip Code 10003-3804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYU Hospital for Joint Diseases Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 01 / 2012**
Transaction ID : A518FEB02886F4B1BAE2
 Amount of Each Receipt this Period **500.00**

B. John C Clohisy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Ortho Surg, CB 8233
 660 S Euclid
 City Saint Louis State MO Zip Code 63110-1010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 01 / 2012**
Transaction ID : A87B2275729EE4B00A57
 Amount of Each Receipt this Period **1000.00**

C. Kenneth J Edwards MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 183 Peace Blvd
 City Saint Joseph State MI Zip Code 49085-9146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Michigan Ctr for Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **900.00**

Date of Receipt **10 / 01 / 2012**
Transaction ID : ABCC0053CC9D14382838
 Amount of Each Receipt this Period **100.00**

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1600.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 62 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. Richard S Glosser MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 941 N Krome Ave
 City Homestead State FL Zip Code 33030-4408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : A3F7DF9EA42A44991B06
 Amount of Each Receipt this Period
 250.00

B. Daniel William Green MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 E 70th St
 City New York State NY Zip Code 10021-4823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital for Special Surgery
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1503.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : AF4536B041D29422A994
 Amount of Each Receipt this Period
 167.00

C. David A Halsey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 192 Tilley Drive
 City South Burlington State VT Zip Code 05403-4440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Vermont Medical Group
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : A2AD16D2C9968453A901
 Amount of Each Receipt this Period
 50.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 467.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Ravi Patel MD
Full Name (Last, First, Middle Initial)

Mailing Address 7721 Park River Oak Circle

| | | |
|--------------------|-------------|------------------------|
| City Sacramento | State CA | Zip Code 95831-5809 |
|--------------------|-------------|------------------------|

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

| | |
|---|-----------------------------------|
| Name of Employer Medical Clinic Sacramento | Occupation Orthopaedic Surgeon |
|---|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | / | 01 | / | 2012 |

Transaction ID : A7F74DAAD1C814C58A43

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

B. Scott Edward Porter MD
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Ortho, Acad Serv
701 Grove Rd 2nd Fl Suprt Twr

| | | |
|--------------------|-------------|------------------------|
| City Greenville | State SC | Zip Code 29605-5601 |
|--------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer Greenville Hospital System | Occupation Orthopaedic Surgeon |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | / | 01 | / | 2012 |

Transaction ID : A778AF56254EE4AE7B45

Amount of Each Receipt this Period

| |
|-------|
| 85.00 |
|-------|

C. Bonhomme Joseph Prud'homme MD
Full Name (Last, First, Middle Initial)

Mailing Address 3400 Health Sciences Center South
PO Box 9196

| | | |
|--------------------|-------------|------------------------|
| City Morgantown | State WV | Zip Code 26506-9196 |
|--------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer West Virginia University | Occupation Orthopaedic Surgeon |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | / | 01 | / | 2012 |

Transaction ID : AC7F173681B534551B3A

Amount of Each Receipt this Period

| |
|-------|
| 85.00 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 420.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Marc J Rosen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5605 W Eugie Ste 111
 City Glendale State AZ Zip Code 85304-1273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Surg Network of North America Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1900.00**

Date of Receipt **10 / 01 / 2012**
Transaction ID : AA3ACB418456D4C38819
 Amount of Each Receipt this Period **100.00**

B. Robert A Ruggiero MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 266 East Lancaster Ave Ste 200
 City Malvern State PA Zip Code 19355-3256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PA Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 01 / 2012**
Transaction ID : AB0834EDDBFC54F8A9DC
 Amount of Each Receipt this Period **250.00**

C. Mark Ruoff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15-01 Broadway Ste 20
 City Fair Lawn State NJ Zip Code 07410-6003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 01 / 2012**
Transaction ID : A3D0C8CFFA85E41D8B05
 Amount of Each Receipt this Period **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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 62 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

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

A. Joshua Schkrohowsky MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 545
 City Winthrop State WA Zip Code 98862-0545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mid Valley Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : A820A51BA968A4F47898
 Amount of Each Receipt this Period
250.00

B. Paul Strawn Sherbondy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Ste 112, MC-UP02
 1850 E Park Ave
 City State Zip Code
 State College PA 16803-6706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Penn State Hershey Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.98**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : A929D3EA97A3842EA939
 Amount of Each Receipt this Period
83.33

C. Dmitry Tudor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 329 Elizabeth Rd
 City State Zip Code
 San Antonio TX 78209-5960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US Air Force Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : A1B7EC30BC5044954A46
 Amount of Each Receipt this Period
500.00

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 833.33 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 14 OF 62 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Christopher A Wills MD | | Date of Receipt |
| Mailing Address 725 W La Veta Ave Ste 260 | | <input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2012"/> |
| City | State | Zip Code |
| Orange | CA | 92868-4439 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : A18287E111CA543C7AE4 |
| Name of Employer Self Employed | | Amount of Each Receipt this Period |
| Occupation Orthopaedic Surgeon | | <input type="text" value="84.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="504.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Robert B Wilsterman MD | | Date of Receipt |
| Mailing Address 5 Bramblebush Park | | <input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2012"/> |
| City | State | Zip Code |
| Falmouth | MA | 02540-2325 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : AA235110DF2474129994 |
| Name of Employer Orthopedic Specialists | | Amount of Each Receipt this Period |
| Occupation Orthopaedic Surgeon | | <input type="text" value="500.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="500.00"/> | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Jaafar M Bazih MD | | Date of Receipt |
| Mailing Address 4802 S 109th East Ave | | <input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2012"/> |
| City | State | Zip Code |
| Tulsa | OK | 74146-5822 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : A619DFBAC4E5F4A5D812 |
| Name of Employer Tulsa Bone & Joint Associates | | Amount of Each Receipt this Period |
| Occupation Orthopaedic Surgeon | | <input type="text" value="250.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="1000.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="834.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 15 OF 62 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

A. Gregory Dee Byrd MD, MA
 Full Name (Last, First, Middle Initial)
 Mailing Address 3897 Cameron Dr NE
 City Lacey State WA Zip Code 98516-3888
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Olympia Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2012
Transaction ID : A2A025E888B744F3FAED
 Amount of Each Receipt this Period
 500.00

B. Daniel A Caligiuri MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Hickory Rd
 City New Hyde Park State NY Zip Code 11040-2326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2012
Transaction ID : A21B99678EDF745B3AF8
 Amount of Each Receipt this Period
 100.00

c. Craig Dunwody Cameron DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6500 La Posta Dr
 City El Paso State TX Zip Code 79912-7333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer El Paso Orthopaedic Surg Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2012
Transaction ID : A1956EE0DB1654254927
 Amount of Each Receipt this Period
 300.00

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 62 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. John T Capo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 504 Observer Hwy
 Unit 2
 City Hoboken State NJ Zip Code 07030-6507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UMDNJ Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2012
Transaction ID : A269997BE1C9541DFA4A
 Amount of Each Receipt this Period
 300.00
 Aggregate Year-to-Date
 600.00

B. Theodore J Choma MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Missouri Orthopaedic Institute
 1100 Virginia Avenue
 City Columbia State MO Zip Code 65212-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Missouri Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2012
Transaction ID : AC53833CDC19E470C9DF
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date
 250.00

C. Craig A Davis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1411 S Potomac St Ste 400
 City Aurora State CO Zip Code 80012-4540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Colorado Orthopaedic Consultan Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2012
Transaction ID : AC4F9005B8E51492DB65
 Amount of Each Receipt this Period
 250.00
 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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

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

A. Scott John Deering MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1605 Gleneagles Dr
 City Bowling Green State OH Zip Code 43402-5236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 02 / 2012
Transaction ID : A999F078ECC3B4B43832
 Amount of Each Receipt this Period 250.00

B. Mark J Geppert MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Marsh Brook Professional Ctr
 7 Marsh Brook Dr Ste 205
 City Somersworth State NH Zip Code 03878-6523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seacoast Ortho & Sports Medicine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 02 / 2012
Transaction ID : A6A69AD8AE74A492299B
 Amount of Each Receipt this Period 250.00

C. Gus G Gialamas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 653 Camino De Los Mares
 Ste 109
 City San Clemente State CA Zip Code 92673-2808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seaview Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 02 / 2012
Transaction ID : A1B539BF4F7054A218D7
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... **600.00**
TOTAL This Period (last page this line number only).....

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 62 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. Mark Gillespy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1075 Mason Avenue
 City Daytona Beach State FL Zip Code 32117-4611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 02 / 2012
Transaction ID : A362461354837416AAAF
 Amount of Each Receipt this Period
500.00

B. Devon D Goetz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6001 Westown Pky
 City West Des Moines State IA Zip Code 50266-7702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Des Moines Ortho Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 02 / 2012
Transaction ID : AA3FD8C07836C40AE857
 Amount of Each Receipt this Period
250.00

C. Paul Grutter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1374 Rozella Way
 City Gallatin State TN Zip Code 37066-7466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Grutter Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 02 / 2012
Transaction ID : A14C09C3548E2405E803
 Amount of Each Receipt this Period
150.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Andrew P Gutow MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 741 Westminster Ln
 City Los Altos State CA Zip Code 94022-1144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Palo Alto Medical Foundation Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **938.00**

Date of Receipt **10 / 02 / 2012**
Transaction ID : A6F983A4FA19047AF826
 Amount of Each Receipt this Period **188.00**

B. Charlotte J Harris MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 732 East Maple Leaf Rd
 City Maysville State KY Zip Code 41056-9069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fleming County Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 02 / 2012**
Transaction ID : A51827821C3674DD8B6B
 Amount of Each Receipt this Period **250.00**

C. Edward J Hellman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Orthopaedics Indianapolis 8450 Northwest Blvd
 City Indianapolis State IN Zip Code 46278-1381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Indy Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **10 / 02 / 2012**
Transaction ID : AAE63AF1FF3624C54963
 Amount of Each Receipt this Period **1000.00**

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1438.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

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

A. Robert K Henrichsen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13000 Big Sky Place
 City Auburn State CA Zip Code 95602-9151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2012
Transaction ID : A3CE73458F2B04C72843
 Amount of Each Receipt this Period
 300.00

B. Jaime Hernandez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6815 Noble Ave
 City Van Nuys State CA Zip Code 91405-3796
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern California Ortho Institute
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2012
Transaction ID : A88DB3F7F73B7477A856
 Amount of Each Receipt this Period
 500.00

C. Derek L Jones MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 127 Warrenton
 City Houston State TX Zip Code 77024-6223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UT Physicians
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2012
Transaction ID : A25325B5585BE4860837
 Amount of Each Receipt this Period
 500.00

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 21 OF 62 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Haik G Kavookjian MD | | Date of Receipt |
| Mailing Address 555 Newfield Ave | | <input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2012"/> |
| City State Zip Code Stamford CT 06950 | | Transaction ID : A65BF2C23E5C24915B83 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="250.00"/> |
| Name of Employer Self Employed | Occupation Orthopaedic Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="750.00"/> | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Allen Sanders Kent MD | | Date of Receipt |
| Mailing Address 800 12th Ave Ste 200 | | <input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2012"/> |
| City State Zip Code Fort Worth TX 76104-2519 | | Transaction ID : ADD1A2D0C3E2A49F7847 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="300.00"/> |
| Name of Employer Self Employed | Occupation Orthopaedic Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="300.00"/> | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Leonard J Kibiloski MD | | Date of Receipt |
| Mailing Address 2310 California Rd | | <input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2012"/> |
| City State Zip Code Elkhart IN 46514-1228 | | Transaction ID : AA07766F48EE64CCC978 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="500.00"/> |
| Name of Employer OSMC | Occupation Orthopaedic Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/> | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="1050.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 62 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. Herbert J Louis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5110 N 40th St Ste 236
 City Phoenix State AZ Zip Code 85018-2151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **10 / 02 / 2012**
Transaction ID : ADE2FF8DFC3BF4354B22
 Amount of Each Receipt this Period **1000.00**

B. Paul C Matson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1431 Premier Drive
 City Mankato State MN Zip Code 56001-6076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic & Fracture Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **10 / 02 / 2012**
Transaction ID : A7EA2706194FA451DB5B
 Amount of Each Receipt this Period **100.00**

C. Michael A Milek MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 Harpeth Trace Dr
 City Nashville State TN Zip Code 37221-3128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tennessee Ortho Alliance Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 02 / 2012**
Transaction ID : AA6EA4C48CD3A4039A8F
 Amount of Each Receipt this Period **250.00**

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1350.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 23 OF 62 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

A. David R Morawski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2525 Kaneville Rd
 City Geneva State IL Zip Code 60134-2578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fox Valley Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 02 / 2012**
Transaction ID : A8F42FABD222D48F5816
 Amount of Each Receipt this Period **500.00**

B. Davis C Peterson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3831 Piper St Ste S220
 City Anchorage State AK Zip Code 99508-4680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anchorage Fracture & Ortho Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 02 / 2012**
Transaction ID : A35B28D1483404D2481E
 Amount of Each Receipt this Period **1000.00**

C. Rola H Rashid MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Hagen Dr Ste 110
 City Rochester State NY Zip Code 14625-2665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **10 / 02 / 2012**
Transaction ID : A4037FBF6BE64484DA2C
 Amount of Each Receipt this Period **200.00**

SUBTOTAL of Receipts This Page (optional)..... **1700.00**
TOTAL This Period (last page this line number only).....

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Gary S Simon MD
Full Name (Last, First, Middle Initial)

Mailing Address 150 Helmsley Dr NW

City Atlanta State GA Zip Code 30327-4901

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

Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2012

Transaction ID : A4ED979308D55452085C

Amount of Each Receipt this Period
 250.00

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

Mailing Address 510 20th St Fot 901

City Birmingham State AL Zip Code 35233-2028

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

Name of Employer UAB Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2012

Transaction ID : AD72A7220ABBB49A8A10

Amount of Each Receipt this Period
 500.00

C. Andrew Lawrence Whaley MD
Full Name (Last, First, Middle Initial)

Mailing Address 46 Cabernet

City San Antonio State TX Zip Code 78258-4669

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2012

Transaction ID : A7B7DB24F73F3499E916

Amount of Each Receipt this Period
 250.00

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 62 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

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

A. David I Zaret MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Empire Ct
 City Dix Hills State NY Zip Code 11746-6704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Orin & Cohen Orthopedic Assoc
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt: 10 / 02 / 2012
Transaction ID : A374ED0A698014A1A876
 Amount of Each Receipt this Period: **75.00**

B. Alfredo L Axtmayer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Research Pkwy
 City Wallingford State CT Zip Code 06492-1930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Mid-State Medical Center
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt: 10 / 04 / 2012
Transaction ID : A4F9C04CF3BE1433E899
 Amount of Each Receipt this Period: **1500.00**

C. Peter J Daly MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2090 Woodwinds Dr
 City Saint Paul State MN Zip Code 55125-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Summit Orthopedics
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt: 10 / 04 / 2012
Transaction ID : A07D7A7AE63F44F22AFA
 Amount of Each Receipt this Period: **1000.00**

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 2575.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Ira L Fedder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7505 Osler Dr Ste 104
 City Towson State MD Zip Code 21204-7737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Towson Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **10 / 04 / 2012**
Transaction ID : A8EA675F55CE148259DF
 Amount of Each Receipt this Period **500.00**

B. Joshua B Frank MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 E 96th St PH-T
 City New York State NY Zip Code 10128-6216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coastal Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 04 / 2012**
Transaction ID : ACA219357524A466B985
 Amount of Each Receipt this Period **500.00**

C. Stephen D Helper MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 29001 Cedar Rd Ste 519
 City Cleveland State OH Zip Code 44124-4041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 04 / 2012**
Transaction ID : A8104FC5A4B5D44CF914
 Amount of Each Receipt this Period **200.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. James G Howe MD
Full Name (Last, First, Middle Initial)

Mailing Address Fletcher Allen Health Care
192 Tilley Dr

City South Burlington State VT Zip Code 05403-4440

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 04 / 2012
Transaction ID : **A46B5FB67E41D4A05BB3**

Amount of Each Receipt this Period
500.00

B. Thomas Moss Jones MD
Full Name (Last, First, Middle Initial)

Mailing Address Palmetto Health Richland
3 Richland Medical Park, Suite 330

City Columbia State SC Zip Code 29203-6862

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

Name of Employer Palmetto Health Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 04 / 2012
Transaction ID : **A12FE56D9D5784B78B81**

Amount of Each Receipt this Period
250.00

c. Christopher M Magee MD
Full Name (Last, First, Middle Initial)

Mailing Address 111 Maltese Dr

City Middletown State NY Zip Code 10940-2115

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

Name of Employer Middletown Medical Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 04 / 2012
Transaction ID : **AB2C9FC981E61409F843**

Amount of Each Receipt this Period
500.00

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 62 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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. Alfonso Mejia MD | | Date of Receipt | | | | | | | | | | |
| Mailing Address 835 S Wolcott Ave M/C 844 Rm E-270 | | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>04</td> <td></td> <td>2012</td> </tr> </table> | M M | / | D D | / | Y Y Y Y | 10 | | 04 | | 2012 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | |
| 10 | | 04 | | 2012 | | | | | | | | |
| City Chicago | State IL | Zip Code 60612-3748 | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | Transaction ID : A4AA40BEB27A146BC993 | | | | | | | | | | |
| Name of Employer Univ of Illinois at Chicago | | Occupation Orthopaedic Surgeon | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Amount of Each Receipt this Period 1000.00 | | | | | | | | | | |
| Aggregate Year-to-Date ▼ 1000.00 | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|---|----------|--|-----|---------|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) B. Joshua Pletka MD | | Date of Receipt | | | | | | | | | | |
| Mailing Address 4535 Spruce Ridge Dr | | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>04</td> <td></td> <td>2012</td> </tr> </table> | M M | / | D D | / | Y Y Y Y | 10 | | 04 | | 2012 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | |
| 10 | | 04 | | 2012 | | | | | | | | |
| City Manlius | State NY | Zip Code 13104-9655 | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | Transaction ID : AA9D022A37DDD4E42B62 | | | | | | | | | | |
| Name of Employer Upstate Orthopaedics | | Occupation Orthopaedic Surgeon | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Amount of Each Receipt this Period 500.00 | | | | | | | | | | |
| Aggregate Year-to-Date ▼ 500.00 | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|---|----------|--|-----|---------|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) C. George W Prutzman MD | | Date of Receipt | | | | | | | | | | |
| Mailing Address 689 Sierra Rose Dr Ste B | | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>04</td> <td></td> <td>2012</td> </tr> </table> | M M | / | D D | / | Y Y Y Y | 10 | | 04 | | 2012 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | |
| 10 | | 04 | | 2012 | | | | | | | | |
| City Reno | State NV | Zip Code 89511-2076 | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | Transaction ID : A8955D6F0C71F45AE80A | | | | | | | | | | |
| Name of Employer William B Ririe Hospital | | Occupation Orthopaedic Surgeon | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Amount of Each Receipt this Period 500.00 | | | | | | | | | | |
| Aggregate Year-to-Date ▼ 500.00 | | | | | | | | | | | | |

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. David R Richardson MD
Full Name (Last, First, Middle Initial)

Mailing Address 1211 Union Ave Ste 510

City Memphis State TN Zip Code 38104-6656

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

Name of Employer Campbell Clinic Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **545.00**

Date of Receipt
10 / 04 / 2012
Transaction ID : A29722593D4664C7D824

Amount of Each Receipt this Period
500.00

B. Jeffrey J Sketchler MD
Full Name (Last, First, Middle Initial)

Mailing Address 4817 Richland Ave

City Metairie State LA Zip Code 70002-1343

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

Name of Employer Pontchartrain Bone & Joint Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
10 / 04 / 2012
Transaction ID : A203DE80140C64A93A80

Amount of Each Receipt this Period
250.00

C. Alan D Barronian MD
Full Name (Last, First, Middle Initial)

Mailing Address 16259 Sylvester Rd SW Ste 501

City Burien State WA Zip Code 98166-3059

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

Name of Employer Proliance Surgeons Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
10 / 05 / 2012
Transaction ID : AAF981A97E6B04F90938

Amount of Each Receipt this Period
500.00

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

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

Mailing Address 301 NW 84th Ave Ste 303

| | | |
|--------------------|-------------|------------------------|
| City Plantation | State FL | Zip Code 33324-1807 |
|--------------------|-------------|------------------------|

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

| | |
|-----------------------------------|-----------------------------------|
| Name of Employer Self Employed | Occupation Orthopaedic Surgeon |
|-----------------------------------|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 05 / 2012
Transaction ID : ACDA67D43358A440FAAA

Amount of Each Receipt this Period
250.00

B. Henry Robert Boucher MD
Full Name (Last, First, Middle Initial)

Mailing Address 3333 N Calvert St Ste 400

| | | |
|-------------------|-------------|------------------------|
| City Baltimore | State MD | Zip Code 21218-6501 |
|-------------------|-------------|------------------------|

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

| | |
|-----------------------------|-----------------------------------|
| Name of Employer MedStar | Occupation Orthopaedic Surgeon |
|-----------------------------|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 05 / 2012
Transaction ID : AD9AE58FA2E0C486AAA5

Amount of Each Receipt this Period
500.00

C. Kim Marie Clabbers MD
Full Name (Last, First, Middle Initial)

Mailing Address 120 W Maple Ave

| | | |
|-------------------|-------------|------------------------|
| City Langhorne | State PA | Zip Code 19047-2820 |
|-------------------|-------------|------------------------|

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

| | |
|--|-----------------------------------|
| Name of Employer Lower Bucks Hospital | Occupation Orthopaedic Surgeon |
|--|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 05 / 2012
Transaction ID : AFC41F87824D64BA19E9

Amount of Each Receipt this Period
250.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Struan H Coleman MD
Full Name (Last, First, Middle Initial)

Mailing Address 535 E 70th St

City New York State NY Zip Code 10021-4823

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

Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2012
Transaction ID : AD463B53B0BB041A3BCA

Amount of Each Receipt this Period 250.00

B. Evan L Flatow MD
Full Name (Last, First, Middle Initial)

Mailing Address 5 E 98th St Box 1188

City New York State NY Zip Code 10029-6501

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

Name of Employer Mt Sinai School of Medicine Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 05 / 2012
Transaction ID : A7FD82D8ADF884E088B4

Amount of Each Receipt this Period 1000.00

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

Mailing Address 6470 Tiptecanoe Rd

City Canfield State OH Zip Code 44406-9008

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

Name of Employer Youngstown Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 05 / 2012
Transaction ID : AABD791883FB048F8BA6

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Herbert J Louis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5110 N 40th St Ste 236
 City Phoenix State AZ Zip Code 85018-2151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3000.00**

Date of Receipt **10 / 05 / 2012**
Transaction ID : A827B6719156847D4941
 Amount of Each Receipt this Period **1000.00**

B. Jeffrey L Lovallo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7025 Benjamin St
 City Mc Lean State VA Zip Code 22101-1550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anderson Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **10 / 05 / 2012**
Transaction ID : A25D6981972384D6EBCF
 Amount of Each Receipt this Period **1000.00**

C. John G Lunt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Tamarack Ave
 City Danbury State CT Zip Code 06811-4959
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hand Center of Western Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **10 / 05 / 2012**
Transaction ID : AD8F31CEA4DD541BB9A6
 Amount of Each Receipt this Period **4000.00**

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 6000.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

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

Mailing Address 2680 Crimson Canyon Dr

City Las Vegas State NV Zip Code 89128-0841

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

Name of Employer Bone & Joint Specialists Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 05 / 2012
Transaction ID : A5E60B042B81348B1AF6

Amount of Each Receipt this Period 2000.00

B. Hal J McCutchan MD
Full Name (Last, First, Middle Initial)

Mailing Address 14221 92nd St SE

City Snohomish State WA Zip Code 98290-9029

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

Name of Employer Western Washington Medical Group Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 05 / 2012
Transaction ID : ABB0A9CAE290B479E8FF

Amount of Each Receipt this Period 1000.00

C. Thomas L Mehlhoff MD
Full Name (Last, First, Middle Initial)

Mailing Address 7401 S Main

City Houston State TX Zip Code 77030-4509

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2012
Transaction ID : A502081B666CB4016B9E

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Brian D Mulliken MD | | Date of Receipt |
| Mailing Address 8322 Bellona Ave Ste 100 | | <input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2012"/> |
| City Towson | State MD | Zip Code 21204-2065 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : ACB86D7538CEB4F8288E |
| Name of Employer Univ of Maryland | | Amount of Each Receipt this Period <input type="text" value="250.00"/> |
| Occupation Orthopaedic Surgeon | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="500.00"/> | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. John David Ramsay MD | | Date of Receipt |
| Mailing Address 400 22nd Ave | | <input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2012"/> |
| City Brookings | State SD | Zip Code 57006-2450 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : A21FD3D8353E54438920 |
| Name of Employer Avera Brookings Medical Clinic | | Amount of Each Receipt this Period <input type="text" value="100.00"/> |
| Occupation Orthopaedic Surgeon | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="1100.00"/> | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. William P Rix MD | | Date of Receipt |
| Mailing Address 55 Audubon Way | | <input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2012"/> |
| City Auburn | State NH | Zip Code 03032-3109 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : A210C35DC4EAB4C50A5A |
| Name of Employer NH Orthopaedic Surgery | | Amount of Each Receipt this Period <input type="text" value="125.00"/> |
| Occupation Orthopaedic Surgeon | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="250.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="475.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Perry R Secor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3771 Katella Ave Ste 209
 City Los Alamitos State CA Zip Code 90720-3121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : AF46FEDAD3214462A801
 Amount of Each Receipt this Period
 500.00

B. Mark A Wolgin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Orthopaedic Associates
 619 Pointe North Blvd
 City Albany State GA Zip Code 31721-1514
 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 ▼ 580.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : AF913EEE9C0FC41139CF
 Amount of Each Receipt this Period
 100.00

C. Gregory Solis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10610 Brighton Hill Circle N.
 City Jacksonville State FL Zip Code 32256-4536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jacksonville Ortho Institute
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2012
Transaction ID : A5857DC4327F44B7A97C
 Amount of Each Receipt this Period
 250.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 850.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 62 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

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

A. Richard W Garner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3831 Piper St Suite S220
 City Anchorage State AK Zip Code 99508-4680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anchorage Fracture & Ortho Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **10 / 10 / 2012**
Transaction ID : A271B9150E1834781B06
 Amount of Each Receipt this Period **1000.00**

B. John G Heller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 Executive Park South NE Ste 3000
 City Atlanta State GA Zip Code 30329-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emory Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 10 / 2012**
Transaction ID : AC3F792ABF1A24B318DE
 Amount of Each Receipt this Period **1000.00**

C. D Kay Kirkpatrick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5671 Peachtree Dunwoody Rd Ste 700
 City Atlanta State GA Zip Code 30342-5047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **10 / 10 / 2012**
Transaction ID : ACF43304AE3454EDD9CF
 Amount of Each Receipt this Period **1000.00**

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 38 OF 62 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

A. Adam Edward Klein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Legacy Drive
 City Morgantown State WV Zip Code 26508-4273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Virginia University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2012
Transaction ID : AD351127F94584F98B1A
 Amount of Each Receipt this Period
 500.00

B. Kevin James Kulwicki MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 505 Sunset Drive
 City Ashland State KY Zip Code 41101-2171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kings Daughters Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2012
Transaction ID : A397D1181EA934B77A1E
 Amount of Each Receipt this Period
 250.00

c. Gregg Louis Massanelli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2700 Vine St
 City El Dorado State AR Zip Code 71730-6700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Arkansas Ortho Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2012
Transaction ID : A43A5DF26E9EC4389B69
 Amount of Each Receipt this Period
 250.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Christopher M Miller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5059 S Greenbriar Ave
 City Springfield State MO Zip Code 65804-7758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ferrell-Duncan Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **10 / 10 / 2012**
Transaction ID : A7142A282E0D74853832
 Amount of Each Receipt this Period **1000.00**

B. Alan Rosen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17270 Red Oak Dr Ste 200
 City Houston State TX Zip Code 77090-2632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 10 / 2012**
Transaction ID : A67C3AF050C7D44C0BB7
 Amount of Each Receipt this Period **1000.00**

C. Frederick Suh Song MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Beechtree Ln
 City Princeton State NJ Zip Code 08540-7428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Princeton Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 10 / 2012**
Transaction ID : A1106AEDAAFEF455DBD6
 Amount of Each Receipt this Period **1000.00**

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

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

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 40 OF 62 | |
| | (check only one) | | | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 17 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

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

A. Christopher Joseph Spieles MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 735 S Shoop Ave
 City Wauseon State OH Zip Code 43567-1735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Ohio Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **875.00**

Date of Receipt **10 / 10 / 2012**
Transaction ID : A388DA0F2F2D14CEE90E
 Amount of Each Receipt this Period **375.00**

B. Stuart Winakur MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8322 Bellona Ave
 City Towson State MD Zip Code 21204-2065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Towson Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **10 / 10 / 2012**
Transaction ID : A5F623742205F4B4BADB
 Amount of Each Receipt this Period **250.00**

C. George S Zakaib MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3400 SW Redmond Hill Rd
 City McMinnville State OR Zip Code 97128-8395
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WVMC Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **10 / 10 / 2012**
Transaction ID : A0A185CAD69D94A91BA4
 Amount of Each Receipt this Period **250.00**

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 OF 62 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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. Mustasim N Rumi MD | | Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 11 / 2012 |
| Mailing Address 2901 Mill Reef Cv | | Transaction ID : A9B89ED5C3C024BD3A37 |
| City Austin | State TX | Zip Code 78746-1828 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Orthopaedic Associates | Occupation Orthopaedic Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Kathleen Anne Hogan MD | | Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 12 / 2012 |
| Mailing Address 17 Riverside St Ste 101 | | Transaction ID : A18529436A93E46D49A4 |
| City Nashua | State NH | Zip Code 03062-1383 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 1000.00 |
| Name of Employer NH Orthopaedic Center | Occupation Orthopaedic Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Stephen W Shick MD | | Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 12 / 2012 |
| Mailing Address 14577 Faucet Ln | | Transaction ID : A76BC65DF8F8D4A88BCC |
| City Fishers | State IN | Zip Code 46040-9476 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Central Indiana Orthopedics | Occupation Orthopaedic Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 62 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

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

A. Gregory W Soghikian MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Lake Ave Ste 1
 City Manchester State NH Zip Code 03103-2734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NH Orthopaedic Surgery Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **10 / 12 / 2012**
Transaction ID : A769D3191318E48C4B8B
 Amount of Each Receipt this Period **1000.00**

B. Sanaz Hariri MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1169 Trinity Dr
 City Menlo Park State CA Zip Code 94025-6668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Unknown
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 13 / 2012**
Transaction ID : AEF533E7267264943BBD
 Amount of Each Receipt this Period **250.00**

C. William A Crotwell III
 Full Name (Last, First, Middle Initial)
 Mailing Address 4217 River Oaks Lane
 City Mobile State AL Zip Code 36619-9552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alabama Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 15 / 2012**
Transaction ID : AA13CFA78D4F2491AAB5
 Amount of Each Receipt this Period **1000.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Daniel R Harrah MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3220 Hospital Dr
 City Juneau State AK Zip Code 99801-7808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : A607C0DFB710B437FADF
 Amount of Each Receipt this Period
2000.00

B. Dinakar S Murthi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Riverside St Suite 101
 City Nashua State NH Zip Code 03062-1383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Hampshire Orthopaedic Center
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : AFF7A6AD7B8194CEAACD
 Amount of Each Receipt this Period
500.00

C. Don K Moore MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9077 S Federal Hwy
 City Port Saint Lucie State FL Zip Code 34952-3405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Orthopaedic Specialists
 Occupation Orthopaedic spine surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2012
Transaction ID : AB60F4906AF11459EAC1
 Amount of Each Receipt this Period
250.00

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 2750.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 OF 62 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

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

A. Donald A Hackbarth MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Ortho Surg Box 26099
 9200 W Wisconsin Ave
 City Milwaukee State WI Zip Code 53226-3522
 Name of Employer Medical College of Wisconsin Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 17 / 2012
Transaction ID : A17A2D1D0A2754AD69A8
 Amount of Each Receipt this Period 750.00

B. Bernard G Kirol MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1910 Blanding St
 City Columbia State SC Zip Code 29201-3520
 Name of Employer Midlands Orthopaedics, PA Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2012
Transaction ID : ADF594FE68DE48D8983
 Amount of Each Receipt this Period 1000.00

C. Jay David Pond MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Orthopedic Way
 City Arlington State TX Zip Code 76015-1629
 Name of Employer Arlington Orthopedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 17 / 2012
Transaction ID : A13CAB57D5B024E9897B
 Amount of Each Receipt this Period 380.00

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2130.00 |
| TOTAL This Period (last page this line number only).....▶ | 61497.33 |

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

| | | | |
|---|------------------------------|---|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 45 OF 62 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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

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

A. Full Name (Last, First, Middle Initial)
American Association of Orthopaedic Surgeons

Mailing Address 317 Massachusetts Avenue, NE
1st Floor

City Washington State DC Zip Code 20002

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20492.87

Date of Receipt
10 / 15 / 2012
Transaction ID : A7C4A1352C9AE44AC9A3

Amount of Each Receipt this Period
1869.24

Refund of bank fees from affiliated organization

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1869.24 |
| TOTAL This Period (last page this line number only).....▶ | 1869.24 |

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

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

FOR LINE NUMBER: PAGE 46 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
John Sullivan for Congress Inc

Mailing Address P.O. Box 470840

City State Zip Code
 Tulsa OK 74147

FEC ID number of contributing federal political committee. **C** C00366773

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

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

Transaction ID : A3FCB2C47C0664022805

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5000.00 |
| TOTAL This Period (last page this line number only).....▶ | 5000.00 |

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

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

FOR LINE NUMBER:
(check only one)

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

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. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2012

Transaction ID : B7F779B05E2614FAD833

Amount of Each Disbursement this Period

34.00

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2012

Transaction ID : B41712623BF504D24BF7

Amount of Each Disbursement this Period

739.25

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2012

Transaction ID : B148FFF7F754B4D58A24

Amount of Each Disbursement this Period

681.82

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1455.07

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

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

FOR LINE NUMBER:
(check only one)

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

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. Aristotle International, Inc

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 12 | | | 2012 | | | |

Transaction ID : B522361F78FEB43DA8E4

Amount of Each Disbursement this Period

| |
|-------|
| 64.77 |
|-------|

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| | | | | | | | | | |

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| | | | | | | | | | |

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

| |
|-------|
| 64.77 |
|-------|

| |
|---------|
| 1519.84 |
|---------|

**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)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 |

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. Archer for Congress

Mailing Address P.O. Box 122

City Bettendorf State IA Zip Code 52722-0003

Purpose of Disbursement

Candidate Name

John H Archer Jr.

Office Sought: House
 Senate
 President

State: IA District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 05 | | 2012 |

Transaction ID : BE0BFE26FC4D64215A8F

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Bob Casey for Senate Inc

Mailing Address 30 S 15th Street, Suite 400

City Philadelphia State PA Zip Code 19102-4801

Purpose of Disbursement

Candidate Name

Sen. Robert P. Casey Jr.

Office Sought: House
 Senate
 President

State: PA District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 05 | | 2012 |

Transaction ID : B8ABCFF78AF314E92A7F

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Friends of Bernie Sanders

Mailing Address P.O. Box 391

City Burlington State VT Zip Code 05402-0391

Purpose of Disbursement

Candidate Name

Sen. Bernie Sanders

Office Sought: House
 Senate
 President

State: VT District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 05 | | 2012 |

Transaction ID : B98CFAA60C79A4AECBE!

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

| |
|---------|
| 7500.00 |
|---------|

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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. Friends of Maria

Mailing Address P.O. Box 12740

City State Zip Code
Seattle WA 98111-4740

Purpose of Disbursement

Candidate Name

Sen. Maria Cantwell

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 05 | | 2012 |

Transaction ID : B159833F8290444939A2

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Hoosiers for Richard Mourdock

Mailing Address P.O. Box 1583

City State Zip Code
Indianapolis IN 46206-1583

Purpose of Disbursement

Candidate Name

Richard E Mourdock

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IN District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 05 | | 2012 |

Transaction ID : B20BF34694B6C4482A1E

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. House Conservatives Fund

Mailing Address P.O. Box 2752

City State Zip Code
Washington DC 20013-2752

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 05 | | 2012 |

Transaction ID : B649194940C3F4289894

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|----------|
| 10000.00 |
|----------|

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

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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. People for Derek Kilmer

Mailing Address P.O. Box 1574

City Gig Harbor State WA Zip Code 98335-3574

Purpose of Disbursement

Candidate Name

Derek Kilmer

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 05 | | | 2012 | | | |

Transaction ID : B700444C63E6D484EA2E

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Full Name (Last, First, Middle Initial)

B. Rob Andrews U.S. House Committee

Mailing Address 215 Fourth Ave, Suite 200

City Haddon Heights State NJ Zip Code 08035-1306

Purpose of Disbursement

Candidate Name

Rep. Robert E. Andrews

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 01

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 05 | | | 2012 | | | |

Transaction ID : BFC9AE739CF73407596C

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Full Name (Last, First, Middle Initial)

C. Shore PAC

Mailing Address P.O. Box 3157

City Long Branch State NJ Zip Code 07740-3157

Purpose of Disbursement
Pallone's LPAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: Other2012

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 05 | | | 2012 | | | |

Transaction ID : B6F176B9A92594350AFC

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

FOR LINE NUMBER:
(check only one)

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

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. Whitehouse for Senate

Mailing Address 1284 N Main St.

City Providence State RI Zip Code 02904-1830

Purpose of Disbursement

Candidate Name

Sen. Sheldon Whitehouse

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: RI District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 05 | / | 2012 |

Transaction ID : B27E52235F8E54AAC8FB

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Angus King for U.S. Senate Campaign

Mailing Address 135 Maine St

City Brunswick State ME Zip Code 04011-2009

Purpose of Disbursement

Candidate Name

Angus Stanley King Jr.

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: ME District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 09 | / | 2012 |

Transaction ID : B8F6CAE2DC5374A0CB14

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Friends of Connie Mack

Mailing Address P.O. Box 14-1129

City Coral Gables State FL Zip Code 33114

Purpose of Disbursement

Candidate Name

Rep. Connie Mack

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: FL District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 09 | / | 2012 |

Transaction ID : BA00A4F5405264AECBD5

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|----------|
| 10000.00 |
|----------|

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

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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. Pete Stark Re-election Committee

Mailing Address P.O. Box 8331

City State Zip Code
Fremont CA 94537-8331

Purpose of Disbursement

Candidate Name

Rep. Pete Stark

Office Sought: House
 Senate
 President
State: CA District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : B51C24C066D6C456AA82

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Better Leadership-Better America PAC

Mailing Address P.O. Box 3055

City State Zip Code
Virginia Beach VA 23454-9155

Purpose of Disbursement
Scott Rigell's LPAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Other2012

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 14 / 2012

Transaction ID : B459422EAB8A541729C8

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Denny Heck for Congress

Mailing Address P.O. Box 235

City State Zip Code
Olympia WA 98507-0235

Purpose of Disbursement

Candidate Name

Dennis Heck

Office Sought: House
 Senate
 President
State: WA District: 10

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 14 / 2012

Transaction ID : B44F474635C1E4146A0E

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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. George Allen for U.S. Senate

Mailing Address 2507 Kensington Ave

City Richmond State VA Zip Code 23220-3313

Purpose of Disbursement

Candidate Name

George Allen

Office Sought: House Senate President

State: VA District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 14 | | | 2012 | | | |

Transaction ID : B6E86D83C81A94172BC3

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Golden State Congressional Victory Fund

Mailing Address 2470 Daniell's Bridge Rd,
Suite 121

City Athens State GA Zip Code 30606-6191

Purpose of Disbursement
CA Joint Committee

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Other2012

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 14 | | | 2012 | | | |

Transaction ID : BEE7ED625E94844B390B

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. John Tavaglione for Congress

Mailing Address 4201 Brockton Ave
Suite 100

City Riverside State CA Zip Code 92501-3431

Purpose of Disbursement

Candidate Name

John F Tavaglione

Office Sought: House Senate President

State: CA District: 41

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 14 | | | 2012 | | | |

Transaction ID : B505B307599EA44D2A3B

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|---------|
| 6000.00 |
|---------|

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

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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. Keystone PAC

Mailing Address P.O. Box 29

City Uwchland State PA Zip Code 19480-0029

Purpose of Disbursement Gerlach's LPAC

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2012
 Primary General
 Other (specify) Other2012

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2012

Transaction ID : B964E6BACB15D4C23862

Amount of Each Disbursement this Period

5000.00

Category/Type

Full Name (Last, First, Middle Initial)

B. Ron Barber for Congress

Mailing Address P.O. Box 57715

City Tucson State AZ Zip Code 85732-7715

Purpose of Disbursement

Candidate Name

Ron Barber

Office Sought: House Senate President

State: AZ District: 08

Disbursement For: 2012
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2012

Transaction ID : B3CAA04D57349494B83F

Amount of Each Disbursement this Period

1000.00

Category/Type

Full Name (Last, First, Middle Initial)

C. Sanford D. Bishop, Jr. for Congress

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement

Candidate Name

Rep. Sanford D. Bishop Jr.

Office Sought: House Senate President

State: GA District: 02

Disbursement For: 2012
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2012

Transaction ID : BC16E50F5051D488B9BE

Amount of Each Disbursement this Period

5000.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

11000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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. Tom Rice for Congress

Mailing Address 1107 48th Ave, N
Suite 210

City Myrtle Beach State SC Zip Code 29577-5443

Purpose of Disbursement

Candidate Name

Tom Rice

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: SC District: 07

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | 1 | 4 | | 2 | 0 | 1 | 2 | | |

Transaction ID : B231B0AD90CEF44639CA

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Category/
Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| | | | | | | | | | | | |

Amount of Each Disbursement this Period

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| | | | | | | | | | | | |

Amount of Each Disbursement this Period

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 6 | 4 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Women's Policy, Inc

Mailing Address 409 12th Street SW
Suite 310

City Washington State DC Zip Code 20024-6126

Purpose of Disbursement
2013 Congressional Dinner

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) Other0

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 05 / 2012

Transaction ID : BE609FC77DEA546B2A92

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5000.00

5000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00343137 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) of Payee Issue & Image Advocacy Advertising | | Date <div style="border: 1px solid black; padding: 2px;"> 10 / 01 / 2012 </div> |
| Mailing Address 211 N Union St, Suite 100 | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 75000.00 </div> |
| City Alexandria State VA Zip Code 22314 | Transaction ID : E0204821E7CC14CFBA85 | |
| Purpose of Expenditure Radio airtime-Jim Matheson | Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> | Office Sought: <input checked="" type="checkbox"/> House State: UT <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Jim Matheson | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 75000.00 </div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services, Inc | | Date <div style="border: 1px solid black; padding: 2px;"> 10 / 17 / 2012 </div> |
| Mailing Address 600 Fairmount Ave Suite 306 | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 94000.00 </div> |
| City Towson State MD Zip Code 21286-1002 | Transaction ID : EC2897BC58DD14FD097F | |
| Purpose of Expenditure Radio Airtime-Denny Rehberg | Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> | Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Denny R. Rehberg | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 94000.00 </div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> 169000.00 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

William Robb
 Signature [Electronically Filed] Date

10 / 23 / 2012

