FEC FORM 3X	A	EPORT O ND DISBU Other Than A	JRSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING LA		ample:If typing er the lines	, type			
	nmittee of the A	American Associatio	on of Orthopaed	lic Surgeons				.
ADDRESS (number and	street)	17 Massachusetts	Avenue, NE					
Check if differ than previousl reported. (ACC	ent L	st Floor Vashington						-
2. FEC IDENTIFICAT	ION NUMBER	• ♥ _	CITY 🛋		S	STATE	ZIPCO	DE 🔺
C00343137	• • • •		3. IS THIS REPORT		NEW N) OR	A (4	MENDED A)	
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) lid-Year on-election	(b) Monthly Report Due On: (c) 12-Day PRE-Elec Report for (d) 30-Day Post -Ele	the:		12C)		(12G) in the State of	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
	on Report	Report for					in the State of	
5. Covering Period	10	01 20	0 6	through	10	18	2006	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer William J. Robb, III, MD Signature of Treasurer Electronically Filed by William J. Robb, III, MD								
NOTE : Submission of f	alse, erroneous	s, or incomplete info	ormation may s	ubject the pers	on signing this	Report to th	e penalties of 2 U.	S.C 437g.
Office Use Only							FEC FOR (Rev. 02/20	

mage	# 26940498354 FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
V	Vrite or Type Committee Name Political Action Committee of the Ar	merican Association of Orthopaedic Surgeons	
F	Report Covering the Period: From:	M M D D Y Y W Y Y <th< th=""><th>b: M M D D Y Y Y Y Y 1 0 1 8 2 0 0 6</th></th<>	b: M M D D Y Y Y Y Y 1 0 1 8 2 0 0 6
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 ^Y 2006 ^Y ^Y		652130.44
	(b) Cash on Hand at Begining of Reporting Period	589794.90	
	(c) Total Receipts (from Line 19)	90653.19	920888.47
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	680448.09	1573018.91
7.	Total Disbursements (from Line 31)		1275277.81
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	297741.10	297741.10
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)		

X 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 Image# 26940498355 OF RECEIPTS FEC Form 3X (Rev. 02/2003) Page 3 Write or Type Committee Name Political Action Committee of the American Association of Orthopaedic Surgeons 0^D1 ^D18 м м 10 ^м м 10 D D 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 85350.00 841610.00 (i) Itemized (use Schedule A) 4050.00 61080.00 (ii) Unitemized (iii) TOTAL (add 89400.00 902690.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees (c) 0.00 0.00 (such as PACs) Total Contributions (add Lines (d) 11(a)(iii),(b) and (c)) (Carry 89400.00 902690.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 1253.19 13198.47 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 5000.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)).

90653.19

90653.19

920888.47

920888.47

- 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))
- 20. Total Federal Receipts (subtract Line 18(c) from Line 19)

Image# 26940498356

DETAILED SUMMARY PAGE

	COLUMN A	COLUMN B
II. DISBURSEMENTS	Total This Period	Calendar Year-to-Date
. Operating Expenditures: (a) Shared Federal/Non-Federal/Non-Federal/Non-Federal/Non-Federal Share	⁽⁾ 0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	1206.00	13198.47
 (c) Total Operating Expenditu (add 21(a)(i), (a)(ii) and (b) 	res	13198.47
. Transfers to Affiliated/Other Pa	rty	0.00
Committees Contributions to Federal Candidates/Committee	S	
and Other Political Committees. Independent Expenditure	200000.00	659655.00
(use Schedule E) Coordinated Expenditures Made Committees (2 U.S.C. 441a(d))	e by Party	600000.00
(use Schedule F)		0.00
. Loan Repayments Made		0.00
 Loans Made Refunds of Contributions To: 		0.00
(a) Individuals/Persons Other Than Political Committees	0.00	1500.00
(b) Political Party Committees		0.00
(c) Other Political Committees (such as PACs)		0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and	0.00	1500.00
. Other Disbursements		924.34
 Federal Election Activity (2 U.S. (a) Shared Federal Election Activity (2 U.S. 		
(from Schedule H6) (i) Federal Share	0,00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Pa With Federal Funds		0.00
(c) Total Federal Election Activ Lines 30(a)(i), 30(a)(ii) an	0.00	0.00
. Total Disbursements (add Line 23, 24, 25, 26, 27, 28(d), 29 ar	000700.00	1275277.8
. Total Federal Disbursements		
(subtract Line 21(a)(ii) from Lir from Line 31)	ne 30(a)(ii) 382706.99	1275277.8

Image# 26940498357

DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	of Disbursements	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)	89400.00	902690.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	1500.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	89400.00	901190.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1206.99	13198.47
37.	Offsets to Operating Expenditures (from Line 15, page 3)	1253.19	13198.47
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	-46.20	0.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 6 / 89 (check only one)		
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	/ not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
\geq	Political Action Committee of the Americ	ons				
Α.	Full Name (Last, First, Middle Initial) Dr. Joseph P McCormick, , MD			Date of Receipt		
	Mailing Address Affinity Orthopaedics 1531 S Madison St 4th Fl			10 ¹ 03 ¹ 2006		
	City	State	Zip Code	Transaction ID: 24704725		
	Appleton	WI	54915-1800	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Affinity Orthopaedics	Occupation				
			edic Surgeon			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1		
	Other (specify)	0 0	250.00			
в.	Full Name (Last, First, Middle Initial) Robert H Haralson, III, MD, M			Date of Receipt		
	Mailing Address American Academy of O 6300 N River Rd			M M / D D / Y		
	City	State	Zip Code	Transaction ID: 24704726		
	Rosemont	IL.	60018-4206	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer American Academy of Ortho-	Occupation				
	paedic Surgeo		edic Surgeon e Year-to-Date ▼	_		
	Primary General	riggrogate		1		
	Other (specify)	0 0	500.00			
с.	Full Name (Last, First, Middle Initial) Dr. Paul K Peartree, , MD			Date of Receipt		
	Mailing Address Greater Rochester Ortho 30 Hagen Dr Ste 220	paedics		M M / D D / Y Y Y Y 10 03 2006		
	City	State	Zip Code	Transaction ID: 24704727		
	Rochester	NY	14625-2658	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Greater Rochester Orthopa- edics	Occupation Orthopae	n edic Surgeon			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	250.00			
s	UBTOTAL of Receipts This Page (optional)		••••••	1000.00		
Т	OTAL This Period (last page this line number or	ıly)	·····			

SCHEDIII E & (EEC Form 2V)				FOR LINE NUMBER: PAGE 7 / 89
	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the na	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the Americ	ation of Orthopaedic Surgeo	ons	
Α.	Full Name (Last, First, Middle Initial) Dr. John R Schwappach, , MD			Date of Receipt
	Mailing Address 330 Forest St			10 ^{//} ^{DD} / ^Y YYY 10 ^{//} 03 ^{//} 2006
	City Stat		Zip Code	Transaction ID: 24704729
	Denver	CO	80220-5753	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Solf Employed '		1	
	Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General	Ayyreyale		1
	Other (specify)	0 0	250.00	
в.	Full Name (Last, First, Middle Initial) Dr. Mark A Coppes, , MD			Date of Receipt
	Mailing Address 1227 Shannock Rd			M M / D D / Y Y Y Y
	City	State	Zip Code	
	Charlestown	RI	02813-3725	Transaction ID: 24704730 Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation		
			edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼	0 0	1000.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Thomas E Fithian, , MD Mailing Address 730 Thimble Shoals Blvd	d Sto 120		Date of Receipt
				10 03 2006
	City	State	Zip Code	Transaction ID: 24704731
	Newport News	VA	23606-4562	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	_
	Primary General		250.00	1
	Other (specify)	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)		•	1500.00
Т	OTAL This Period (last page this line number or	ıly)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 8 / 89 (check only one)		
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	l y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)					
\geq	Political Action Committee of the Americ	ons				
Α.	Full Name (Last, First, Middle Initial) Dr. Kevin Charles Booth, , MD			Date of Receipt		
	Mailing Address Northern California Spin 5725 W Las Positas Blu			10 03 2006		
	5725 W Las Positas Blvd City		Zip Code	Transaction ID: 24704732		
	Pleasanton	CA	94588-4007	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			500.00		
	Name of Employer Self Employed	Occupatio	n			
			edic Surgeon			
	Receipt For: Primary General	Aggregate	e Year-to-Date V			
	Other (specify)	0 0	500.00			
в.	Full Name (Last, First, Middle Initial) Dr. Peter G Noordsij, , MD			Date of Receipt		
	Mailing Address Concord Orthopaedics P. 264 Pleasant St			10 D V Y Y Y 10 03 2006		
	City	State	Zip Code	Transaction ID: 24704733		
	Concord	NH	03301-7500	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Concord Orthopaedics PA	Occupation Orthopae	n edic Surgeon			
	Receipt For:	Aggregate	e Year-to-Date V			
	Other (specify)	0 0	250.00]		
	Full Name (Last, First, Middle Initial) Dr. Bernard Manuel Seger, , MD			Date of Receipt		
	Mailing Address 601 Texan Trail Ste 300			10 03 2006		
	City	State	Zip Code	Transaction ID: 24704734		
	Corpus Christi	ТХ	78411-2549	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]		
s	UBTOTAL of Receipts This Page (optional)			1000.00		
Т	OTAL This Period (last page this line number or	nly)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 89 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17				
	y information copied from such Reports and Sta for commercial purposes, other than using the r							
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	iation of Orthopaedic Surge	ons					
Α.	Full Name (Last, First, Middle Initial) Dr. Michael L Schmitz, , MD Mailing Address 5445 Meridian Mark Ste	250		Date of Receipt				
				10 03 2006				
	City Atlanta	State GA	Zip Code 30342-4767	Transaction ID: 24704735 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon					
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00]				
в.	Full Name (Last, First, Middle Initial) Dr. George J Kellis, , MD			Date of Receipt				
	Mailing Address 17461 Deep View Dr	M M / D D / Y Y Y Y 10 / 03 2006						
	City	State	Zip Code	Transaction ID: 24704736				
	Chagrin Falls	ОН	44023-1419	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Self Employed		edic Surgeon					
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00					
 C.	Full Name (Last, First, Middle Initial) Dr. Mark R Wilson, , MD			Date of Receipt				
	Mailing Address 5315 Elliott Dr Ste 202			10 ¹				
	City	State	Zip Code	Transaction ID: 24704737				
	Ypsilanti FEC ID number of contributing federal political committee.	C	48197-8634	Amount of Each Receipt this Period				
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon					
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00]				
s	SUBTOTAL of Receipts This Page (optional)							

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (F ITEMIZED RECE	•	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 89 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
Any information copied fro or for commercial purpose	m such Reports and Statements may s, other than using the name and add	not be sold or used by any persol lress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
NAME OF COMMITTE Political Action Cor	EE (In Full) nmittee of the American Associ	ation of Orthopaedic Surged	ons
Full Name (Last, First, A. Dr. Christopher Zingas,			Date of Receipt
Mailing Address 221	51 Moross Rd Ste 212		M M / D D / Y Y Y Y 10 03 2006
City	State	Zip Code	Transaction ID: 24704738
Detroit FEC ID number of con federal political commit		48236-2177	Amount of Each Receipt this Period
Name of Employer Self Employed		dic Surgeon	
Receipt For: Primary Other (specify)	General	Year-to-Date ▼ 250.00]
Full Name (Last, First, B. Dr. Christopher Lawrence			Date of Receipt
Mailing Address 221	51 Moross Rd Ste 212		M M / D D / Y Y Y Y 10 03 2006
City	State	Zip Code	Transaction ID: 24704739
Detroit FEC ID number of con federal political commit		48236-2177	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Orthopae	n dic Surgeon	_
Receipt For: Primary Other (specify)	General	Year-to-Date ▼ 250.00]
Full Name (Last, First, C. Dr. Paul R Miller, , MD	Middle Initial)		Date of Receipt
	70 St James Rd		10 ¹
City Brookfield	State WI	Zip Code 53045-2061	Transaction ID: 24705169 Amount of Each Receipt this Period
FEC ID number of con federal political commit			250.00
Name of Employer Advanced Healthcare	Occupation Orthopae	n dic Surgeon	
Receipt For: Primary Other (specify)	General	Year-to-Date 250.00]
SUBTOTAL of Receipts	This Page (optional)	······	750.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 11 / 89				
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)				
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions				
\square	NAME OF COMMITTEE (In Full)							
Political Action Committee of the American Association of Orthopaedic Surgeons								
Α.	Full Name (Last, First, Middle Initial) Dr. Keith W Miller, , MD			Date of Receipt				
	Mailing Address Central Indiana Ortho 3600 W Bethel Ave			10 ^M 03 ^Y 2006				
	City	State	Zip Code	Transaction ID: 24705170				
	Muncie	IN	47304-5407	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		200.00				
	Name of Employer Central Indiana Orthopedi-	Occupation						
	cs Receipt For:		edic Surgeon e Year-to-Date ▼	_				
	Primary General	, tggi oguto		1				
	Other (specify)	0 0	750.00					
B.	Full Name (Last, First, Middle Initial) Dr. Christian P Christensen, , MD			Date of Receipt				
	Mailing Address 700 Bob-O-Link Dr			M M / D D / Y Y Y Y				
	<u></u>	Chata	Zie Oada	10 03 2006				
	City Lexington	State KY	Zip Code 40504	Transaction ID: 24705171 Amount of Each Receipt this Period				
	FEC ID number of contributing		+0304					
	federal political committee.	C		1000.00				
	Name of Employer	Occupation	ı	-				
			edic Surgeon					
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼					
	Other (specify)	0 0	1000.00					
с.	Full Name (Last, First, Middle Initial) Dr. Knute C Buehler, , MD			Date of Receipt				
	Mailing Address 2200 NE Neff Rd Ste 20	0		10 ¹ 03 ¹ 2006				
	City	State	Zip Code	Transaction ID: 24705172				
	Bend	OR	97701-4281	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		500.00				
	Name of Employer Orthopedic & Neurosurgical	Occupation						
	Ctr of the		edic Surgeon					
	Receipt For: Primary General	Aggregale	e Year-to-Date 🔻	1				
	Other (specify)	0 0	750.00					
s	UBTOTAL of Receipts This Page (optional)			1700.00				
Т	OTAL This Period (last page this line number or	וy)						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 89 (check only one) 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Cooper L Terry, , MD Mailing Address 497 Azalea Dr Ste 102			Date of Receipt
				10 ^{//} 03 [/] 2006
	City Oxford	State MS	Zip Code 38655-7901	Transaction ID: 24705173
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer Oxford Orthopaedic & Spor- ts Medicine Receipt For: Primary General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼ 1500.00]
в.	Full Name (Last, First, Middle Initial) Dr. Jeffrey R Smith, , MD Mailing Address 2646 N Foothill Dr			Date of Receipt
	City	State	Zip Code	Transaction ID: 24705174
	Provo	UT	84604-4390	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼ 750.00]
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Jonathan L Chang, , MD			Date of Receipt
	Mailing Address 707 S Garfield Ave Ste	201		10 ^{//} 03 [/] 2006
	City	State	Zip Code	Transaction ID: 24705175
	Alhambra	CA	91801-4438	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Pacific Orthopaedic Group		edic Surgeon	
	Receipt For: Primary General Other (specify) $ earrow$	Aggregate	e Year-to-Date ▼ 1350.00]
s	UBTOTAL of Receipts This Page (optional)			850.00
Т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		FOR LINE NUMBER: PAGE 13 / 89 (check only one)		
11			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	v not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions		
$\overline{\mathbb{N}}$	NAME OF COMMITTEE (In Full)					
\angle	Political Action Committee of the Ameri	ons				
Α.	Full Name (Last, First, Middle Initial) Dr. Brian Jeffrey Bear, , MD			Date of Receipt		
	Mailing Address 324 Roxbury Rd			M M / D D / Y Y Y Y 10 03 2006		
	City	State	Zip Code	Transaction ID: 24705176		
	Rockford	IL	61107-5090	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Rockford Orthopedic Assoc- iates	Occupation Orthopae	n edic Surgeon			
	Receipt For:		e Year-to-Date ▼	_		
	Primary General Other (specify) ▼		500.00]		
в.	Full Name (Last, First, Middle Initial) Dr. Carl L Highgenboten, , MD			Date of Receipt		
	Mailing Address 7777 Forest Ln C106	M M / D D / Y				
	City	State	Zip Code	Transaction ID: 24705178		
	Dallas	TX	75230-6831	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self Employed	Occupatio	n edic Surgeon			
	Receipt For:		e Year-to-Date V			
	Primary General Other (specify) ▼		500.00	1		
_	Full Name (Last, First, Middle Initial)					
U.	Dr. Michael F Sacco, , MD Mailing Address 120 Norlyn Dr			Date of Receipt		
				10 03 2006		
	City Walnut Creek	State	Zip Code	Transaction ID: 24705180		
	Walnut Creek	CA	94596-4258	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General Other (specify) ▼		500.00]		
s	I UBTOTAL of Receipts This Page (optional)			1250.00		
Т	OTAL This Period (last page this line number o	nly)				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	-	R LINE leck only	-	_	PAC		<u>4 / 8</u> 9 12 16	9
	ny information copied from such Reports and Sta for commercial purposes, other than using the r				the purp	ose of s		ing cor	ntribut	tions	
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surged	ons							
Α.	Full Name (Last, First, Middle Initial) Dr. Benjamin E Bierbaum, , MD Mailing Address 91 Parker Hill Ave	lve					Date of Receipt				
			7.0.1		10		03			006	6
	City Boston	State MA	Zip Code 02120-3215		Transac Amount					riod	
	FEC ID number of contributing federal political committee.									0.0	0
	Name of Employer Longwood Orthopaedics		edic Surgeon								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3000.00								
в.	Full Name (Last, First, Middle Initial) Dr. John D Kelly, IV, MD				Date of	Receipt					
	Mailing Address Temple University Hospital Dept of Orthopaedics 5th Fl						0 ^D 3	/ Y	2 0) ^Y 0 6	
	City Philadelphia	State PA	Zip Code 19140		Transaction ID: 24705183 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C								50.0	0
	Name of Employer Temple University Receipt For:		n edic Surgeon e Year-to-Date ▼								
	Other (specify) ▼	0 0	1250.00								
с.	Full Name (Last, First, Middle Initial) Dr. Kanwaldeep S Sidhu, , MD				Date of	Receipt					
	Mailing Address 22151 Moross Ste 212				^м 10		03	/ Y	ү 2 С) 0 0	
	City	State	Zip Code		Transac						
	Detroit FEC ID number of contributing	C	48236-2177		Amount	of Eacl	n Red	ceipt th	-	riod 50.0	0
	federal political committee.					1 1	-				
	Name of Employer St Clair Orthopaedics		ⁿ edic Surgeon								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00								
s	UBTOTAL of Receipts This Page (optional)			•					150	0.0	0
Т	OTAL This Period (last page this line number o	nly)		→			· · ·				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 89 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	iation of Orthopaedic Surge	ons	
Full Name (Last, First, Middle Initial) A. Dr. Benjamin David Sutker, , MD			Date of Receipt
Mailing Address 210 E DeRenne Ave			M M / D D / Y
City <u>Savannah</u>	State GA	Zip Code 31405-6736	Transaction ID: 24705187 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer Self Employed		edic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B. Dr. Don A Lowry, , MD			Date of Receipt
Mailing Address 2 Celeste Dr			M M / D D / Y Y Y Y 10 02 2006
City	State	Zip Code	Transaction ID: 24705188
Johnstown FEC ID number of contributing federal political committee.	PA C	15905-2832	Amount of Each Receipt this Period
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) C. Dr. Michael Behr, MD			Date of Receipt
Mailing Address 2800 Howell Mill Rd			10 ¹
City	State	Zip Code	Transaction ID: 24705189
Atlanta	GA	30327-1334	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupatio Orthopae	ⁿ edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (optional)		······	2500.00

FEC Schedule A (Form 3X) Rev. 02/2003

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	-	- I	one)	_			12		
	ny information copied from such Reports and Sta for commercial purposes, other than using the r										<u> 17</u>	
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons								
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Steven B Wolf, , MD Mailing Address 875 Poplar Church Rd			Date of Receipt								
					^M 10		02	/ •		00	6	
	City Camp Hill	State PA	Zip Code	Ľ	Transac							
	FEC ID number of contributing federal political committee.		17011-2208		Amount of Each Receipt this Period 500.00							
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon									
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]								
В.	Full Name (Last, First, Middle Initial) Dr. Richard J D'Ascoli, , MD Mailing Address 530 Liberty St			_	Date of	Receipt	D	/ Y	Y	Y	Y	
						10 02 2006						
	City Schenectady	State NY	Zip Code 12305-2025		Transaction ID: 24705192 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C			250.00							
	Name of Employer Self Employed Receipt For:		n edic Surgeon e Year-to-Date ▼									
	Primary General Other (specify) ▼		250.00]								
с.	Full Name (Last, First, Middle Initial) Dr. Timothy K Schultz, , MD				Date of	Receipt						
	Mailing Address 1111 Delafield St Ste 12	20			1 0 ^M		0 ^D	/ Y		0 ° 0		
	City	State	Zip Code	<u> </u>	Transac							
	Waukesha	WI	53188-3402	_	Amount	of Eac	n Red	ceipt t	his Pe	eriod		
	FEC ID number of contributing federal political committee.	C				1 1			10	00.0	0	
			edic Surgeon									
	Receipt For: Primary General Other (specify) $rightarrow$	Aggregate	e Year-to-Date ▼ 1000.00]								
s	UBTOTAL of Receipts This Page (optional)			•					17	50.0	0	
Т	OTAL This Period (last page this line number o	nly)		- ▶								

<u> </u>				FOR LINE NUMBER: PAGE 17 / 89
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\geq	Political Action Committee of the Ameri	can Associ	iation of Orthopaedic Surgeo	ns
Α.	Full Name (Last, First, Middle Initial) Dr. Terry L Whipple, , MD			Date of Receipt
	Mailing Address PO Box 70386			M M / D D / Y Y Y Y 10 / 02 / 2006
	City State		Zip Code	Transaction ID: 24705194
	Richmond	VA	23255-0386	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date V	1
	Primary General	-	500.00	1
	Other (specify) v	0 0	500.00	
в.	Full Name (Last, First, Middle Initial) Dr. Charles H Moser, , MD			Date of Receipt
	Mailing Address 820 Emerald St #401			10 ^{//} 02 ^{//} 2006
	City	State	Zip Code	Transaction ID: 24705195
	Saint Paul	MN	55114-1444	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date V	-
	Primary General			1
	Other (specify)	0 0	250.00	
~	Full Name (Last, First, Middle Initial) Dr. Alfredo L Axtmayer, , MD			Date of Receipt
υ.	Mailing Address 8 Research Pkwy			
				10 02 2006
	City	State	Zip Code	Transaction ID: 24705196
	Wallingford	СТ	06492-1964	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Aggregate		e Year-to-Date V	7
	Primary General		250.00	1
	Other (specify) v			
s	UBTOTAL of Receipts This Page (optional)			1000.00
Т	OTAL This Period (last page this line number of	nly)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 18 / 89 (check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\geq	Political Action Committee of the Americ	ns		
Α.	Full Name (Last, First, Middle Initial) Dr. Thomas J Meyer, , MD			Date of Receipt
	Mailing Address 1441 Avocado Ave Ste 8	02		10 ^{M M} / D D / Y Y Y Y 1002
	City	State	Zip Code	Transaction ID: 24705198
	Newport Beach	CA	92660-7709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date V	-
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial)			
В.	Dr. Diana Lynn Kruse, , MD			Date of Receipt
	Mailing Address 208 Phillips Blvd			10 ^M / ^D 02 [/] YYYY 2006
	City	State	Zip Code	Transaction ID: 24705199
	Sauk City	WI	53583-1523	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	250.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Jeffrey Einer Johnson, , MD			Date of Receipt
	Mailing Address Washington Univ Sch of 660 S Euclid, 11300 WP			M M / D D / Y Y Y Y 10 02 2006
	City	State	Zip Code	Transaction ID: 24705224
	Saint Louis	MO	63110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00	
	Name of Employer Washington University Sch-	Occupatio		7
	ool of Medici Receipt For:		edic Surgeon e Year-to-Date ▼	-1
	Primary General	Ayyreyale		
	Other (specify)	0 0	500.00	
				750.00
P	UBTOTAL of Receipts This Page (optional)		••••••	

FEC Schedule A (Form 3X) Rev. 02/2003

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 19 / 89 (check only one) X X 11a 11b 11c 12			
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$			
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.			
\mathbb{N}	NAME OF COMMITTEE (In Full)						
\mathbb{Z}	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons			
Α.	Full Name (Last, First, Middle Initial) Dr. Randolph Copeland, , MD			Date of Receipt			
	Mailing Address 1609 Red Rock Dr			M M / D D / Y Y Y Y 10 02 2006			
	City	State	Zip Code	Transaction ID: 24705225			
	Gallup	NM	87301-5651	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.			100.00			
	Name of Employer US Public Health Service, IHS	Occupation Orthopae	n edic Surgeon				
	Receipt For:		e Year-to-Date ▼	_			
	Primary General Other (specify) v	0 0	650.00]			
в.	Full Name (Last, First, Middle Initial) Dr. E Michael Keating, , MD			Date of Receipt			
	Mailing Address 1199 Hadley Rd			M M / D D / Y Y Y Y 10 02 2006			
	City	State	Zip Code	Transaction ID: 24705226			
	Mooresville	IN	46158-1797	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Joint Replacement Surgeons	Occupation					
	of Indiana Receipt For:		edic Surgeon e Year-to-Date ▼	_			
	Primary General	, iggi oguto		1			
	Other (specify)	0 0	2000.00				
с.	Full Name (Last, First, Middle Initial) Dr. Alan R Gurd, , MD			Date of Receipt			
	Mailing Address 7970 Darbys Run			10 ^{//} ^D ^D [/] ^Y			
	City	State	Zip Code	Transaction ID: 24705227			
	Chagrin Falls	ОН	44023-4839	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	1250.00				
s	LUBTOTAL of Receipts This Page (optional)			1350.00			
Т	OTAL This Period (last page this line number or	nly)					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 89					
IT	EMIZED RECEIPTS		or each category of the	(check only one)					
			Detailed Summary Page						
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.					
\sum	NAME OF COMMITTEE (In Full)								
\mathbb{Z}	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons					
Α.	Full Name (Last, First, Middle Initial) Dr. James F Fahey, Jr, MD			Date of Receipt					
	Mailing Address 4828 Corrales Rd			10 ^{D D} / Y Y Y Y 1002 2006					
	City	State	Zip Code	Transaction ID: 24705228					
	Corrales	NM	87048-8612	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Retired	Occupation Village C							
	Receipt For:		e Year-to-Date ▼	_					
	Primary General Other (specify) ▼		250.00]					
в.	Full Name (Last, First, Middle Initial) Dr. Susan M Swank, , MD			Date of Receipt					
	Mailing Address 7 Chaparral Ln			10 D D / Y Y Y Y 2006					
	City	State	Zip Code	Transaction ID: 24705229					
	Rancho Palos Verde	CA	90275-5167	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		100.00					
	Name of Employer PIH/Spine Ctr	Occupation Orthopae	n edic Surgeon						
	Receipt For:		e Year-to-Date V						
	Primary General Other (specify) ▼	U U U	700.00]					
 C.	Full Name (Last, First, Middle Initial) Dr. Thomas John Haverbush, , MD			Date of Receipt					
	Mailing Address 315 E Warwick Rd Ste	Ą		M M / D D / Y Y Y Y 10 02 2006					
	City	State	Zip Code	Transaction ID: 24705230					
	Alma	MI	48801-1083	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon						
	Receipt For:		e Year-to-Date V						
	Primary General Other (specify) ▼	0 0	500.00]					
s	LUBTOTAL of Receipts This Page (optional)			600.00					
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	-	R LINE eck only 11a 13	-	_	_	PAGE	21 / 8	<u>39</u>
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	∟ y not be sold or used by any perso dress of any political committee to	on for t	the purp	ose of	solic rom	iting	contrib	oution	s
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeon										
<u>/</u> А.	Full Name (Last, First, Middle Initial) Dr. David B Basch, , MD				Date of						
	Mailing Address 90 Sparta Ave			^м и 10	I L	0 2		_	200	6 [°]	
	City Sparta	State NJ	Zip Code 07871-1730		Transac					Dariad	
	FEC ID number of contributing federal political committee.	C			Amount			eceip		000.0	-
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1750.00]							
в.	Full Name (Last, First, Middle Initial) Dr. John C Bax, , MD				Date of	Receip	t				
	Mailing Address 2323 N Casaloma Dr PO Box 7700					/ D	0 2		2	2 0 °	
	City Appleton	State WI	Zip Code 54913-8284		Transac Amount		-			Period	
	FEC ID number of contributing federal political committee.	C							_	500.0	-
	Name of Employer Self Employed	Occupation Hand Su	rgeon								
	Receipt For: Primary General Other (specify)	Aggregate	9 Year-to-Date ▼ 1500.00]							
с.	Full Name (Last, First, Middle Initial) Dr. John H Bargren, , MD				Date of	Receip	t				
	Mailing Address 1112 6th Ave Ste 300				1 0 ^M	/ D	0 2			200	
	City	State	Zip Code		Transad						
		WA	98405-4048	_	Amount	t of Eac	h Re	eceip	ot this F	Period	
	FEC ID number of contributing federal political committee.	C				1 1			-	500.0	00
	Name of Employer Self Employed		edic Surgeon								
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00]							
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 89 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17				
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Assoc	ation of Orthopaedic Surgeo	ons				
, А.	Full Name (Last, First, Middle Initial) Dr. Edward S Jeffries, , MD			Date of Receipt				
	Mailing Address 24715 Little Mack Ste 10	00		M · M / D · D / Y · Y · Y · Y Y 10 02 2006				
	City Saint Clair Shores	State MI	Zip Code 48080-3207	Transaction ID: 24705234 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.			250.00				
			edic Surgeon					
Receipt For: Aggrega Primary General Other (specify) ▼			e Year-to-Date ▼ 250.00]				
в.	Full Name (Last, First, Middle Initial) Dr. Daniel J Martin, Jr, MD			Date of Receipt				
	Mailing Address 621 S New Ballas Rd St	M M / D D / Y Y Y Y 10 02 2006						
	City	State	Zip Code	Transaction ID: 24705236				
	Saint Louis FEC ID number of contributing federal political committee.	C	63141-8200	Amount of Each Receipt this Period				
	Name of Employer Self Employed		edic Surgeon					
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 950.00]				
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Alan S Routman, , MD			Date of Receipt				
	Mailing Address North Ridge Medical Pla 5601 N Dixie Highway S			M M / D D / Y Y Y Y 10 2 2006				
	City	State	Zip Code	Transaction ID: 24705238				
	Oakland Park FEC ID number of contributing federal political committee.	FL C	33334-4145	Amount of Each Receipt this Period				
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00]				
s	UBTOTAL of Receipts This Page (optional)			1500.00				

FEC Schedule A (Form 3X) Rev. 02/2003

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 89					
ΙТ	EMIZED RECEIPTS		or each category of the	(check only one)					
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$					
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	∟ y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full)								
\rangle	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons					
Α.	Full Name (Last, First, Middle Initial) Dr. Jose A Cancio, , MD			Date of Receipt					
	Mailing Address 351 Hostos Ave Bldg 409			10 02 2006					
	City	State	Zip Code	Transaction ID: 24705239					
	Mayaguez	PR	00682-6353	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		1000.00					
	Name of Employer Self Employed	Occupatio							
	Receipt For:		edic Surgeon e Year-to-Date ▼	_					
	Primary General	Aggregate		1					
	Other (specify) v	0 0	2000.00						
в.	Full Name (Last, First, Middle Initial) Dr. Alan Rosen, , MD			Date of Receipt					
	Mailing Address 17270 Red Oak Dr Ste	200		M M / D D / Y Y Y Y 10 03 2006					
	City	State	Zip Code	Transaction ID: 24709305					
	Houston	ТХ	77090-2632	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer KSF Orthopaedic Center	Occupatio	n edic Surgeon	_					
	Receipt For:		e Year-to-Date V						
	Primary General		1000.00	1					
	Other (specify)	0 0	1000.00						
с.	Full Name (Last, First, Middle Initial) Dr. Isador H Lieberman, , MD			Date of Receipt					
	Mailing Address Cleveland Clinic Foundat Dept of Ortho Surg A 41			M M / D D / Y Y Y Y 10 03 2006					
	City	State	Zip Code	Transaction ID: 24709306					
	Cleveland	ОН	44195-0001	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer The Cleveland Clinic Foun-	Occupatio	n edic Surgeon						
	dation		e Year-to-Date V	_					
				1					
	Other (specify)	0.0	500.00						
s	LUBTOTAL of Receipts This Page (optional)			1750.00					
Т	OTAL This Period (last page this line number o	nly)							

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 89 (check only one) 11a X 11a 11b 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscillations solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Associ	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Marc I Maberg, , MD			Date of Receipt
	Mailing Address 1527 State Hwy 27 Ste	1300		10 03 2006
	City Somerset	State NJ	Zip Code 08873-2979	Transaction ID: 24709308 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00]
в.	Full Name (Last, First, Middle Initial) Dr. Thomas M Green, , MD			Date of Receipt
	Mailing Address Virginia Mason Med Ctr MS X6 ORT	M M / D D / Y Y Y Y 10 03 2006		
	City	State	Zip Code	Transaction ID: 24709309
	Seattle	WA	98101-2756	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Virginia Mason	Occupation Orthopae	ⁿ edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	1000.00]
 C.	Full Name (Last, First, Middle Initial) Dr. Brett R Bolhofner, , MD			Date of Receipt
	Mailing Address 4600 4th St N			M M / D D / Y Y Y Y 10 03 2006
	City	State	Zip Code	Transaction ID: 24709310
	Saint Petersburg	FL	33703-3822	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer All Florida Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00]
s	UBTOTAL of Receipts This Page (optional)		·····	2500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS							
Ar	y information copied from such Reports and Sta	atements may	y not be sold or used by any perso	X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions			
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)		intion of Outbourgadie Cuurae				
\square	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo				
Α.	Full Name (Last, First, Middle Initial) Dr. Charles D Cardenas, , MD			Date of Receipt			
	Mailing Address Calallen Orthopaedics L 14317 Northwest Blvd	LP		10 03 2006			
	City	State	Zip Code	Transaction ID: 24709879			
	Corpus Christi	ТХ	78410-5123	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Calallen Orthopaedics	Occupatio	n edic Surgeon				
	Receipt For:		e Year-to-Date V				
	Primary General			1			
	Other (specify)	0 0	750.00				
В.	Full Name (Last, First, Middle Initial) Dr. Kevin J McGuire, , MD			Date of Receipt			
	Mailing Address 60 Colby St			10 03 2006			
	City	State	Zip Code	Transaction ID: 24709881			
	Needham	MA	02492-4040	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Univ of PA Health System	Occupation Orthopae	n edic Resident				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Other (specify)	1 1	250.00	1			
		0 0	0 0 0 0 0 0 0	1			
С.	Full Name (Last, First, Middle Initial) Dr. E Bruce Bynum, , DO			Date of Receipt			
-	Mailing Address 4292 SW Agate Ave			M M / D D / Y Y Y Y 10 03 2006			
	City	State	Zip Code	Transaction ID: 24709883			
	Corvallis	OR	97333-1178	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Corvallis Clinic	Occupation Orthopae	n edic Surgeon	7			
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		1200.00				
_		<u>e e e</u>	<u> </u>				
s	UBTOTAL of Receipts This Page (optional)		······	1500.00			
т	OTAL This Period (last page this line number o	nly)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 89 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17	
Ar or	y information copied from such Reports and Stai for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons	
Α.	Full Name (Last, First, Middle Initial) Dr. Richard Mills Roberts, , MD			Date of Receipt	
	Mailing Address 2120 N MacArthur Blvd	10 ^{//} 03 [/] 2006			
	City	State	Zip Code	Transaction ID: 24709884	
	Irving FEC ID number of contributing federal political committee.	TX C	75061-2260	Amount of Each Receipt this Period	
	Name of Employer Irving Orthopaedics & Spo- rts Medicine Receipt For: Primary General Other (specify)		n edic Surgeon e Year-to-Date ▼ 2500.00	1	
в.	Full Name (Last, First, Middle Initial) Dr. Gregory R Holt, , MD Mailing Address 1809 E 13th St Ste 100			Date of Receipt	
	City	State	Zip Code	Transaction ID: 24709885	
	Tulsa	OK	74104-4419	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Oklahoma Sports Medicine	Occupation Orthopae	n edic Surgeon		
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00]	
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. George Cierny, III, MD			Date of Receipt	
	Mailing Address 7910 Frost St Ste 120			M M / D D / Y Y Y Y Y 10 03 2006	
	City San Diego	State CA	Zip Code 92123-2771	Transaction ID: 24710774 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Self Employed	me of Employer Occupation If Employed Orthopaedic Surgeon			
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00]	
s	UBTOTAL of Receipts This Page (optional)		······	2000.00	

FEC Schedule A (Form 3X) Rev. 02/2003

ITEMIZE	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 89 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Any informa or for comm	tion copied from such Reports and Sta ercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
1 1	F COMMITTEE (In Full) I Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons
	e (Last, First, Middle Initial) n M Sanders, , MD			Date of Receipt
Mailing A	ddress 2020 Palomino Ln Ste 2	20		M M / D D / Y Y Y Y 10 02 2006
City		State	Zip Code	Transaction ID: 24711118
	gas number of contributing olitical committee.	NV C	89106-4891	Amount of Each Receipt this Period 500.00
Name of Self Em	Employer bloyed		edic Surgeon	
	For: mary General ner (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
B. Dr. Willia	e (Last, First, Middle Initial) m L Healy, , MD ddress Lahey Clinic			Date of Receipt
City Burling	41 Mall Rd	State MA	Zip Code 01805-0001	10 02 2006 Transaction ID: 24711119 Amount of Each Receipt this Period
	number of contributing olitical committee.	C		250.00
Name of Self Em	Employer bloyed	Occupation Orthopae	n edic Surgeon	_
	For: mary General ner (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
Full Nam	e (Last, First, Middle Initial) A Meyer, , MD			Date of Receipt
Mailing A	ddress Iowa Orthopaedic Cente 411 Laurel St Ste 3300	er, PC		M M / D D / Y Y Y Y 10 02 2006
City Des Mo	vines	State IA	Zip Code 50314-3027	Transaction ID: 24711121 Amount of Each Receipt this Period
	number of contributing olitical committee.	C		500.00
Name of Iowa Ort	Employer hopaedic Center	Occupation Orthopae	n edic Surgeon	
	For: mary General ner (specify) ▼		e Year-to-Date ▼ 500.00]
SUBTOTA	L of Receipts This Page (optional)			1250.00

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 89 (check only one) 11a X 11a 12 14 15 16							
	ny information copied from such Reports and Sta for commercial purposes, other than using the r										
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons							
A.	Full Name (Last, First, Middle Initial) Dr. Carlos Guanche, , MD Mailing Address 24948 Lorenzo Ct		Date of Receipt								
			7.0.1	_	10) 2		200	6	
	City Calabasas	State CA	Zip Code 91302-3088		ransac Amount					4	
	FEC ID number of contributing federal political committee.	C							250.		
	Name of Employer The Orthopaedic Center	· ·	edic Surgeon								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]							
в.	Full Name (Last, First, Middle Initial) Dr. Robert Hall, , MD				Date of	Receipt					
	Mailing Address 3801 Lake Otis Pkwy S		M M / D D / Y Y Y Y 10 02 2006								
	City	State	Zip Code	Transaction ID: 24711124							
	Anchorage	AK	99508	- 1	Amount	of Each	Rec	eipt this	s Perio	ł	
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Self Employed	Occupation	n edic Surgeon								
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00]							
с.	Full Name (Last, First, Middle Initial) Dr. Saint Elmo Newton, III, MD				Date of	Receipt					
	Mailing Address 801 Broadway 10th Fl				м м 10		D 2	/ Y	Y Y 200		
	City	State	Zip Code	Т	ransac			711125	_	<u>.</u>	
	Seattle	WA	98122-4396		Amount	of Each	Rec	eipt this	s Perio	ł	
	FEC ID number of contributing federal political committee.	C			1		1	1 1	250.	00	
	Name of Employer Self Employed		edic Surgeon								
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 750.00]							
s	UBTOTAL of Receipts This Page (optional)								750.	00	
т	OTAL This Period (last page this line number o	nly)									

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 89 (check only one)									
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12									
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 In for the purpose of soliciting contributions solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full)												
\geq	Political Action Committee of the Americ	ons											
Α.	Full Name (Last, First, Middle Initial) Dr. Jeffrey W Cook, , MD			Date of Receipt									
	Mailing Address Franklin Ortho & Sports 3310 Aspen Grove Dr S			10 ¹ 02 ¹ 2006									
	City	State	Zip Code	Transaction ID: 24711126									
	Franklin	TN	37067-2841	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		250.00									
	Name of Employer Franklin Ortho & Sports	Occupation											
	Medicine		edic Surgeon										
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1									
	Other (specify)	0 0	500.00										
в.	Full Name (Last, First, Middle Initial) Dr. Gregory K Johnson, , MD			Date of Receipt									
	Mailing Address 288 Groveland St			10 [/] 02 [/] YYYY 10 ⁰									
	City	State	Zip Code	Transaction ID: 24711128									
	Haverhill	MA	01830-6669	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		250.00									
	Name of Employer Associates in Orthopedics	Occupation Orthopae	n edic Surgeon										
	Receipt For:	Aggregate	e Year-to-Date 🔻										
	Other (specify)	0 0	450.00]									
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Peter R Heinzelmann, , MD			Date of Receipt									
	Mailing Address PO Box 1608			M M / D D / Y Y Y Y 10 2 2006									
	City	State	Zip Code	Transaction ID: 24711129									
	Fayetteville	AR	72702-1608	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		250.00									
	Name of Employer Ozark Ortho & Sports Med Clinic	Occupation Orthopae	n edic Surgeon										
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻										
	Other (specify) ▼	0 0	250.00										
s	UBTOTAL of Receipts This Page (optional)			750.00									
Т	OTAL This Period (last page this line number or	nly)											

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	atomante	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 89 (check only one)
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	ican Assoc	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) A. Dr. Russell J Crider, , MD			Date of Receipt
Mailing Address 225 Community Dr Ste	120		10 02 2006
City	State	Zip Code	Transaction ID: 24711132
Great Neck	NY	11021-5506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) B. Dr. Richard M Bargar, , MD			Date of Receipt
Mailing Address 575 Turnpike St Ste 11			M M / D D / Y Y Y Y 10 02 2006
City	State	Zip Code	Transaction ID: 24711134
North Andover	MA	01845-5937	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Orthopaedics Northeast	Occupatio Orthopae	ⁿ edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date 🔻	
Other (specify) ▼	0 0	300.00]
Full Name (Last, First, Middle Initial) C. Dr. Herbert I Hermele, , MD			Date of Receipt
Mailing Address Orthopaedic Specialty 75 Kings Highway Cuto			M M / D D / Y Y Y Y 10 02 2006
City Fairfield	State CT	Zip Code 06824-5340	Transaction ID: 24711135 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	7
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)			450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS							FOR LINE NUMBER: PAGE 31 / 89 (check only one)							
Ar or	y information copied from such Reports and Str for commercial purposes, other than using the r	atements may name and add	/ y not be sold or used by any perso dress of any political committee to	on for	the purp	ose of	solic rom	iting	contri	bution	17 s			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	ican Associ	ation of Orthopaedic Surgeo	ons										
Α.	Full Name (Last, First, Middle Initial) Dr. John O Cletcher, Jr, MD		Date of Receipt											
	Mailing Address Box 150				^M 10		0 2	2		200	6			
	City Hygiene	State CO	Zip Code 80533-0150		Transad Amount					Dorioo	1			
	FEC ID number of contributing federal political committee.	C						eceit		100.				
	Name of Employer Front Range Ortho Center		edic Surgeon											
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00]										
в.	Full Name (Last, First, Middle Initial) Dr. Champ L Baker, Jr, MD				Date of	Receip	t							
	Mailing Address 6262 Veterans Pkwy PO Box 9517				м м 1 0	/ D	0 2	2	2	2 0 0				
	City Columbus	State GA	Zip Code 31909-3540		Transaction ID: 24711138 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C						ecei		500.				
	Name of Employer Hughston Orthopaedic Clin- ic Receipt For:		n edic Surgeon e Year-to-Date ▼	_										
	Other (specify) ▼		1500.00											
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Raymond L Horwood, , MD				Date of	Receip	t							
	Mailing Address 1575 Balmoral Way				1 0 ^M	/ D	0 2			200				
	City	State	Zip Code		Transad									
	Westlake FEC ID number of contributing	OH	44145-2416		Amoun	t of Eac	h R	eceip	ot this	-	-			
	federal political committee.	C				1 1				250.	00			
	Name of Employer Orthopaedic Associates, Inc		edic Surgeon											
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 750.00]										
s	 UBTOTAL of Receipts This Page (optional)			•						850.(00			
Т	OTAL This Period (last page this line number c	only)		- >										

c 4				FOR LINE NUMBER: PAGE 32 / 89							
	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	(check only one)							
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12							
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full)										
$ \rangle$	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ns							
Ľ											
Α.	Full Name (Last, First, Middle Initial) Dr. Ken Yamaguchi, , MD			Date of Receipt							
	Mailing Address One Barnes Hospital Pla	aza		M M / D D / Y Y Y Y							
	Ste 11300 West Pavilion		7.0.1	10 02 2006							
	City Saint Louis	State MO	Zip Code 63110-1003	Transaction ID: 24711141							
		IVIO	63110-1003	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		1000.00							
	Name of Employer Washington University Sch-	Occupatio		7							
	ool of Medici		edic Surgeon								
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻								
	Other (specify)		2000.00								
				1							
В.	Full Name (Last, First, Middle Initial) Dr. Mohammad Sirajullah, , MD			Date of Receipt							
	Mailing Address 5558 Bienveneda Ter			M M / D D / Y Y Y Y							
		<u> </u>	71.0	10 05 2006							
	City	State	Zip Code	Transaction ID: 24722398							
	Palmdale	CA	93551-5728	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		500.00							
	Name of Employer	Occupatio	n								
	Self Employed	· ·	edic Surgeon								
	Receipt For:		e Year-to-Date ▼	1							
	Primary General		500.00	1							
	Other (specify)			1							
_	Full Name (Last, First, Middle Initial)										
C.	Dr. Kenneth C Lennon, , MD Mailing Address High Point Med Ctr			Date of Receipt							
	Mailing Address High Point Med Ctr 611 Lindsay St Ste 200			10 ^{//} 05 [/] 2006							
	City	State	Zip Code	Transaction ID: 24722401							
	High Point	NC	27262-4318	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer High Point Medical Center	Occupatio		7							
			edic Surgeon								
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1							
	Other (specify) \bigtriangledown		250.00								
			<u> </u>	4							
s	UBTOTAL of Receipts This Page (optional)		·····	1750.00							
F											
т	OTAL This Period (last page this line number or	nly)									

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 89 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and Sta for commercial purposes, other than using the r			on for the purpose of soliciting contributions						
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surged	ons						
۷ ۸.	Full Name (Last, First, Middle Initial) Dr. Louis U Bigliani, , MD	Date of Receipt								
	Mailing Address PH-1130 Center 622 W 168th St			10 ^{/ D D} / Y Y Y Y 2006						
	City	State	Zip Code	Transaction ID: 24722402						
	New York FEC ID number of contributing	NY	10032-3720	Amount of Each Receipt this Period						
	federal political committee.	C		250.00						
	Name of Employer Columbia University	Occupation Orthopae	n edic Surgeon							
	Receipt For:		e Year-to-Date V							
	Primary General Other (specify) v	0 0	350.00]						
В.	Full Name (Last, First, Middle Initial) Dr. Thomas J Blumenfeld, , MD			Date of Receipt						
	Mailing Address 1020 29th St Ste 450			1 0 0 5 2 0 0 6						
	City	State	Zip Code	Transaction ID: 24722403						
	Sacramento	CA	95816-5173	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		500.00						
	Name of Employer Self Employed	Occupatio	n edic Surgeon							
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00]						
<u></u> .	Full Name (Last, First, Middle Initial) Dr. Thomas P Sculco, , MD			Date of Receipt						
	Mailing Address Attn: Carol Ibsen Hosp for Special Surger	V		M M / D D / Y Y Y Y 10 05 2006						
	City	State	Zip Code	Transaction ID: 24722404						
	New York FEC ID number of contributing	NY	10021-4892	Amount of Each Receipt this Period						
	federal political committee.	C		500.00						
	Name of Employer Hospital for Special Surg- ery	Occupation Orthopae	n edic Surgeon							
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00]						
s	LUBTOTAL of Receipts This Page (optional)			1250.00						
Т	OTAL This Period (last page this line number o	nly)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 89 (check only one) X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the	atements may name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	ican Assoc	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) A. Dr. Nicholas M Halikis, , MD			Date of Receipt
Mailing Address 4201 Torrance Blvd Ste	e 640		10 ^{//} 05 [/] 2006
City Torrance	State CA	Zip Code 90503-4524	Transaction ID: 24722405
FEC ID number of contributing federal political committee.	C	90303-4324	Amount of Each Receipt this Period
Name of Employer Self Employed		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00]
Full Name (Last, First, Middle Initial) B. Dr. Alan H Wilde, , MD			Date of Receipt
Mailing Address 8542 Windsor Way			M M / D D / Y Y Y Y 10 05 2006
City	State	Zip Code	Transaction ID: 24722406
Broadview Heights	OH	44147-1790	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		700.00
Name of Employer Stulberg, Wilde Inc	Occupatio Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼	0 0	1000.00]
Full Name (Last, First, Middle Initial) C. Dr. Robert H Clayburgh, , MD			Date of Receipt
Mailing Address Valley Bone & Joint Cli 3035 Demers Ave	nic		M M / D D / Y
City	State	Zip Code	Transaction ID: 24722407
Grand Forks	ND	58201-4025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupatio Orthopae	ⁿ edic Surgeon	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00]
SUBTOTAL of Receipts This Page (optional)			1450.00

П	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 89 (check only one) 11a X 11a 11b 13 14 15 16 17								
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.								
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	ons										
Α.	Full Name (Last, First, Middle Initial) Dr. Rick A Raimondo, , MD Mailing Address Reconstructive Orthopa		Date of Receipt									
	Mailing Address Reconstructive Orthopa Tower Medical Bldg Ste	10 ^{//} 05 [/] 2006										
	City	State NJ	Zip Code	Transaction ID: 24722408								
	Lumberton FEC ID number of contributing federal political committee.	C	08048-3089	Amount of Each Receipt this Period								
	Name of Employer Reconstructive Orthopaedi- cs Receipt For: Primary General		n edic Surgeon e Year-to-Date ▼									
	Other (specify)	0 0	250.00									
В.	Full Name (Last, First, Middle Initial) Dr. David M Henneghan, , MD Mailing Address 2111 Shadow View Circ	le		Date of Receipt								
	City	State	Zip Code	Transaction ID: 24722409								
	Plover FEC ID number of contributing federal political committee.	C	54467-2943	Amount of Each Receipt this Period								
	Name of Employer Rice Medical Center Receipt For: Primary General Other (specify)		n edic Surgeon e Year-to-Date ▼ 1250.00]								
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. William Kemp Montgomery, , MD			Date of Receipt								
	Mailing Address 3108 Midway Rd Ste 10	4		10 ^{//} 05 [/] 2006								
	City	State	Zip Code	Transaction ID: 24722410								
	Plano	TX	75093-6383	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		500.00								
	Name of Employer Self Employed		edic Surgeon									
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 750.00]								
s	UBTOTAL of Receipts This Page (optional)			1250.00								
Т	OTAL This Period (last page this line number o	nly)										

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 89 (check only one) 11a X 11a 11b 11c 12										
	ny information copied from such Reports and Sta for commercial purposes, other than using the r		v not be sold or used by any perso				solic		contrik					
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons										
Α.	Full Name (Last, First, Middle Initial) Dr. Dale R Anderson, , MD Mailing Address 101 E Minnesota Ave				Date of Receipt									
					10		05	5		200	6			
	City Rapid City	State SD	Zip Code		Transad					Deviad				
	FEC ID number of contributing federal political committee.	C	57701-6204		Amount	t of Eac	nĸ	eceip	-	250.0				
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00]										
в.	Full Name (Last, First, Middle Initial) Dr. Edward J Collins, Jr, MD				Date of				., .,					
	Mailing Address 150 Mansfield Ave		10 05 2006											
	City	State	Zip Code	Transaction ID: 24722412										
	Willimantic	СТ	06226-2026	-	Amoun	t of Eac	h R	eceip	ot this F	Period				
	FEC ID number of contributing federal political committee.	C				1 1			1	000.0	00			
	Name of Employer Conn Sports Med & Ortho Center Receipt For: Primary General Other (specify) ▼		n edic Surgeon 9 Year-to-Date ▼ 2000.00]										
<u></u>	Full Name (Last, First, Middle Initial) Dr. Alberto A Bolanos, , MD			╈	Date of	Receip	t							
	Mailing Address 50 S San Mateo Dr Ste	470			1 0 ^M	/ D	05			200				
	City	State	Zip Code		Transad	ction IE): 2	472	2413					
	San Mateo	CA	94401-3833	_	Amoun	t of Eac	h R	eceip	ot this F	Period				
	FEC ID number of contributing federal political committee.	C								250.0	00			
	Name of Employer Self Employed	n edic Surgeon												
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00]										
s	UBTOTAL of Receipts This Page (optional)			•					1:	500.0	0			
Т	OTAL This Period (last page this line number o	nly)		•										

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(c	DR LINE heck only X 11a 13	y one)			PAGE	37 / 8	<u>39</u>	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	n for	the purp	bose o	of sol	icitin	g contri	bution	s		
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons							
Α.	Full Name (Last, First, Middle Initial) Dr. Michael P Young, , MD Mailing Address 350 Fox Hunt Trail		Date of Receipt								
					^м м 10	11	0			200	6
	City Barrington	State IL	Zip Code 60010-3423		Transa Amoun					Poriod	
	FEC ID number of contributing federal political committee.	C								100.	-
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00]							
в.	Full Name (Last, First, Middle Initial) Dr. Alan R McCall, , MD	500			Date of						
	Mailing Address 7447 W Talcott Ave Ste	9 500			^м 10		D 0	^D /		200	
	City	State	Zip Code		Transaction ID: 24722415 Amount of Each Receipt this Period						
	Chicago FEC ID number of contributing federal political committee.		60631-3716		Amoun		ach i	Hece	ipt this	500.0	
	Name of Employer Self Employed Receipt For: Primary General		edic Surgeon 9 Year-to-Date ♥	1							
	Other (specify)	0 0	500.00								
C.	Full Name (Last, First, Middle Initial) Dr. Robert S Schultz, , MD				Date of	Rece	eipt				
	Mailing Address 3015 17th St W				1 0 ^M	/	D 0			200	
	City	State	Zip Code		Transa	ction	_				
	Billings	MT	59102-0703	_	Amoun	t of Ea	ach I	Rece	ipt this	Period	
	FEC ID number of contributing federal political committee.	C					0			250.	00
			edic Surgeon								
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 450.00]							
s	UBTOTAL of Receipts This Page (optional)		······)	•						850.0	0
Т	OTAL This Period (last page this line number o	nly)		•							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	(c	OR LINE heck onl	ly one)) 11b	ז: [□	PAGE	12	
	ny information copied from such Reports and Sta for commercial purposes, other than using the r				pose						
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons							
Α.	Full Name (Last, First, Middle Initial) Dr. David M Oster, , MD Mailing Address 5290 S Geneva Way				Date of Receipt						
	City	State	Zip Code	_	10		0			200	6
	Englewood	CO	80111-6203		Transa Amour				22418 Pript this	Perioc	1
	FEC ID number of contributing federal political committee.	C				1				250.	
	Name of Employer Denver-Vail Orthopaedics	· ·	edic Surgeon								
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00]							
в.	Full Name (Last, First, Middle Initial) Dr. Thomas Burke, , MD				Date o	f Rece	eipt				
	Mailing Address #505 Physician Office E 300 Mt Auburn St		Zip Code		^м 1 0		0	-		2 0 0	
	City Cambridge	State MA	Transaction ID: 24722419 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C	02138-5600				aciti			250.	
	Name of Employer Self Employed		edic Surgeon								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]							
С.	Full Name (Last, First, Middle Initial) Dr. James M Morgan, , MD				Date o	f Rece	eipt				
	Mailing Address 5848 S 300 E				^м м 10	1	D 0			200	
	City	State	Zip Code		Transa	ction	ID:	247	22421		
	Salt Lake City	UT	84107-6121	_	Amour	nt of E	ach I	Rece	eipt this	Perioc	1
	FEC ID number of contributing federal political committee.	C								250.	00
	Name of Employer Intermountain Healthcare		edic Surgeon								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]							
s	UBTOTAL of Receipts This Page (optional)			•						750.0	00
Т	OTAL This Period (last page this line number o	nly)		- •							

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 89
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full)			
\rangle	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Jacob F Patterson, , MD	Date of Receipt		
	Mailing Address 1339 Phay Ave			10 [/] / ² /
	City	State	Zip Code	Transaction ID: 24722422
	Canon City	CO	81212-2301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation		
	Receipt For:		edic Surgeon e Year-to-Date ▼	-
	Primary General			1
	Other (specify)	0 0	1000.00	
в.	Full Name (Last, First, Middle Initial) Peter C Rink, ,DO			Date of Receipt
	Mailing Address 1414 W Lombard			M M / D D / Y Y Y Y 10 05 2006
	City	State	Zip Code	Transaction ID: 24725751
	Davenport	IA	52804-2148	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ortho & Rheumatology Asso-	Occupation	n edic Surgeon	
	ciates Receipt For:		e Year-to-Date V	_
	Primary General		250.00	1
	Other (specify)	0 0	250.00	
с.	Full Name (Last, First, Middle Initial) Dr. Vipool K Goradia, , MD			Date of Receipt
	Mailing Address Goradia Ortho & Sports 13109 Rivers Bend Blvd	Med		M M / D D / Y Y Y Y 10 05 2006
	City	State	Zip Code	Transaction ID: 24725752
	Chester	VA	23836-8607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Go Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼		1000.00]
s	UBTOTAL of Receipts This Page (optional)		·····	1750.00
	OTAL This Period (last page this line number or			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 89
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\square	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Theodore Firestone, , MD			Date of Receipt
	Mailing Address Institute for Bone & Join 2222 E Highland Ste 40			10 [/] 05 [/] 2006
	City	State	Zip Code	Transaction ID: 24725753
	Phoenix	AZ	85016-4880	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Institute for Bone & Joint	Occupation		
	Disorders Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General	Ayyreyale		1
	Other (specify) v	0 0	500.00	
в.	Full Name (Last, First, Middle Initial) Dr. Paul Carl Dell, , MD			Date of Receipt
	Mailing Address Ortho Sports Med Inst P0 Box 112727			M M / D D / Y Y Y Y 10 05 2006
	City	State	Zip Code	Transaction ID: 24725755
	Gainesville	FL	32611-2727	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Univ of Florida College	Occupation		
	of Medicine Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General	riggiogaio		1
	Other (specify)	0 0	500.00	
~	Full Name (Last, First, Middle Initial)			Date of Descript
υ.	Dr. Howard L Crockett, , MD Mailing Address 508 Med Ctr Blvd			Date of Receipt
				10 05 2006
	City	State	Zip Code	Transaction ID: 24725756
	<u>Conroe</u>	TX	77304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	500.00]
s	UBTOTAL of Receipts This Page (optional)			1500.00
	OTAL This Period (last page this line number of			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 41 / 89
	EMIZED RECEIPTS		or each category of the	
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Alexander M Marcus, , MD	Date of Receipt		
	Mailing Address Ortho Assoc of Central 205 May St Ste 202	Jersey		10 [°] / [°] / ₀₅ [°] / ₂₀₀₆ [°]
	City	State	Zip Code	Transaction ID: 24725757
	Edison	NJ	08837-3267	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Orthopaedic Associates of	Occupation		
	Central Jers Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General	Aggregate		1
	Other (specify)	0 0	250.00	
в.	Full Name (Last, First, Middle Initial) Dr. Richard Franklin Bruch, , MD			Date of Receipt
	Mailing Address 120 William Penn Plaza	l		M M / D D / Y Y Y Y
	City	State	Zip Code	1 0 0 5 2 0 0 6 Transaction ID: 24725758
	Durham	NC	27704-2150	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General	33 - 3		1
	Other (specify) 🔻	0 0	350.00	
C.	Full Name (Last, First, Middle Initial) Dr. Guy H Hickman, , MD			Date of Receipt
•	Mailing Address 1155 35th Ln Ste 100			M M / D D / Y Y Y Y
	City	State	Zip Code	1 0 0 5 2 0 0 6 Transaction ID: 24725760
	Vero Beach	FL	32960-6572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Vero Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	9 Year-to-Date ▼ 500.00]
s	UBTOTAL of Receipts This Page (optional)			1000.00
Т	OTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 89 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	can Associ	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Suanne White-Spunner, , MD Mailing Address 3610 Springhill Memoria	al Dr N		Date of Receipt
	City	State	Zip Code	10 05 2006 Transaction ID: 24725802
	Mobile FEC ID number of contributing federal political committee.	AL C	36608-1162	Amount of Each Receipt this Period
	Name of Employer Alabama Orthopaedics		edic Surgeon	
	Receipt For: Primary General Other (specify) \bigtriangledown	Aggregate	e Year-to-Date ▼ 1000.00]
в.	Full Name (Last, First, Middle Initial) Dr. Eric A Monesmith, , MD			Date of Receipt
	Mailing Address 5255 E Stop 11 Rd Ste		7.0.1	10 ^{//} 05 [/] 2006
	City	State	Zip Code	Transaction ID: 24725803
	Indianapolis FEC ID number of contributing federal political committee.		46237-6341	Amount of Each Receipt this Period
	Name of Employer Ortho Indy	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
с.	Full Name (Last, First, Middle Initial) Dr. Bipin B Bavishi, , MD			Date of Receipt
	Mailing Address 707 N Logan			M M / D D / Y Y Y Y 10 05 2006
	City Danville	State IL	Zip Code 61832-4360	Transaction ID: 24725837 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Danville Clinic	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00]
s	I UBTOTAL of Receipts This Page (optional)		······	2250.00

FEC Schedule A (Form 3X) Rev. 02/2003

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 89 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ns
<u>А.</u>	Full Name (Last, First, Middle Initial) Dr. James Gordon Brooks, Jr, MD			Date of Receipt
	Mailing Address 9330 Poppy Dr Ste 300			M M / D D / Y Y Y Y 10 05 2006
	City	State	Zip Code	Transaction ID: 24725838
	Dallas	TX	75218-4624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Dallas Bone & Joint Clinic	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.00]
в.	Full Name (Last, First, Middle Initial) Dr. John W Gainor, , MD			Date of Receipt
	Mailing Address PO Box 1200			M M / D D / Y Y Y Y 10 05 2006
	City	State	Zip Code	Transaction ID: 24725839
	Santa Barbara	CA	93102-1200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Santa Barbara Medical Cli-	Occupatio	n edic Surgeon	
	nic Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼		1000.00	
	Full Name (Last, First, Middle Initial) Dr. Kenneth Ortega, , DO			Date of Receipt
	Mailing Address Mohawk Vally Orthopaed 1903 Sunset Ave	dics		10 05 2006
	City	State	Zip Code	Transaction ID: 24725840
	Utica	NY	13502-5617	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Mohawk Valley Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00]
s	UBTOTAL of Receipts This Page (optional)			1100.00

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 44 / 89 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Political Action Committee of the Ameri	can Assoc	iation of Orthopaedic Surgeo	pns
Α.	Full Name (Last, First, Middle Initial) Dr. Hal J McCutchan, , MD			Date of Receipt
	Mailing Address Northwest Hand Special 10821 19th Ave SE Ste			10 ¹⁰ ¹⁰ ¹⁰ ¹⁰ ¹⁰ ¹⁰ ¹⁰ ¹⁰ ¹⁰ ¹
	City	State	Zip Code	Transaction ID: 24725841
	Everett	WA	98208-5152	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Northwest Hand	Occupatio		_
	Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General	, iggi oguit		1
	Other (specify) v	0 0	500.00	
в.	Full Name (Last, First, Middle Initial) Dr. Robert H Harrington, , MD			Date of Receipt
	Mailing Address 237 Route 108 Ste 205			10 05 2006
	City	State	Zip Code	Transaction ID: 24725842
	Somersworth	NH	03878-1517	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Seacoast Orthopedics and	Occupatio	n edic Surgeon	
	Sports Medici Receipt For:		e Year-to-Date V	
	Primary General	1	500.00	1
	Other (specify)	0 0		1
0	Full Name (Last, First, Middle Initial) Dr. Donn A Fassero, , MD			Date of Receipt
0.	Mailing Address 600 Coffee Rd			
		Ctoto	Zin Codo	10 05 2006
	City Modesto	State CA	Zip Code 95355-4276	Transaction ID: 24725862 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sutter Gould Medical Foun-	Occupatio	n edic Surgeon	
	dation Receipt For:		e Year-to-Date V	
	Primary General		450.00	1
	Other (specify)	0 0	450.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
Т	OTAL This Period (last page this line number or	nly)		

•				FOR LINE NUMBER: PAGE 45/89						
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12						
Ar	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.									
$\left[\right]$	NAME OF COMMITTEE (In Full)									
\sum	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons						
Α.	Full Name (Last, First, Middle Initial) Dr. Robert Q Lewis, , MD	Date of Receipt								
	Mailing Address Orthopaedic Surgery an 502 Morgan Ave	d Sports N	led	10 ^D 05 ^Y YYYY 2006						
	City	State	Zip Code	Transaction ID: 24725926						
	Corpus Christi	ТХ	78404-2202	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self Employed	Occupation	n edic Surgeon	7						
	Receipt For:		e Year-to-Date ▼							
	Primary General	55 - 5-		1						
	Other (specify)		250.00							
в.	Full Name (Last, First, Middle Initial) Dr. William A Paton, , MD			Date of Receipt						
	Mailing Address 4315 Diplomacy Dr			10 05 2006						
	City	State	Zip Code	Transaction ID: 24725927						
	Anchorage	AK	99508-5926	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self Employed	Occupatio	n edic Surgeon	7						
	Receipt For:		e Year-to-Date V							
	Primary General			1						
	Other (specify) v	0 0	250.00	1						
	Full Name (Last, First, Middle Initial) Dr. Richard D Schmidt, , MD			Date of Receipt						
0.	Mailing Address 7373 France Ave S Ste	312								
				10 05 2006						
	City	State	Zip Code	Transaction ID: 24725987						
	Edina	MN	55435-4549	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon							
	Receipt For:		e Year-to-Date V	-						
	Primary General		500.00	1						
	Other (specify)	0 0		1						
s	UBTOTAL of Receipts This Page (optional)			750.00						
Т	OTAL This Period (last page this line number or	רוא)								

6				FOR LINE NUMBER: PAGE 46 / 89
SCHEDULE A (FEC Form 3X)			Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	I not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons
L	Full Name (Last, First, Middle Initial)			
Α.	Dr. David W Graybill, , MD			Date of Receipt
	Mailing Address 2610 Enterprise Dr			10 [/] 05 [/] 2006
	City	State	Zip Code	Transaction ID: 24725988
	Anderson	IN	46013-9684	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer	Occupatio	n	
	Self Employed		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Other (specify)		500.00	
		0 0	0 0 0 0 0 0 0	1
_	Full Name (Last, First, Middle Initial)			
в.	Dr. Talal M Malhis, , MD Mailing Address 15725 Whittier Blvd Ste	450		Date of Receipt
	Maining Address 15725 WHILLIEF DIVU Ste	450		10 05 2006
	City	State	Zip Code	Transaction ID: 24725989
	Whittier	CA	90603-2347	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	·			
	Name of Employer Self Employed	Occupation		
	Receipt For:		edic Surgeon e Year-to-Date ▼	-
	Primary General	, iggi oguio		1
	Other (specify)		1000.00	
	Full Name (Last, First, Middle Initial)			
C.	Dr. Joseph Thomas Monaco, , MD			Date of Receipt
	Mailing Address 16750 S 80th Ave Ste A			10 ^{D D / Y Y Y Y 1} 05 2006
	City	State	Zip Code	Transaction ID: 24725991
	Tinley Park	IL	60477-3174	Amount of Each Receipt this Period
	FEC ID number of contributing	C		500.00
	federal political committee.	C		
	Name of Employer Self Employed	Occupation		1
			edic Surgeon	_
	Receipt For: Primary General	Aggregate	e Year-to-Date V	
	Other (specify)		500.00	
_			<u> </u>	1
				2000.00
s	UBTOTAL of Receipts This Page (optional)		••••••	
т	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 47 / 89 (check only one)				
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12				
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full)							
\rangle	Political Action Committee of the Ameri	can Associ	iation of Orthopaedic Surgeo	ons				
Α.	Full Name (Last, First, Middle Initial) Dr. James M Banovetz, Jr, MD		Date of Receipt					
	Mailing Address 824 Illinois Ave			10 ^{D D} / Y Y Y Y 1005 2006				
	City	State	Zip Code	Transaction ID: 24725993				
	Stevens Point	WI	54481-3112	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Self Employed	Occupatio	n edic Surgeon					
	Receipt For:		e Year-to-Date V					
	Primary General	r iggi ogutt		1				
	Other (specify)	0 0	250.00					
в.	Full Name (Last, First, Middle Initial) Dr. H Bryan Noah, , MD			Date of Receipt				
	Mailing Address High Point Ortho & Spot 611 Lindsay Ste 200	rts Medicin	e	10 ^{//} 05 ^{//} 2006				
	City	State	Zip Code	Transaction ID: 24725994				
	High Point	NC	27262-4318	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Self Employed	Occupatio	n edic Surgeon					
	Receipt For:		e Year-to-Date V					
	Primary General		500.00	1				
	Other (specify)	0 0	300.00					
с.	Full Name (Last, First, Middle Initial) Dr. Clyde Alan Farris, , MD			Date of Receipt				
	Mailing Address 19250 SW 65th Ave Ste	e 200		M M / D D / Y Y Y Y 10 05 2006				
	City	State	Zip Code	Transaction ID: 24725995				
	Tualatin	OR	97062-7707	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee. Name of Employer Self Employed			500.00				
			n edic Surgeon					
	Receipt For:	Aggregate	e Year-to-Date V					
	Primary General Other (specify) ▼	0 0	500.00]				
s	UBTOTAL of Receipts This Page (optional)		b	1250.00				
	OTAL This Period (last page this line number of		•					

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 48 / 89				
· · · ·		Use separate schedule(s) or each category of the	(check only one)				
ITEMIZED RECEIPTS		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$				
Any information copied from such Reports and Sta or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s						
NAME OF COMMITTEE (In Full)							
Political Action Committee of the Ameri	ican Assoc	iation of Orthopaedic Surgeo	ons				
Full Name (Last, First, Middle Initial) A. Dr. Stephen Standish Cook, , MD							
Mailing Address UMDNJ-Robt W Johnso 51 French St	on Med Sch	1	10 [/] 05 [/] 2006				
City	State	Zip Code	Transaction ID: 24725996				
New Brunswick	NJ	08901-1921	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		500.00				
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon					
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00]				
Full Name (Last, First, Middle Initial) B. Dr. Jacob Amrani, , MD			Date of Receipt				
Mailing Address 16557 N 109th way			M M / D D / Y Y Y Y 10 05 2006				
City	State	Zip Code	Transaction ID: 24725997				
Scottsdale	AZ	85255-2414	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		500.00				
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	-				
Receipt For:	Aggregate	e Year-to-Date 🔻	_				
Other (specify)	0 0	500.00]				
Full Name (Last, First, Middle Initial) C. Dr. Peter W Mitchell, , MD			Date of Receipt				
Mailing Address 2222 E Highland Ste 42	25		M M / D D / Y Y Y Y 10 05 2006				
City	State	Zip Code	Transaction ID: 24725998				
Phoenix	AZ	85016-4881	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		500.00				
Name of Employer Self Employed		edic Surgeon					
Receipt For:	Aggregate	e Year-to-Date V	_				
Other (specify) ▼		500.00]				
SUBTOTAL of Receipts This Page (optional)		·····)	1500.00				

FEC Schedule A (Form 3X) Rev. 02/2003

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 89 (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\sum	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ons
A.	Full Name (Last, First, Middle Initial) Dr. James L White, , MD			Date of Receipt
	Mailing Address 1464 Medical Park Cir			M M / D D / Y Y Y Y 10 / 05 / 2006
	City	State	Zip Code	Transaction ID: 24725999
	Tupelo	MS	38801-6595	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	-
	Receipt For:		e Year-to-Date ▼	_
	Primary General			1
	Other (specify)	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. Patrick F O'Leary, , MD			Date of Receipt
	Mailing Address 1015 Madison Ave 4th Fl			10 ^{DD} /YYYYY 1025 2006
	City	State	Zip Code	Transaction ID: 24726000
	New York	NY	10021-0261	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	_
	Primary General		1000.00	1
	Other (specify)	0 0	1000.00	
с.	Full Name (Last, First, Middle Initial) Daniel Kensinger, , MD			Date of Receipt
	Mailing Address 298 Inverness Trail			M M / D D / Y Y Y Y 10 10 2006
	City	State	Zip Code	Transaction ID: 24726601
	Dakota Dunes	SD	57049-5291	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		Year-to-Date V	
	Primary General Other (specify) ▼	0 0	250.00]
s	UBTOTAL of Receipts This Page (optional)			2250.00
	OTAL This Period (last page this line number on			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 89 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	ican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Steven E Casey, , MD	Date of Receipt		
	Mailing Address 711 Lawn Ave Prof Ctr Bldg 3			10 ^{//} 10 ^{//} 2006
	City	State	Zip Code	Transaction ID: 24726602
	Sellersville	PA	18960	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	500.00]
	Full Name (Last, First, Middle Initial) Dr. Daniel E Cooper, , MD			Date of Receipt
υ.	Mailing Address 9301 N Central Expy St	e 400		
	City	State	Zip Code	Transaction ID: 24726603
	Dallas	TX	75231-5009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Douglas J Straehley, , MD			Date of Receipt
	Mailing Address Panorama Orthopaedic 660 Golden Ridge Rd S			M M / D D / Y Y Y Y Y 10 10 2006
	City	State	Zip Code	Transaction ID: 24726613
	Golden FEC ID number of contributing	CO	80401-9541	Amount of Each Receipt this Period
	federal political committee.	C		1000.00
	Name of Employer Panaroma Orthopaedics	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 1000.00]
s	UBTOTAL of Receipts This Page (optional)			2250.00
Т	OTAL This Period (last page this line number o	only)		

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 51 / 89					
. ,			Use separate schedule(s) or each category of the	(check only one)				
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
•	vinformation appied from such Departs and Ob	tomosta	(not be cold as used by says a	13 14 15 16 17				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	riol be sold or used by any perso dress of any political committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
\geq	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ns				
Α.	Full Name (Last, First, Middle Initial) Dr. Ian Lin, , MD			Date of Receipt				
	Mailing Address 104 Foster Dr			M M / D D / Y Y Y Y 10 10 2006				
	City	State	Zip Code	Transaction ID: 24726614				
	Des Moines	IA	50312-2538	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		1000.00				
	Name of Employer Self Employed	Occupation	n edic Surgeon	7				
	Receipt For:		e Year-to-Date ▼	-				
	Primary General	33 - 3		1				
	Other (specify)	0 0	1000.00					
в.	Full Name (Last, First, Middle Initial) Dr. Matthew C Nadaud, , MD			Date of Receipt				
	Mailing Address Knoxville Orthopedic Cli 1128 Weisgarber Rd	nic		M M / D D / Y				
	City	State	Zip Code	Transaction ID: 24726616				
	Knoxville	TN	37909-2674	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Knoxville Orthopaedic Cli-	Occupation						
	nic Receipt For:		edic Surgeon e Year-to-Date ▼	_				
	Primary General	Ayyreyale		1				
	Other (specify)	0 0	250.00					
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Scott L Sledge, , MD			Date of Receipt				
	Mailing Address 12709 Toepperweein Ste	e 101		M M / D D / Y Y Y Y 10 10 2006				
	City	State	Zip Code	Transaction ID: 24726618				
	Live Oak	TX	78233-3259	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.			250.00				
	Name of Employer Self Employed	Occupation	n edic Surgeon					
	Onnop		e Year-to-Date ▼	-1				
	Primary General	33 - 3		1				
	Other (specify)	250.00						
s	UBTOTAL of Receipts This Page (optional)		•	1500.00				
Т	TOTAL This Period (last page this line number only)							

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 52 / 89 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
$\left[\right]$	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Political Action Committee of the Ameri	ican Associ	ation of Orthopaedic Surgeo	ons
A.	Full Name (Last, First, Middle Initial) Dr. Lois Kathleen Osier, , MD			Date of Receipt
	Mailing Address Charlotte Orthopedic 1915 Randolph Rd			10 ^{//} 10 [/] Y Y Y Y 10 ^{//} 10 ^{//} 2006
	City	State	Zip Code	Transaction ID: 24726620
	Charlotte	NC	28207-1101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼		250.00]
в.	Full Name (Last, First, Middle Initial) Dr. Jerome Kolavo, , MD			Date of Receipt
	Mailing Address 27650 Ferry Rd Ste 100)		10 D D / Y Y Y Y 10 10 2006
	City	State	Zip Code	Transaction ID: 24726621
	Warrenville	IL	60555-3846	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio	n edic Surgeon	
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	500.00]
	Full Name (Last, First, Middle Initial) Dr. George S Zakaib, , MD			Date of Receipt
	Mailing Address 600 Shadow Ridge Ct			M M / D D / Y Y Y Y 10 10 2006
	City	State	Zip Code	Transaction ID: 24726635
	Silverton	OR	97381-9811	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
s	UBTOTAL of Receipts This Page (optional)			1000.00
Т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	or ead	separate schedule(s) ch category of the led Summary Page	FOR LINE NUMBER: PAGE 53 / 89 (check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may not be s ame and address of a	old or used by any perso any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Association of	Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) A. Dr. Jeffrey C Davis, , MD			Date of Receipt
Mailing Address 1208 Perthshire Ct			M M / D D / Y Y Y Y 10 10 2006
City	•	Code	Transaction ID: 24726636
Vestavia Hls	AL 352	242-6076	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Alabama Sports Medicine	Occupation Orthopaedic Sur	geon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	Date ▼ 500.00]
Full Name (Last, First, Middle Initial) B. Dr. Terrence J Endres, , MD			Date of Receipt
Mailing Address 3165 Hoag Ave NE			M M / D D / Y Y Y Y 10 10 2006
City	State Zip	Code	Transaction ID: 24726637
Grand Rapids	MI 495	525-9697	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Orthopaedic Associates of Grand Rapids	Occupation Orthopaedic Sur	geon	
Receipt For:	Aggregate Year-to-	Date V	
Other (specify) ▼		250.00]
Full Name (Last, First, Middle Initial) C. Dr. Thomas Greg Sommerkamp, , MD			Date of Receipt
Mailing Address 20 Medical Village Dr St	e 177		M M / D D / Y Y Y Y 10 10 2006
City		Code	Transaction ID: 24726638
Edgewood	KY 410	017-5407	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Hand Surgery Specialists, Inc	Occupation Orthopaedic Sur	geon	
Receipt For:	Aggregate Year-to-	-	7
Other (specify) ▼		750.00]
SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 89 (check only one)
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	ican Assoc	iation of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. Rick F Papandrea, , MD			Date of Receipt
Mailing Address 1111 Delafield St Ste 1	20		10 ^M 10 ^P 2006
City	State	Zip Code	Transaction ID: 24726639
Waukesha FEC ID number of contributing federal political committee.	C	53188-3402	Amount of Each Receipt this Period
Name of Employer Self Employed		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00]
Full Name (Last, First, Middle Initial) B. Dr. Berton R Moed, , MD			Date of Receipt
Mailing Address 801 S Skinker Apt 6a			M M / D D / Y Y Y Y Y 10 / 10 / 2006
City	State	Zip Code	Transaction ID: 24726640
Saint Louis FEC ID number of contributing federal political committee.	C	63105-3228	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	_
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) C. Dr. George F Chimento, , MD			Date of Receipt
Mailing Address 2405 Chester St			M M / D D / Y Y Y Y 10 / 10 / 2006
City Metairie	State LA	Zip Code 70001-3029	Transaction ID: 24726642 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	_
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00]
SUBTOTAL of Receipts This Page (optional)			1000.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 55 / 89
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
٨٣	y information copied from such Reports and Sta	tomonto mo		13 14 15 16 17
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)			
\backslash	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ns
Α.	Full Name (Last, First, Middle Initial) Dr. J Lockwood Ochsner, Jr, MD	Date of Receipt		
	Mailing Address 1514 Jefferson Hwy			M M / D D / Y Y Y Y 10 10 2006
	City	State	Zip Code	Transaction ID: 24726643
	New Orleans	LA	70121-2483	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Ochsner Clinic Foundation	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	-
	Primary General		700.00	1
	Other (specify)	0 0	700.00	
в.	Full Name (Last, First, Middle Initial) Dr. Michael A Simon, , MD			Date of Receipt
	Mailing Address 5841 S Maryland Ave MC 3079			M + M / D + D / Y + Y + Y Y 10 10 2006 10
	City	State	Zip Code	Transaction ID: 24726644
	Chicago	IL	60637-1447	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer University of Chicago	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date 🔻	_
	Primary General Other (specify) ▼		1000.00]
	Full Name (Last, First, Middle Initial) Dr. Michael G Raab, , MD			Date of Receipt
	Mailing Address 3226 Dunlap Dr			M M / D D / Y Y Y Y 10 10 2006
	City	State	Zip Code	Transaction ID: 24726645
	Gainesville	GA	30506-1648	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	1
	Receipt For:		e Year-to-Date ▼	1
	Primary General		000.00	1
	Other (specify)		600.00	1
s	UBTOTAL of Receipts This Page (optional)			1800.00

FEC Schedule A (Form 3X) Rev. 02/2003

~				FOR LINE NUMBER: PAGE 56 / 89			
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12			
			Detailed Summary Page	13 14 15 16 17			
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.			
∇	NAME OF COMMITTEE (In Full)						
Political Action Committee of the American Association of Orthopaedic Surgeons							
Α.	Full Name (Last, First, Middle Initial) Dr. Joe Nelson Jarrett, Jr, MD			Date of Receipt			
	Mailing Address 849 82nd Pkwy			10 ^M 10 ^D 2006			
	City	State	Zip Code	Transaction ID: 24726647			
	Myrtle Beach	SC	29572-4612	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Strand Orthopaedic Consul-	Occupatio					
	tants Receipt For:		edic Surgeon e Year-to-Date ▼	_			
	Primary General	Aggregat		-			
	Other (specify)	0 0	350.00				
в.	Full Name (Last, First, Middle Initial) Dr. William James Dowling, Jr, MD			Date of Receipt			
	Mailing Address 131 Madison Ave Ste 13	30		M M / D D / Y Y Y Y			
		<u> </u>		10 10 2006			
	City	State	Zip Code	Transaction ID: 24726649			
	Morristown	NJ	07960-7360	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Ridge Orthopedic Group	Occupatio					
	Receipt For:		edic Surgeon e Year-to-Date ▼	_			
	Primary General	Aggregat		-			
	Other (specify) ▼	0 0	1500.00				
~	Full Name (Last, First, Middle Initial)			Data of Data int			
С.	Dr. Ronald W Smith, , MD Mailing Address 2651 Elm Ave Ste 205			Date of Receipt			
	Maining Address 2051 EIIII Ave Ste 205			10 10 2006			
	City	State	Zip Code	Transaction ID: 24726650			
	Long Beach	CA	90806-1638	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Balance Orthopaedic Foot & Ankle	Occupatio Orthopae	n edic Surgeon				
	Receipt For:		e Year-to-Date V	-			
	Primary General		450.00				
	Other (specify)	0 0	450.00				
s	UBTOTAL of Receipts This Page (optional)		······	1000.00			
Т	OTAL This Period (last page this line number o	only)					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 89 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	rican Assoc	iation of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) A. Dr. John D Bailey, , MD			Date of Receipt
Mailing Address 4140 Centennial Hills I	Blvd Ste C		10 ^{//} 12 [/] 2006
City	State	Zip Code	Transaction ID: 24802516
Casper FEC ID number of contributing federal political committee.	WY C	82609-3265	Amount of Each Receipt this Period
Name of Employer Casper Orthopaedic Associ- ates		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00]
Full Name (Last, First, Middle Initial) B. Dr. John S Place, , MD			Date of Receipt
Mailing Address 3907 Creekside Loop S	Ste 100		M M / D D / Y Y Y Y 10 12 2006
City	State	Zip Code	Transaction ID: 24802517
Yakima	WA	98902-4877	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 3000.00	1
Full Name (Last, First, Middle Initial)			
C. Dr. Kevin S Finnesey, , MD Mailing Address 50 S San Mateo Dr Ste	e 440		Date of Receipt
City	State	Zip Code	10122006 Transaction ID: 24802518
San Mateo	CA	94401-3833	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	7
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optional)			1500.00

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 58 / 89 (check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions solicit contributions from such committee.		
\sum	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ns
Α.	Full Name (Last, First, Middle Initial) Dr. Jonathan P Garino, , MD			Date of Receipt
	Mailing Address Dept of Orthopaedic Sur 1 Cupp Pavilion	rgery		10 ^{//} 12 [/] Y Y Y 10 ^{//} 12 ^{//} 2006
	City State		Zip Code	Transaction ID: 24802519
	Philadelphia	PA	19104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer University of Pennsylvania	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	_
	Primary General Other (specify) •		2000.00]
				d
В.	Full Name (Last, First, Middle Initial) Dr. David J Schulak, , MD			Date of Receipt
	Mailing Address 809 Ben Lomond Dr			10 ^{M M} / D D / Y Y Y Y 10 ¹² 2006
	City	State	Zip Code	Transaction ID: 24802521
	Tampa	FL	33617-4219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Tampa Orthopaedic Clinic	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Other (specify)		300.00	1
		1 0 0		4
C.	Full Name (Last, First, Middle Initial) Dr. Russell S VanderWilde, , MD			Date of Receipt
	Mailing Address 601 W 5th Ave Ste 400			M M / D D / Y Y Y Y 10 12 2006
	City	State	Zip Code	Transaction ID: 24802522
	Spokane	WA	99204-2715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Receipt For: Aggreg		n edic Surgeon	
			e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00]
s	UBTOTAL of Receipts This Page (optional)		b	1350.00
	OTAL This Period (last page this line number or		•	

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 59 / 89			
	EMIZED RECEIPTS		or each category of the	(check only one)			
	EIVIZED RECEIPTS		Detailed Summary Page				
—				13 14 15 16 17			
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	I not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
\sum	NAME OF COMMITTEE (In Full)						
	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons			
Α.	Full Name (Last, First, Middle Initial) Dr. Dante A Marra, , MD			Date of Receipt			
	Mailing Address 10 Medical Park Ste 203	3		M M / D D / Y			
	City Si		Zip Code	Transaction ID: 24802524			
	Wheeling	WV	26003-6389	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		200.00			
	Name of Employer Self Employed	Occupation	n edic Surgeon	_			
	Receipt For:		e Year-to-Date 🔻	—			
	Primary General		475.00	1			
	Other (specify)	0 0	475.00				
в.	Full Name (Last, First, Middle Initial) Dr. William D Allen, , MD			Date of Receipt			
	Mailing Address 2854 Bell St			M M / D D / Y Y Y Y 10 12 2006			
	City	State	Zip Code	Transaction ID: 24802525			
	Zanesville	OH	43701-1790	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Orthopaedic Associates of	Occupation					
	Zanesville		edic Surgeon				
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻				
	Other (specify)	0 0	350.00				
_	Full Name (Last, First, Middle Initial)						
C.	Dr. Christopher S Proctor, , MD			Date of Receipt			
	Mailing Address 511 Bath St			10 [/] 12 [/] 2006			
	City	State	Zip Code	Transaction ID: 24802526			
	Santa Barbara	CA	93101-3403	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Alta Orthopaedics	Occupation Orthopae	n edic Surgeon				
			e Year-to-Date ▼	-			
	Primary General Other (specify) ▼		250.00]			
Г				700.00			
s	UBTOTAL of Receipts This Page (optional)						
т	OTAL This Period (last page this line number o	nly)		•			

64				FOR LINE NUMBER: PAGE 60 / 89
	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.		
$\overline{\nabla}$	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Americ	can Associ	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Kiran J Dave, , MD		Date of Receipt	
	Mailing Address 214 SW 26th Ave Ste A			10 12 2006
	City	State	Zip Code	Transaction ID: 24802527
	Mineral Wells	TX	76067-8249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio		-
	Receipt For:		edic Surgeon e Year-to-Date ▼	-
	Primary General	33 - 3		1
	Other (specify)	0 0	500.00	
в.	Full Name (Last, First, Middle Initial) Dr. John W Adkison, , MD			Date of Receipt
	Mailing Address 1211 N 16th Ave			M M / D D / Y Y Y Y 10 12 2006
	City	State	Zip Code	Transaction ID: 24802528
	Yakima	WA	98902-1347	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Orthopedics Northwest	Occupatio		
	Receipt For:		edic Surgeon e Year-to-Date ▼	_
	Primary General	, iggi oguit		1
	Other (specify)	0 0	2000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. James R Dyreby, , MD			Date of Receipt
0.	Mailing Address Northland Orthopaedic A	Assoc. S C		M M / D D / Y Y Y Y
	444 E Timber Dr			10 12 2006
	City Rhinelander	State WI	Zip Code 54501-2852	Transaction ID: 24802529 Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		
	Name of Employer Northland Orthopaedics	Occupatio	n edic Surgeon	
	Receipt For:		e Year-to-Date V	-
	Primary General			1
	Other (specify)	0 0	2500.00]
s	UBTOTAL of Receipts This Page (optional)			1750.00
Т	OTAL This Period (last page this line number or	וע)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 61 / 89						
ITEMIZED RECEIPTS			or each category of the	(check only one)						
· · · · · · · · · · ·			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$						
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full)									
\rangle	Political Action Committee of the Ameri	ons								
Α.	Full Name (Last, First, Middle Initial) Dr. John English Feighan, , MD			Date of Receipt						
	Mailing Address 2260 Harcourt Dr			10 12 2006						
	City	State	Zip Code	Transaction ID: 24802530						
	Cleveland Heights	OH	44106-4610	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		200.00						
	Name of Employer Self Employed	Occupation								
	Receipt For:		edic Surgeon e Year-to-Date ▼	_						
	Primary General	, iggi ogaio		1						
	Other (specify)	0 0	450.00							
в.	Full Name (Last, First, Middle Initial) Dr. Andrew L Terrono, Jr, MD			Date of Receipt						
	Mailing Address 125 Parker Hill Ave			M M / D D / Y Y Y Y 10 12 2006						
	City	State	Zip Code	Transaction ID: 24802531						
	Boston	MA	02120-2850	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		500.00						
	Name of Employer Mass Surgical Associates	Occupation	n edic Surgeon							
	Receipt For:		e Year-to-Date ▼							
	Primary General Other (specify) ▼		1000.00	1						
	Full Name (Last, First, Middle Initial)									
C.	Dr. Stephen G Taylor, , MD			Date of Receipt						
	Mailing Address 6001 Westown Pkwy			10 [/] 12 [/] Y Y Y 10 ⁰ 12 [/] 2006						
	City	State	Zip Code	Transaction ID: 24802532						
	West Des Moines	IA	50266-7702	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		200.00						
	Name of Employer Des Moines Orthopaedic Su- rgeons	Occupation Orthopae	n edic Surgeon							
	Receipt For:	Aggregate	e Year-to-Date 🔻							
	Primary General Other (specify) ▼	0 0	600.00]						
s	I UBTOTAL of Receipts This Page (optional)			900.00						
	OTAL This Period (last page this line number o									

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 89 (check only one) 11a X 11a 11b 11c 12 I3 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Maureen A Finnegan, , MD Mailing Address II of TX Southwestern M			Date of Receipt
	Mailing Address U of TX Southwestern N Dept of Ortho Surgery	led School		10 ^{//} 13 [/] 2006
	City	State	Zip Code	Transaction ID: 24804726
	Dallas FEC ID number of contributing federal political committee.	TX C	75390-0001	Amount of Each Receipt this Period
	Name of Employer UT Southwestern	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
в.	Full Name (Last, First, Middle Initial) Dr. Darron M Jones, , MD			Date of Receipt
	Mailing Address Mason City Clinic 250 S Crescent Dr			10 [/] 13 [/] 2006
	City	State	Zip Code	Transaction ID: 24804727
	Mason City	IA	50401-2926	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00]
с.	Full Name (Last, First, Middle Initial) Dr. Forney Hutchinson, , MD			Date of Receipt
	Mailing Address 1001 Blythe Blvd Ste 20	0		10 [/] 13 [/] 2006
	City	State	Zip Code	Transaction ID: 24804728
	Charlotte FEC ID number of contributing	NC C	28203-5863	Amount of Each Receipt this Period
	federal political committee.			
	Name of Employer The Miller Orthopaedic Cl-	Occupatio Orthopae	n edic Surgeon	
	Inic Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00]
s	UBTOTAL of Receipts This Page (optional)			750.00
Т	OTAL This Period (last page this line number o	nly)		

C/				FOR LINE NUMBER: PAGE 63 / 89				
SCHEDULE A (FEC Form 3X)			Use separate schedule(s) or each category of the	(check only one)				
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12				
	Any information copied from such Reports and Statements n							
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)		- •					
\rangle	Political Action Committee of the Americ	can Assoc	iation of Orthopaedic Surgeo	ons				
Α.	Full Name (Last, First, Middle Initial) Dr. Harvey A Taylor, , MD			Date of Receipt				
	Mailing Address 65 Fremont St			10 [/] 13 [/] 2006				
	City	State	Zip Code	Transaction ID: 24804733				
	Marlborough	MA	01752-1271	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		100.00				
	Name of Employer Orthopedic Associates of	Occupatio		_				
	Marlboro		edic Surgeon					
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	-				
	Other (specify)	0 0	300.00					
в.	Full Name (Last, First, Middle Initial) Dr. Walter A Smith, Jr, MD			Date of Receipt				
	Mailing Address 9250 SW Hall Blvd			10 ^{M M} /DD/YYYY 1013 2006				
	City	State	Zip Code	Transaction ID: 24804734				
	Tigard	OR	97223-6721	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		100.00				
	Name of Employer Self Employed	Occupatio						
	Receipt For:		edic Surgeon e Year-to-Date ▼					
	Primary General	Aggregat		1				
	Other (specify)	0 0	300.00					
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Christopher B Michelsen, , MD			Date of Receipt				
υ.	Mailing Address 5141 Broadway Rm 3-0	20						
		20		10 13 2006				
	City	State	Zip Code	Transaction ID: 24804735				
	New York	NY	10034-1159	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		750.00				
	Name of Employer NY Orthopaedic Hospital	Occupatio Orthopae	n edic Surgeon					
	Receipt For:		e Year-to-Date V					
	Other (specify)		1500.00	11				
		0 0						
s	UBTOTAL of Receipts This Page (optional)			950.00				
Т	OTAL This Period (last page this line number or	nly)						

~				FOR LINE NUMBER: PAGE 64 / 89			
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12			
				13 14 15 16 17			
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
\sum	NAME OF COMMITTEE (In Full)						
\langle	Political Action Committee of the Americ	can Associ	iation of Orthopaedic Surgeo	ons			
Α.	Full Name (Last, First, Middle Initial) Dr. Frederick T Lohr, , MD			Date of Receipt			
	Mailing Address 100 Brown St			M M / D D / Y			
	City	State	Zip Code	Transaction ID: 24804736			
	Chestertown	MD	21620-1435	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Self Employed	Occupation	n edic Surgeon	-			
	Receipt For:		e Year-to-Date V	_			
	Primary General			1			
	Other (specify)	0 0	750.00				
В.	Full Name (Last, First, Middle Initial) Dr. John N Callander, , MD			Date of Receipt			
	Mailing Address 2540 Filbert St			M M / D D / Y Y Y Y 10 13 2006			
	City	State	Zip Code	Transaction ID: 24804737			
	San Francisco	CA	94123-3318	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer California Pacific Ortho & Sports Med Receipt For: Primary General Other (specify)		n edic Surgeon ∋ Year-to-Date ▼ 550.00]			
	Full Name (Last, First, Middle Initial)						
C.	Dr. Anthony E Melonakos, , MD			Date of Receipt			
	Mailing Address Frenchtown Orthopedic 1420 N Monroe St	Group		10 ^M / D D / Y Y Y Y 10 ^A 13 ^A 2006			
	City	State	Zip Code	Transaction ID: 24804738			
	Monroe	MI	48162-4211	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon				
	Receipt For: Primary General		e Year-to-Date V	1			
	Other (specify)		250.00				
s	UBTOTAL of Receipts This Page (optional)			850.00			
т	OTAL This Period (last page this line number or	רוא)					

SCHEDULE A (FEC	•	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 89 (check only one) 11a X 11a 11b I3 14 15 16
Any information copied from su or for commercial purposes, of	uch Reports and Statements may ther than using the name and add	not be sold or used by any pers lress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
NAME OF COMMITTEE (I Political Action Commi	n Full) ttee of the American Associ	ation of Orthopaedic Surge	ons
Full Name (Last, First, Mide A. Dr. Steven M Sanwick, , MD	dle Initial)		Date of Receipt
Mailing Address 12410	E Sinto Ave Ste 201		M M / D D / Y Y Y Y 10 13 2006
City Spakana Vallav	State	Zip Code	Transaction ID: 24804739
Spokane Valley FEC ID number of contribu federal political committee.	ting C	99216-1081	Amount of Each Receipt this Period
Name of Employer Northwest Orthopedic Specialists Receipt For: Primary Ger Other (specify) ▼	Orthopae	n dic Surgeon Year-to-Date ▼ 300.00	
B. Full Name (Last, First, Mide Dr. Mark Gillespy, , MD Mailing Address 1075 M			Date of Receipt
City Daytona Beach	State FL	Zip Code 32117-4690	10 13 2006 Transaction ID: 24805083 Amount of Each Receipt this Period
FEC ID number of contribu federal political committee.	ting		500.00
Name of Employer Self Employed	Occupation Orthopae	n dic Surgeon	
Receipt For: Primary Ger Other (specify) ▼	neral Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Mide C. Dr. Charles A Hope, II, MD	dle Initial)		Date of Receipt
Mailing Address 210 E I	DeRenne Ave		10 ¹ ¹ 3 ² 2006
City	State	Zip Code	Transaction ID: 24805086
Savannah FEC ID number of contribu federal political committee.	ting C	31405-6736	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Orthopae	n dic Surgeon	
Receipt For: Primary Ger Other (specify) ▼	i i	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This	Page (optional)		1100.00

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 66 / 89						
ITEMIZED RECEIPTS			or each category of the	(check only one)						
			Detailed Summary Page							
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee						
	NAME OF COMMITTEE (In Full)									
	Political Action Committee of the Ameri	ons								
۸.	Full Name (Last, First, Middle Initial) Dr. Jamil Jacobs-El, , MD			Date of Receipt						
	Mailing Address 706 Ashland Ave			10 ^{//} 13 [/] 2006						
	City	State	Zip Code	Transaction ID: 24805087						
	River Forest	IL	60305-1829	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		500.00						
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon							
	Receipt For:		e Year-to-Date 🔻							
	Primary General Other (specify) ▼		500.00]						
в.	Full Name (Last, First, Middle Initial) Dr. Harold K Dunn, , MD			Date of Receipt						
	Mailing Address Univ Orthopaedics Cent 590 Wakara Way	er		M M / D D / Y Y Y Y Y 10 13 2006						
	City	State	Zip Code	Transaction ID: 24805094						
	Salt Lake City	UT	84108-1200	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		500.00						
	Name of Employer University of Utah	Occupation Orthopae	n edic Surgeon							
	Receipt For:	Aggregate	e Year-to-Date 🔻							
	Primary General Other (specify) ▼	U U U	500.00]						
<u> </u>	Full Name (Last, First, Middle Initial) Dr. William R Buschmann, , MD			Date of Receipt						
	Mailing Address 7 Reservoir Rd			10 13 2006						
	City	State	Zip Code	Transaction ID: 24805095						
	North White Plains	NY	10603-2522	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon							
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]						
s	UBTOTAL of Receipts This Page (optional)			1250.00						
Г	OTAL This Period (last page this line number o	nly)								

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 67 / 89						
ITEMIZED RECEIPTS			or each category of the							
			Detailed Summary Page							
•	Any information copied from such Reports and Statements may									
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions solicit contributions from such committee.								
\sum	NAME OF COMMITTEE (In Full)									
	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons						
́А.	Full Name (Last, First, Middle Initial) Dr. Sunderraj Mark Kamaleson, , MD			Date of Receipt						
	Mailing Address Southeastern Orthopedi 210 E DeRenne Ave	c Center		10 13 2006						
	City	State	Zip Code	Transaction ID: 24805096						
	Savannah	GA	31405-6736	Amount of Each Receipt this Period						
	FEC ID number of contributing									
	federal political committee.	C		500.00						
	Name of Employer Self Employed	Occupation	n dic Surgeon	_						
	Receipt For:		Year-to-Date V	_						
	Primary General			1						
	Other (specify)	0 0	500.00							
— B.	Full Name (Last, First, Middle Initial) Dr. David J Covall, , MD			Date of Receipt						
	Mailing Address Resurgeons Orthopaedie	cs								
	1100 Northside Forsyth			10 13 2006						
	City	State	Zip Code	Transaction ID: 24805097						
	Cumming	GA	30041-6020	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		1000.00						
	Name of Employer Self Employed	Occupation Orthopae	n dic Surgeon							
	Receipt For:		Year-to-Date V	_						
	Primary General		1000.00	1						
	Other (specify)	0 0	1000.00							
	Full Name (Last, First, Middle Initial) Dr. Michael Jacob Battaglia, , MD			Date of Receipt						
	Mailing Address 104 Market St									
				10 13 2006						
	City	State	Zip Code	Transaction ID: 24805098						
	Annapolis	MD	21401-2633	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer US Navy	Occupation Orthopae	n edic Surgeon							
	Receipt For:		Year-to-Date V	-						
	Primary General			1						
	Other (specify)	0 0	500.00							
s	UBTOTAL of Receipts This Page (optional)			1750.00						
Т	OTAL This Period (last page this line number or	nlv)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(cl	FOR LINE NUMBER: PAGE 68 / 89 (check only one) X X 11a 11b 11c 12							
	Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add		v not be sold or used by any perso				soli	citin			is
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ameri										
Α.	Full Name (Last, First, Middle Initial) Dr. David M Lintner, , MD Mailing Address 6348 Mercer				Date of						
					^M 1 0		1		Ŷ	200	6
	City Houston	State TX	Zip Code 77005-3346		Transad						
	FEC ID number of contributing federal political committee.	C	//005-3346		Amount	t of Eac	n F	rece	apt this	500.	
	Name of Employer Baylor College of Medicine		edic Surgeon								
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1500.00]							
В.	Full Name (Last, First, Middle Initial) Dr. John J Larkin, Jr, MD Mailing Address 320 Thomas Moore Pkv	W			Date of	Receip		D /	Y	γγ	Ý
		•		10		1	-		200	6	
	City Crestview Hills	State KY	Zip Code 41017-3410	_	Transad Amount						4
	FEC ID number of contributing federal political committee.	C						1000		250.	
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		n edic Surgeon 9 Year-to-Date ▼ 750.00	1							
	Full Name (Last, First, Middle Initial) Dr. Donald K Bynum, Jr, MD			+	Date of	Receir	nt.				
•••	Mailing Address Univ of NC School Of M Dept of Orthopaedics				м м 1 0	/ D	1	3		Y Y 200	
	City Chapel Hill	State NC	Zip Code 27599-0001		Transad Amount						4
	FEC ID number of contributing federal political committee.	C						1000		250.	
	Name of Employer Univ. of North Carolina		edic Surgeon								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]							
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S	CHEDULE A (FEC Form 3X)		Lipp congrete ashedula(s)	FOR LINE NUMBER: PAGE 69 / 89				
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		unot be sold or used by any perso	13 14 15 16 17					
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.				
∇	NAME OF COMMITTEE (In Full)							
	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ons				
Α.	Full Name (Last, First, Middle Initial) Dr. Robert Riederman, , MD			Date of Receipt				
	Mailing Address 6080 Falls Rd Ste 203			10 [/] 13 [/] 2006				
	City	State	Zip Code	Transaction ID: 24805102				
	Baltimore	MD	21209-2498	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer	Occupation	ı	-				
	Orthopaedic Specialty Cen- ter	Orthopae	edic Surgeon					
	Receipt For:	Aggregate	e Year-to-Date 🔻	_				
	Primary General Other (specify) ▼		250.00					
	Full Name (Last, First, Middle Initial)							
В.	Dr. Edward V Fehringer, , MD			Date of Receipt				
	Mailing Address 981080 Nebraska Med C	tr		10 ¹ 13 ² 2006				
	City	State	Zip Code	Transaction ID: 24805462				
	Omaha	NE	68198-1080	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		250.00				
	federal political committee.							
	Name of Employer Nebraska Medical Center	Occupation	า	-				
			edic Surgeon					
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼					
	Other (specify)		250.00					
		0 0		1				
с.	Full Name (Last, First, Middle Initial) Dr. Steven Gitelis, , MD			Date of Receipt				
	Mailing Address 1725 W Harrison Ste 44	0		M M / D D / Y Y Y Y 10 13 2006				
	Rush Medical College	State	Zip Code	Transaction ID: 24805463				
	Chicago	IL	60612-3836	Amount of Each Receipt this Period				
	FEC ID number of contributing	<u> </u>		250.00				
	federal political committee.	C						
	Name of Employer Self Employed	Occupation		7				
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Assoc	iation of Orthopaedic Surged	ons
́А.	Full Name (Last, First, Middle Initial) Dr. Prasad V Gourineni, , MD			Date of Receipt
	Mailing Address 3420 Adams Rd			10 ¹ 13 ² 10 ¹
	City	State	Zip Code	Transaction ID: 24805464
	Oak Brook	IL	60523-2708	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer North Shore Ortho Assoc	Occupatio Orthopae	n edic Surgeon	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
В.	Full Name (Last, First, Middle Initial) Dr. James H Calandruccio, , MD			Date of Receipt
	Mailing Address Campbell Clinic 1400 S Germantown Rd			M M / D D / Y Y Y Y 10 13 2006
	City	State	Zip Code	Transaction ID: 24805465
	Germantown	TN	38138-2205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Campbell Clinic	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
С.	Full Name (Last, First, Middle Initial) Dr. Steven Demetrios Meletiou, , MD			Date of Receipt
	Mailing Address 420 N Hwy 31			M M M / D D / Y Y Y Y Y 10 13 2006
	City	State	Zip Code	Transaction ID: 24805466
	Crystal Lake		60012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Other (specify)	0 0	250.00]
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FEC Schedule A (Form 3X) Rev. 02/2003

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 71 / 89 (check only one)
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or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeon	าร
	Full Name (Last, First, Middle Initial)			
Α.	Dr. Laurette A Chang, , MD			Date of Receipt
	Mailing Address 2600 Ferry St			10 ^M 13 ^Y 2006
	City	State	Zip Code	Transaction ID: 24805467
	Lafayette	IN	47904-3055	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	n	-
	Self Employed	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General	1 1	050.00	
	Other (specify)		250.00	
в.	Full Name (Last, First, Middle Initial) Dr. Herbert J Louis, , MD			Date of Receipt
	Mailing Address 5070 N 40th St Ste 130			
				10 13 2006
	City	State	Zip Code	Transaction ID: 24805468
	Phoenix	AZ	85018-2193	Amount of Each Receipt this Period
	FEC ID number of contributing	0	0 0 0 0 0 0	1000.00
	federal political committee.	C		1000.00
	Name of Employer	Occupation	n	1
	Retired		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date V	
	Primary General		1000.00	
	Other (specify)		1000.00	

SUBTOTAL of Receipts This Page (optional)	►	1250.00
TOTAL This Period (last page this line number only)	►	85350.00

Primary

Other (specify) 🔻

General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 89 (check only one) 11a 11b 11c 12 13 14 X 15 16 17					
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions oscilcit 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. American Assoc of Orthopaedic Surgeons		Date of Receipt					
Mailing Address 6300 N River Road		M M / D D / Y					
City	State Zip Code	Transaction ID: 24837563					
Rosemont	IL 60018	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	1253.19					
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SCHEDULE B (FEC Form 3X)	Use seperate schedule(s) (chec	LINE NUMBER: PAGE 73 / 89
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1b 22 23 24 25 26 7 28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full) Political Action Committee of the American	Association of Orthopaedic Surg	eons
Full Name (Last, First, Middle Initial) Northern Trust Company Mailing Address 50 S. LaSalle St.		Transaction ID: 24726120 Date of Disbursement $\underbrace{10^{M}}_{10^{M}} \begin{array}{c} & & \\ & & \\ \end{array} \underbrace{10^{D}}_{00^{D}} \begin{array}{c} & & \\ & & \\ \end{array} \underbrace{10^{V}}_{20^{V}} 1$
5	State Zip Code IL 60675	Amount of Each Disbursement this Period
Purpose of Disbursement Bank fees deducted from account	001	1206.99
Candidate Name	Category Type	
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SUBTOTAL of Disbursements This Page (optional)	►	1206.99
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FEC Schedule B (Form 3X) Rev. 02/2003		

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\rangle	Political Action Committee of the American	Associati	ion of Orthopa	edic	:	Surge	ons									
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		State OH	Zip Code 43215					Amou	nt o	f Each	Disb	urser				d
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\rangle	Political Action Committee of the American	Associat	ion of Orthopa	edic	5 5	Surgeo	ns								
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А.	Tom Kean For Us Senate Inc							Date c	of Di			nt / Y	V	V	V
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	,	State NJ	Zip Code 07067					Amou	nt o	f Each	n Disk	oursei	-		
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_	Full Name (Last, First, Middle Initial)										2469	1585		
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	City Fort Wayne	State Zip C IN 468						Amour	nt of	Each	Disbu	rseme	ent this I	
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В.	Full Name (Last, First, Middle Initial) Schmidt For Congress Committee							Date o	of Di	sburs		1559		
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		State Zip C OH 451						Amour	nt of	Each	Disbu	rseme	ent this I	
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	City Bismarck			State ND	Zip Code 58502					Amou	nt ol	f Each	ı Disb	urse		-		d
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	City New Haven			State CT	Zip Code 06511					Amou	nt of	f Each	ı Disb	urse	ment	t this F	Peric	d
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~		First, Middle Initial)												247174	123			
Α.	John D. Dingel	I For Congress Cor	nmittee							Date o	of D ™	_			v v	V	V	
	Mailing Address	607 14th Street Suite 800	N.W.							1 0			0	5 ′	' 2	οòe	3 '	
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А.	J.D. Hayworth	For Congress								Date c	of D			nt	v	v	V	
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\rangle	Political Action Committee of t	he Americar	n Associat	ion of Orthopa	edic	S	urgeo	ns							
Α.	Full Name (Last, First, Middle Initial) Rangel For Congress								Date		isburs	: 24717 ement			X
	Mailing Address PO Box 5577 Manhattanvil								1 0			5		ŽOŎŒ	8
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	City Columbia		State SC	Zip Code 29211					Amou	nt o	f Each	Disbur		-	
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р.	Larson For Co	ngress								Date o							N/	
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А.	Hatch Election Committee Inc							Date o	of Di			t / Y	V V	V
	Mailing Address 175 South West Temple S	Suite 650						10		ັດ) 5		ž o ŏ	6
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В.	Friends Of Dennis Cardoza							Date o				t		
	Mailing Address 555 Capitol Mall Suite 14	25					$10^{\text{M}} 10^{\text{M}} / 05^{\text{D}} / 2006^{\text{Y}}$							
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0.	Feinstein For Senate							Date o	of Di			t	V V	V
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the American	Association of Orthopa	edic	5 5	Surgeo	ns							
<u> </u>	Full Name (Last, First, Middle Initial)					Т	rans	acti	on ID	: 247	1758	1	
Α.	Friends Of Robert C Byrd Committee						Date c		sburs	ement 0.5^{D}			Y
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	,	State Zip Code DC 20005					Amoui	nt of	Each	ı Disb	ursem	ent this	
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в.	Full Name (Last, First, Middle Initial) Roskam For Congress Committee						Date c	of Di	-	: 247 emen	1759 ⁻ t	-	Y
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	,	State Zip Code IL 60187				Amount of Each Disburseme							
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	Candidate Name Mr. Peter Roskam				gory/ pe								
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C.	Full Name (Last, First, Middle Initial) Solis For Congress									: 247 emen	1758(t)	
	Mailing Address 6380 Wilshire Blvd. #161	2					10	M	D (0 [₽]	Y	žo ò	6 ^Y
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В.	Full Name (Last, First, Middle Initial) Shelley Sekula-Gibbs For Congress Campaign Committ							Trans Date o		-			89			
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C.	Full Name (Last, First, Middle Initial) Christopher Shays For Congress Committee	e						Trans Date o	of Di	sburs	emei	-				
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\rangle	NAME OF COMMITTEE (In Full) Political Action Committee of the American	n Association of Orthopa	aedic Surgeons
<u> </u>	Full Name (Last, First, Middle Initial)		Transaction ID: 24717409
Α.	TRUST PAC		Date of Disbursement
	Mailing Address 228 S. Washington Stree Suite 115	et	
		State Zip Code VA 22314	Amount of Each Disbursement this Period
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	Candidate Name		Category/ Type
	Senate President	ement For: Primary General Other (specify) ▼	
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в.	Full Name (Last, First, Middle Initial) King For Congress		Transaction ID: 24799095 Date of Disbursement
	Mailing Address 126 Des Moines Street P.O. Box 576		
		State Zip Code IA 51458	Amount of Each Disbursement this Period
	Purpose of Disbursement		011
	Candidate Name Rep. Steve King		Category/ Type
	Senate President X	ement For: 2006 Primary General Other (specify) ▼	
	State: IA District: 5 2006 C	ongress Genera	

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
		01500.00
TOTAL This Period (last page this line number only)		81500.00
FEO Ochodula D (Fermany) Dev. 00/0000		

Image# 26940498441 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

				PAGE 89 / 89 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC I	
Political Action Committee of the American Associa- tion of Orthopaedic Surgeons			С	C00343137
Check if24-hour notice48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee		Date		
The White House Writers Group		м_м / 1.0	^D 1	7 <u>Y Y Y Y</u> 2006
Mailing Address 1030 15th Street, NW		Amount		100000.00
11th Floor		T		100000.00
City State		Transaction		
Washington DC	20005	Office Sought	t: X	House State: CT Senate District: 5
Purpose of Expenditure Radio and print ads in support of Nancy	Category/ Type 004		H	Presidential
Name of Federal Candidate supported or Opposed by expe	nditure:	Check One:	x	Support Oppose
Rep. Nancy L. Johnson		Disbursemen	t For:	Primary General 2006
Calendar Year-To-Date Per Election		Othe	er (spe	cify) : <u>2006 C</u> ongress Genera
for Office Sought	100000.00			
Full Name (Last, First, Middle, Initial) of Payee		Date		
The White House Writers Group		м_м / 1 0	^D 1	7 / Y Y Y Y 2006
Mailing Address		Amount		
1030 15th Street, NW 11th Floor				200000.00
City State	e Zip Code	Transaction	n ID:24	4827900
Washington DC	20005	Office Sought		House State: PA
Purpose of Expenditure	Category/		X	Senate District: 2 Presidential
Print and radio ads in support of Rick S	Type 004			residential
Name of Federal Candidate supported or Opposed by expe	nditure:	Check One:	Х	Support Oppose
Sen. Rick Santorum		Disbursemen	t For:	Primary X General 2006
		Othe	er (spe	,
Calendar Year-To-Date Per Election for Office Sought	200000.00			
(a) SUBTOTAL of Itemized Independent Expenditures				300000.00
				0.00
(b) SUBTOTAL of Uniternized Independent Expenditures			1 1	
(c) TOTAL Independent Expenditures				300000.00
Under penalty of perjury I certify that the independent expenditures in or at the request or suggestion of, any candidate or authorized comm committee) any political party committee or its agent.	•			
	M M	D D	v · v ·	Y Y
William J. Robb, III, MD	Date 10		2 0 0 6	
Signature				