

**FEC
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street)

317 Massachusetts Avenue, NE

1st Floor

Check if different than previously reported. (ACC)

Washington

DC

20002

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00343137

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X January 31 Quarterly Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07

01

2005

through

12

31

2005

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

Type or Print Name of Treasurer

William J. Robb, III, MD

Signature of Treasurer

Electronically Filed by William J. Robb, III, MD

Date

01

19

2006

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: ^M07 ^D01 ^Y2005 To: ^M12 ^D31 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		206675.01
(b) Cash on Hand at Beginning of Reporting Period	514443.95	
(c) Total Receipts (from Line 19)	335478.23	900209.12
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	649922.18	1106884.13
<hr/>		
7. Total Disbursements (from Line 31)	197791.74	454753.69
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	652130.44	652130.44
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: ^M07 ^D01 ^Y2005 To: ^M12 ^D31 ^Y2005

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	301405.00	808195.00
(ii) Unitemized	15490.00	65685.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	316895.00	873880.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	316895.00	873880.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	13583.23	21329.12
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	335478.23	900209.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	335478.23	900209.12

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	6209.24	14171.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	6209.24	14171.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	190582.50	392582.50
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	1000.00	3000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	1000.00	3000.00
29. Other Disbursements.....	0.00	45000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	197791.74	454753.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	197791.74	454753.69

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	316895.00	873880.00
34. Total Contribution Refunds (from Line 28(d))	1000.00	3000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	315895.00	870880.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6209.24	14171.19
37. Offsets to Operating Expenditures (from Line 15, page 3)	13563.23	21329.12
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-7373.99	-7157.93

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

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

FOR LINE NUMBER: PAGE 6 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. Dr. Charles N Cornell, MD		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address Hosp for Special Surgery 535 E 70th St Ste 642		Transaction ID: 22375170
City New York	State NY	Zip Code 10021-4872
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hospital for Special Surgery	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. George E Crickard, III, MD		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 2220 York St		Transaction ID: 22374696
City Quincy	State IL	Zip Code 62301-4358
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Quincy Orthopaedic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Paul J Duvalius, MD		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address Orthopaedic & Fracture Clinic 11782 SW Barnes Rd		Transaction ID: 22374698
City Portland	State OR	Zip Code 97225-5514
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 7 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Evan Scott Fischer, MD		Date of Receipt M / D / Y 07 / 06 / 2005	
Mailing Address Ortho Surg Specialist Montclair 103 Park St Ste 1G		Transaction ID: 22375171	
City Montclair	State NJ	Zip Code 07042-2835	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Ortho Surgery Specialists of Montclair	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. William V Gabasi, MD		Date of Receipt M / D / Y 07 / 06 / 2005	
Mailing Address 214 N Waterman Ave		Transaction ID: 22374703	
City Arlington Heights	State IL	Zip Code 60004-6464	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Alexian Brothers Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Melvin Augustus Harrington, MD		Date of Receipt M / D / Y 07 / 06 / 2005	
Mailing Address Loyola Univ Med Ctr Dept Orthop Bldg 105 Rm 170D		Transaction ID: 22375092	
City Maywood	State IL	Zip Code 60153	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Loyola Univ Med Ctr	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 8 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Charles V Ihle, MD		Date of Receipt MM / DD / YYYY 07 / 06 / 2005
Mailing Address Midelfort Clinic 1400 Bellinger St		Transaction ID: 22374701
City Eau Claire	State WI	Zip Code 54702-1510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Luther Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William N Levins, MD		Date of Receipt MM / DD / YYYY 07 / 06 / 2005
Mailing Address Columbia University 822 W 168th St PH-11		Transaction ID: 22375177
City New York	State NY	Zip Code 10032-3720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer New York Orthopaedic Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Ben R. Meyns, III, MD		Date of Receipt MM / DD / YYYY 07 / 06 / 2005
Mailing Address 555 W Wackerly Sta 2800		Transaction ID: 22374893
City Midland	State MI	Zip Code 48640-4710
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 9 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. E Michael Okin, MD		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 914D A Academy Rd		Transaction ID: 22375174
City Philadelphia	State PA	Zip Code 19114-2853
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Delaware Valley Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David Farrington Pope, MD		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 301 4th St PO Box 30139		Transaction ID: 22374700
City Alexandria	State LA	Zip Code 71301-8423
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Ortho & Sports Medicine Sp-ecialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael W Reed, MD		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 500 W 18th St		Transaction ID: 22375175
City Panama City	State FL	Zip Code 32405-4800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2350.00
TOTAL This Period (last page this line number only)	▶	

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

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FOR LINE NUMBER: PAGE 10 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Ian John Reynolds, MD		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 450 Med Ctr Blvd Ste 208		Transaction ID: 22375178
City Webster	State TX	Zip Code 77598-4229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Ashley S Ross, MD		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 39 Scenic Blvd		Transaction ID: 22374702
City Little Rock	State AR	Zip Code 72207-1917
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Alexander A Sapaga, MD		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 128B Rt 73 S Ste 100		Transaction ID: 22374704
City Mount Laurel	State NJ	Zip Code 08054-2237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Coordinated Medical Network	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Louis Edward Seade, MD		Date of Receipt MM / DD / YYYY 07 / 06 / 2005
Mailing Address 1015 E 32nd St Ste 200		Transaction ID: 22374694
City Austin	State TX	Zip Code 78705-2700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Archie Kent Whitmore, MD		Date of Receipt MM / DD / YYYY 07 / 06 / 2005
Mailing Address 630 W 34th St Ste 302		Transaction ID: 22374695
City Austin	State TX	Zip Code 78705-1229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer The Orthopaedic Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert H Gencro, MD		Date of Receipt MM / DD / YYYY 07 / 06 / 2005
Mailing Address 4011 Talbot Rd S Ste 300		Transaction ID: 22374707
City Renton	State WA	Zip Code 98055-5791
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Proliance Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Henry D. Clarke, MD		Date of Receipt M / D / Y Y Y Y 07 / 06 / 2005	
Mailing Address Mayo Clinic 13400 E Shea Blvd City State Zip Code Scottsdale AZ 85259-5404		Transaction ID: 22375178	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Mayo Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Colin W. Fennell, MD		Date of Receipt M / D / Y Y Y Y 07 / 06 / 2005	
Mailing Address Riverview Ortho Clinic 323 S Minnesota St City State Zip Code Crookston MN 55716-1600		Transaction ID: 22374705	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Riverview Health	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Michael Sean Hooker, MD		Date of Receipt M / D / Y Y Y Y 07 / 06 / 2005	
Mailing Address 20 Balfour Dr City State Zip Code Richmond Hill GA 31324-7329		Transaction ID: 22375178	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer U.S. Army	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Harry N Herkowitz, MD		Date of Receipt M / D / Y 07 / 07 / 2005
Mailing Address Medical Office Bldg 3535 W 13 Mile Rd Ste 744		Transaction ID: 22378094
City Royal Oak	State MI	Zip Code 48073-6710
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Ghaleb Arthur Hussein, MD		Date of Receipt M / D / Y 07 / 07 / 2005
Mailing Address Olympia Orthopaedic Associates PO Box 368		Transaction ID: 22379273
City Olympia	State WA	Zip Code 98506-0368
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 455.00
Name of Employer Olympia Orthopaedic Assoc- iates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 455.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Kirk Kindafater, MD		Date of Receipt M / D / Y 07 / 07 / 2005
Mailing Address 1713 Brentford Ln		Transaction ID: 22379271
City Fort Collins	State CO	Zip Code 80525-4704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1955.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 14 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Dr. Kenneth J Kress, MD		Date of Receipt M / D / Y 07 / 07 / 2005
Mailing Address Ste 900 5671 Peachtree Dunwoody Rd NE		Transaction ID: 22378091
City Atlanta	State GA	Zip Code 30342-5022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Resurgens PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 650.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Karl A Reinker, MD		Date of Receipt M / D / Y 07 / 07 / 2005
Mailing Address Univ TX Health Sci Ctr 7703 Floyd Curl Dr MC 7774		Transaction ID: 22377856
City San Antonio	State TX	Zip Code 78229-3801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Univ TX Hlth Sci Ctr at San Antonio	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Ronald A Ripps, MD		Date of Receipt M / D / Y 07 / 07 / 2005
Mailing Address Connecticut Orthopaedic Society 33 Hospital Ave		Transaction ID: 22377855
City Danbury	State CT	Zip Code 06810-6007
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Connecticut Family Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 15 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Paul L Tesser, MD		Date of Receipt MM / DD / YYYY 07 / 07 / 2005
Mailing Address PD Box B29		Transaction ID: 22377957
City Saint Helens	State OR	Zip Code 97051-0829
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeff Alan Traub, MD		Date of Receipt MM / DD / YYYY 07 / 07 / 2005
Mailing Address 2975 Coles Way		Transaction ID: 22378262
City Dunwoody	State GA	Zip Code 30350-1077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. G William Woods, MD		Date of Receipt MM / DD / YYYY 07 / 07 / 2005
Mailing Address 7401 S Main		Transaction ID: 22378092
City Houston	State TX	Zip Code 77030-4509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Fondren Orthopedic Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 16 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Shepard R. Hunzick, MD		Date of Receipt M / D / Y 07 / 12 / 2005
Mailing Address Univ of Virginia Affl Hosps Dept of Orthopaedics		Transaction ID: 22418075
City Charlottesville	State VA	Zip Code 22803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Health Services Foundation	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 650.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Frank R. Kolisek, MD		Date of Receipt M / D / Y 07 / 12 / 2005
Mailing Address 5255 E Stop 11 Rd Ste 300		Transaction ID: 22417879
City Indianapolis	State IN	Zip Code 46237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Norman B. Lhemore, III, MD		Date of Receipt M / D / Y 07 / 12 / 2005
Mailing Address 120 La Casa Via Ste 206		Transaction ID: 22417882
City Walnut Creek	State CA	Zip Code 94598-5007
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 17 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. John A MacPhail, MD		Date of Receipt M / D / Y 07 / 12 / 2005
Mailing Address 950 Greengate North Plaza		Transaction ID: 22418074
City Greensburg	State PA	Zip Code 15601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jordan J Shubert, MD		Date of Receipt M / D / Y 07 / 12 / 2005
Mailing Address 404 State St		Transaction ID: 22417880
City Bangor	State ME	Zip Code 04401-6623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mark Daniel Webster, MD		Date of Receipt M / D / Y 07 / 12 / 2005
Mailing Address 1115 Ronald Reagan Pkwy Ste 148		Transaction ID: 22417878
City Avon	State IN	Zip Code 46123-6513
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2150.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Jeffrey K. Evans, MD		Date of Receipt M / D / Y Y Y Y 07 / 14 / 2005
Mailing Address 7001 Rogers Ave Ste 801		Transaction ID: 22485048
City	State	Zip Code
Fort Smith	AR	72803-4073
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Cooper Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Edwin L. Faren, MD		Date of Receipt M / D / Y Y Y Y 07 / 14 / 2005
Mailing Address 1023 N Mound St Ste E		Transaction ID: 22465115
City	State	Zip Code
Nacogdoches	TX	75861-4453
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William H. Gauding, MD		Date of Receipt M / D / Y Y Y Y 07 / 14 / 2005
Mailing Address 1335 Village Dr		Transaction ID: 22485050
City	State	Zip Code
Saint Joseph	MO	64508-2457
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer St. Joseph's Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 18 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. William R Hale, MD		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 1800 N Orange Grove Ave		Transaction ID: 22485117
City Pomona	State CA	Zip Code 91767-3006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert William Hunt, MD		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 3881 Torrance Blvd		Transaction ID: 22485051
City Torrance	State CA	Zip Code 90503-4812
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Larry T Johnson, MD		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 1819 Beaver Creek Dr		Transaction ID: 22485045
City Duncanville	State TX	Zip Code 75137-5729
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hampton Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 20 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Marc L Kahn, MD		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address Garden State Orthopaedics 455 Route 70 West		Transaction ID: 22465112
City State Zip Code Cherry Hill NJ 08002-3599	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Garden State Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Tamron Jay Kleeman, MD		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 16 Greenbriar Ln		Transaction ID: 22465111
City State Zip Code Wilton CT 06897-3401	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Coastal Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Philip James Kregor, MD		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address Vanderbilt Orthopaedic Institute 1215 21st Ave South Ste 4200		Transaction ID: 22465119
City State Zip Code Nashville TN 37232-0001	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Vanderbilt Univ Medical Ctr	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 21 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. John A Malonis, MD		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address PD Box 6426		Transaction ID: 22465105
City Fort Worth	State TX	Zip Code 76115-0426
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Tarrant County Bone & Joint	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Pasquale X. Montesano, MD		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 165D Lead Hill Blvd Ste 10D		Transaction ID: 22465049
City Roseville	State CA	Zip Code 95661-3072
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey K. Moore, MD		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 3714 Guardian Ave		Transaction ID: 22465054
City Morehead City	State NC	Zip Code 28557-4322
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Carteret Surgical Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Steven J Morgan, MD		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address Denver Health Med Ctr Dept of Ort 777 Bannock St #0188		Transaction ID: 22485109
City State Zip Code Denver CO 80204	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Denver Health Medical Ctr	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Douglas G Nuelle, MD		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 2955 Old Hwy 5 Sbe 111		Transaction ID: 22485047
City State Zip Code Blue Ridge GA 30513-6239	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Blue Ridge Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Gerald Lee Rollins, MD		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 110 Dillon Dr		Transaction ID: 22485118
City State Zip Code Spartanburg SC 29307-1065	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 23 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Robert P Shackelford, MD		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 1023 E Cherry St		Transaction ID: 22465116
City Cushing	State OK	Zip Code 74023-4105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mysore S Shivaram, MD		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 3631 Turnberry Dr		Transaction ID: 22465110
City Mequon	State WI	Zip Code 53092-6308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William H Spelman, MD		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address Central Montgomery Ortho 1011 S Broad St		Transaction ID: 22465048
City Lansdale	State PA	Zip Code 19446-5338
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Central Montgomery Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 24 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Charles N Versteeg, Jr, MD		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 278D E Barnett Rd Ste 200		Transaction ID: 22465107
City Medford	State OR	Zip Code 97504-8343
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Southern Oregon Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Louis U Bigliani, MD		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address PH-11 Center 822 W 168th St		Transaction ID: 22465106
City New York	State NY	Zip Code 10032-3713
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Columbia University	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John D Frost, MD		Date of Receipt M / D / Y 07 / 19 / 2005
Mailing Address 4100 Laka Otis Pkwy Ste 302		Transaction ID: 22490055
City Anchorage	State AK	Zip Code 99508-5230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Harry N Herkowitz, MD		Date of Receipt M / D / Y 07 / 10 / 2005
Mailing Address Medical Office Bldg 3535 W 13 Mile Rd Ste 744		Transaction ID: 22490050
City Royal Oak	State MI	Zip Code 48073-6710
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Douglas W Lundy, MD		Date of Receipt M / D / Y 07 / 10 / 2005
Mailing Address Orthopaedic Center of the Rockies 2500 E Prospect Rd		Transaction ID: 22490060
City Fort Collins	State CO	Zip Code 80525-9718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Center of the Rockies	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Neil J Mall, MD		Date of Receipt M / D / Y 07 / 10 / 2005
Mailing Address 525 St Mary St		Transaction ID: 22490059
City Thibodaux	State LA	Zip Code 70301-2692
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Gordon M Mead, MD		Date of Receipt MM / DD / YYYY 07 / 19 / 2005
Mailing Address PD Box 51455		Transaction ID: 22490057
City Shreveport	State LA	Zip Code 71135-1455
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Highland Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jose R. Perez-Sanz, MD		Date of Receipt MM / DD / YYYY 07 / 19 / 2005
Mailing Address 10719 W 160th St		Transaction ID: 22490051
City Orland Park	State IL	Zip Code 60467-5541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Midwest Orthopaedic Consultants	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael W Britt, MD		Date of Receipt MM / DD / YYYY 07 / 19 / 2005
Mailing Address 601 Texan Trail Ste 300		Transaction ID: 22490053
City Corpus Christi	State TX	Zip Code 78411-2549
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. John P Colman, Jr, MD		Date of Receipt M / D / Y 07 / 10 / 2005
Mailing Address 800 Pollard Rd		Transaction ID: 22490052
City Los Gatos	State CA	Zip Code 95032-1437
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey H DeClaire, MD		Date of Receipt M / D / Y 07 / 21 / 2005
Mailing Address 555 Gray Woods Ln		Transaction ID: 22491897
City Lake Angelus	State MI	Zip Code 48326-1244
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Tom Fouad Adly Ghobrial, MD		Date of Receipt M / D / Y 07 / 21 / 2005
Mailing Address Johnson Heights Med Bldg 825 Kent Ave Ste 209		Transaction ID: 22491879
City Cumberland	State MD	Zip Code 21502-5799
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. David L Gilliam, MD		Date of Receipt M / D / Y 07 / 21 / 2005
Mailing Address 10301 Kanis Rd		Transaction ID: 22491868
City Little Rock	State AR	Zip Code 72205-6205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Ortho Arkansas	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Andrew P Gubov, MD		Date of Receipt M / D / Y 07 / 21 / 2005
Mailing Address 741 Westminster Ln		Transaction ID: 22491877
City Los Altos	State CA	Zip Code 94022-1144
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Palo Alto Medical Foundat- ion	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Joseph Fromm Hollinger, MD		Date of Receipt M / D / Y 07 / 21 / 2005
Mailing Address 700 Lomas Blvd NE 1 Woodward Center		Transaction ID: 22491883
City Albuquerque	State NM	Zip Code 87102-2568
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. John Calhoun Kilian, MD		Date of Receipt M / D / Y Y Y Y 07 / 21 / 2005
Mailing Address 230 Hilton Ave Ste 114		Transaction ID: 22491896
City Hempstead	State NY	Zip Code 11550-8116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Alan Marc Levine, MD		Date of Receipt M / D / Y Y Y Y 07 / 21 / 2005
Mailing Address Sinai Hospital 2401 W Belvedere Ave		Transaction ID: 22491892
City Baltimore	State MD	Zip Code 21215-5216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sinai Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Joseph G Mayo, III, MD		Date of Receipt M / D / Y Y Y Y 07 / 21 / 2005
Mailing Address 1275 N Rose Dr Ste 130		Transaction ID: 22491894
City Placentia	State CA	Zip Code 92870-3519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Reginald V S McCoy, MD		Date of Receipt M / D / Y 07 / 21 / 2005
Mailing Address 340 Dardanelli Ln Ste 14-A		Transaction ID: 22491878
City Los Gatos	State CA	Zip Code 95032-1418
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Hal J McCutchan, MD		Date of Receipt M / D / Y 07 / 21 / 2005
Mailing Address Northwest Hand Specialists 10821 19th Ave SE Ste 202		Transaction ID: 22491895
City Everett	State WA	Zip Code 98208-5152
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Northwest Hand	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James E McEweeney, MD		Date of Receipt M / D / Y 07 / 21 / 2005
Mailing Address 3444 Kearny Villa Rd Ste 404		Transaction ID: 22491898
City San Diego	State CA	Zip Code 92123-1583
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 31 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. John D Quimjian, MD		Date of Receipt M / D / Y Y Y Y 07 / 21 / 2005
Mailing Address Ortho Specialists & Sports Med 1880 Tamarack Rd		Transaction ID: 22491880
City Newark	State OH	Zip Code 43055-1810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Specialists Inc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas E Tompkins, MD		Date of Receipt M / D / Y Y Y Y 07 / 21 / 2005
Mailing Address 301 21st Ave N		Transaction ID: 22491890
City Nashville	State TN	Zip Code 37203-1838
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Tennessee Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Theodore John Vigeland, MD		Date of Receipt M / D / Y Y Y Y 07 / 21 / 2005
Mailing Address 1517 SW College St		Transaction ID: 22491893
City Portland	State OR	Zip Code 97201-2531
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Oregon Health	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 32 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Edward L Adams, MD		Date of Receipt M / D / Y 07 / 21 / 2005
Mailing Address Riverview Clinic 1428 Central Ave NE		Transaction ID: 22491889
City East Grand Forks	State MN	Zip Code 56721-1605
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Riverview Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. George W Cox, MD		Date of Receipt M / D / Y 07 / 28 / 2005
Mailing Address 8501 Memorial Dr		Transaction ID: 22511059
City Texas City	State TX	Zip Code 77581-4015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Howard William Frank Jr, MD		Date of Receipt M / D / Y 07 / 28 / 2005
Mailing Address 112 E 5th Ave		Transaction ID: 22511058
City Antigo	State WI	Zip Code 54409-2758
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Lang Lade Memorial Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
or each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Lee Booth Grant, Jr. MD		Date of Receipt M / D / Y 07 / 28 / 2005
Mailing Address Orthopaedic Center of the Rockies 2500 E Prospect Rd		Transaction ID: 22525104
City Fort Collins	State CO	Zip Code 80525-9773
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Center of the Rockies	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William A Jiranek, MD		Date of Receipt M / D / Y 07 / 28 / 2005
Mailing Address Virginia Commonwealth University H Dept of Orthopaedic Surgery		Transaction ID: 22523821
City Richmond	State VA	Zip Code 23226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Virginia Commonwealth University	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. George W Putzman, Jr. MD		Date of Receipt M / D / Y 07 / 28 / 2005
Mailing Address 689 Sierra Rose Dr Ste B		Transaction ID: 22525101
City Reno	State NV	Zip Code 89511-2078
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Advanced Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. William G Sale, MD		Date of Receipt M / D / Y 07 / 28 / 2005
Mailing Address 100 Tracy Way		Transaction ID: 22523820
City Charleston	State WV	Zip Code 25311-1257
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Bone & Joint Surgeons, In- c.	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David Thomas Sowa, MD		Date of Receipt M / D / Y 07 / 28 / 2005
Mailing Address 4745 Stanton-Ogletown Rd Sba 225		Transaction ID: 22511057
City Newark	State DE	Zip Code 19713-1340
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer First State Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Errol R Springer, MD		Date of Receipt M / D / Y 07 / 28 / 2005
Mailing Address 2495 Apple Creek Ct		Transaction ID: 22511058
City De Pere	State WI	Zip Code 54115-9192
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. A Philip Fortunetta, MD		Date of Receipt M / D / Y Y Y Y 08 / 01 / 2005
Mailing Address 137 Willis Ave		Transaction ID: 22545832
City	State	Zip Code
Mineola	NY	11501-2650
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James J Eling, MD		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2005
Mailing Address One Associate Dr		Transaction ID: 22545837
City	State	Zip Code
Oneonta	NY	13820-2200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Basset Healthcare	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David K Haley, MD		Date of Receipt M / D / Y Y Y Y 08 / 02 / 2005
Mailing Address 4560 N High St		Transaction ID: 22545834
City	State	Zip Code
Columbus	OH	43214-2053
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
or each category of the
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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Philip S Hary, MD		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2005
Mailing Address 501 Park Hill Dr		Transaction ID: 22545826
City Fredericksburg	State VA	Zip Code 22401-3377
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Central Virginia Ortho & Sports Med	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William Harold Knight, MD		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2005
Mailing Address 3980 New Covington Pike Ste 204		Transaction ID: 22545830
City Memphis	State TN	Zip Code 38128-2514
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Memphis Orthopaedic Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Ronald Lakatos, MD		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2005
Mailing Address Wright State University Miami Valley Hospital		Transaction ID: 22545821
City Dayton	State OH	Zip Code 45409
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Wright State University	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 37 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Gordon C Lundy, MD		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 2100 Webster St Ste 109		Transaction ID: 22545822
City San Francisco	State CA	Zip Code 94115-2374
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Branick Medical Corp	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey Brian McIntosh, MD		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address Amelt Clinic PO Box 5545		Transaction ID: 22545820
City Lafayette	State IN	Zip Code 47903-5545
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Amelt Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey K. Moore, MD		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 3714 Guardian Ave		Transaction ID: 22545833
City Morehead City	State NC	Zip Code 28557-4322
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Carteret Surgical Associa- tes	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 38 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Dr. Mark D Perry, MD		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address U of TX Southwestern Med School Dept of Ortho Surgery		Transaction ID: 22545823
City Dallas	State TX	Zip Code 75390-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UT Southwestern	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William J Patersige, MD		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address Dept of Orthopaedics 11100 Euclid Ave		Transaction ID: 22545827
City Cleveland	State OH	Zip Code 44106-1736
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Univ Hospitals of Cleveland	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Stephen D Ryema, Jr, MD		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 3925 Sheridan Dr		Transaction ID: 22545828
City Amherst	State NY	Zip Code 14228-1718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 38 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Wayne J Sebastianelli, MD		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 185D E Park Ave Ste 112		Transaction ID: 22545835
City	State	Zip Code
State College	PA	16803-6706
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hershey Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Abbas Sekhawat, MD		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 399 W Campbell Rd Ste 406		Transaction ID: 22545824
City	State	Zip Code
Richardson	TX	75080-3636
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Geoffrey H Westrich, MD		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address Hosp for Special Surgery 535 E 70th St		Transaction ID: 22545839
City	State	Zip Code
New York	NY	10021-4858
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hospital for Special Surgery	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 40 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Clarence Woods, Jr, MD		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address King/Drew Med Ctr 12021 S Wilmington Ave Ste 3024		Transaction ID: 22545831
City Los Angeles	State CA	
Zip Code 90059-3019		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer King/Drew Medical Center	Occupation Orthopaedic Surgeon	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Dr. Douglas Bald, MD		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 10373 NE Hancock St Ste 118		Transaction ID: 22545829
City Portland	State OR	
Zip Code 97220-3873		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Dr. Frederick A DePaola, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address 2797 Lewis Ct		Transaction ID: 22552172
City Belmar	State NJ	
Zip Code 07719-9739		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

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

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

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

FOR LINE NUMBER: PAGE 41 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Antonio Borromeo Cordero, MD		Date of Receipt MM / DD / YYYY 08 / 05 / 2005
Mailing Address 1712 Liliha St Ste 301		Transaction ID: 22552150
City Honolulu	State HI	Zip Code 96817-3100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Ray W Covington, MD		Date of Receipt MM / DD / YYYY 08 / 05 / 2005
Mailing Address 3500 Hillcrest Dr Ste 1		Transaction ID: 22552148
City Waco	State TX	Zip Code 76708-3144
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Waco Bone & Joint Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard V Davis, MD		Date of Receipt MM / DD / YYYY 08 / 05 / 2005
Mailing Address Orthopaedic Associates 75 Pringle Way Ste 912		Transaction ID: 22559211
City Reno	State NV	Zip Code 89502-8410
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

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

FOR LINE NUMBER: PAGE 42 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Wl Carl Dyer, Jr, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address 233B Mc Callie Ave Ste 402		Transaction ID: 22552164
City Chattanooga	State TN	Zip Code 37404-3209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Alan N Eral, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address 22 Mill St Ste 302		Transaction ID: 22552163
City Arlington	State MA	Zip Code 02476-4744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas M Florack, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address Prevea Clinic 900 S Webster Ave		Transaction ID: 22552139
City Green Bay	State WI	Zip Code 54301-3508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Prevea Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 43 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Eric L. Freedman, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address 81812 Dr. Carreon Blvd Ste D		Transaction ID: 22552161
City	State	Zip Code
Indio	CA	92201-5594
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Desert Hand Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William A. Green, MD, MPH		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address Univ of Arizona Dept of Orthopaedi PO Box 245064		Transaction ID: 22552152
City	State	Zip Code
Tucson	AZ	85724-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University Physicians Healthcare	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Vincent Iacono, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address PO Box 30		Transaction ID: 22552158
City	State	Zip Code
Stoughton	MA	02072-0030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Sullivan Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 44 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Thomas G Lowe, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address 355D Lutheran Pkwy W Ste 201		Transaction ID: 22552144
City Wheat Ridge	State CO	Zip Code 80033-6014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Woodridge Spine Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Garrett J Lynch, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address 2003 Medical Pkwy Ste 400		Transaction ID: 22552142
City Annapolis	State MD	Zip Code 21401-3088
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Anna Arundel Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Leslie S Mathews, MD, MBA		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address 3333 N Calvert St Ste 400		Transaction ID: 22552183
City Baltimore	State MD	Zip Code 21218-6501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 45 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. John K Merson, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address 848 Miranda Creek Ct		Transaction ID: 22559199
City	State	Zip Code
Alamo	CA	94507-1467
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer East Bay Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 550.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. George S Miz, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address 554D W 111th St		Transaction ID: 22552174
City	State	Zip Code
Oak Lawn	IL	60453-5035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Bone & Joint Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey G Makris, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address 1001 Blythe Blvd Ste 200		Transaction ID: 22552148
City	State	Zip Code
Charlotte	NC	28203-5863
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orho Carolina	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 46 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. William Kemp Montgomery, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address 8308 Whittier Dr		Transaction ID: 22559207
City	State	Zip Code
Piano	TX	75083-6141
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. R Kent Mosaman, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address 583 Clarizz Blvd		Transaction ID: 22552160
City	State	Zip Code
Bloomington	IN	47401-5515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James Albert Nunley, II, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address Duke Univ Med Ctr Box 2823		Transaction ID: 22552181
City	State	Zip Code
Durham	NC	27710-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Duke University Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 47 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Sean J O'Donnell, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address Middlesex Ortho Surgeons 540 Saybrook Rd Ste 160		Transaction ID: 22552140
City Middletown	State CT	Zip Code 06457-4711
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Middlesex Ortho Surg, PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Alan Pechacek, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address 816 W Forest Ave		Transaction ID: 22552185
City Jackson	State TN	Zip Code 38301-3886
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Jackson Clinic, P.A.	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas Vincent Rieser, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address 1950 Curva Crest Blvd Ste 100		Transaction ID: 22552119
City Stillwater	State MN	Zip Code 55082-6082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 48 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Paul P Schwach, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address 535 Main St		Transaction ID: 22559209
City	State	Zip Code
Olean	NY	14760-1593
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William J Stedhill, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address 2805 Kentucky Ave Ste 103 PO Box 7745		Transaction ID: 22559208
City	State	Zip Code
Paducah	KY	42003-3800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Purchase Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael William Tanner, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address 6717 S Evanston Ave		Transaction ID: 22552173
City	State	Zip Code
Tulsa	OK	74138-4510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Central States Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 48 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Dr. John P Temes, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address 3707 Mooreland Farms Rd		Transaction ID: 22559201
City	State	Zip Code
Charlotte	NC	28226-5404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Charlotte Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Davis Cheng-Yu Tsai, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address Kennedy Center for Sports Medicine 2700 W 9th Ave		Transaction ID: 22552182
City	State	Zip Code
Oshkosh	WI	54904-7247
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kennedy Center for Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Kent E Woo, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address 2 Highgate Ln		Transaction ID: 22552184
City	State	Zip Code
Savannah	GA	31411-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopedic Center, PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 60 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Sidney Allen Bell, MD		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2005
Mailing Address 19 Charlton RD		Transaction ID: 22552165
City	State	Zip Code
Rome	GA	30165-1501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Harbin Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Dan C Beringer, MD		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2005
Mailing Address Forsyth St Ortho Surg & Rehab Ctr 1800 Forsyth St		Transaction ID: 22552143
City	State	Zip Code
Macon	GA	31201-1408
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Forsyth Street Orthopaedi- cs	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Bert C Delahar, MD		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2005
Mailing Address 130 Warren St Ste 132		Transaction ID: 22552159
City	State	Zip Code
Beaver Dam	WI	53510-5041
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Beaver Dam Orthopaedic Cl- inic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 51 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Gregory P Charka, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address 2124 Morris Ave Ste 203		Transaction ID: 22552141
City	State	Zip Code
Union	NJ	07083-6006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Orthopaedic Surgeons & Physicians	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Charles Richard Clark, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address Dept of Ortho and Rehab 01012 JPPLL/ UIHC 200 Hawkins Dr		Transaction ID: 22552151
City	State	Zip Code
Iowa City	IA	52242-1008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University of Iowa Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Theresa L Golst, MD		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address 2505 Samaritan Dr Ste 505		Transaction ID: 22552190
City	State	Zip Code
San Jose	CA	95124-4015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Teri S Fomanek, MD		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 13375 University Ave Ste 100		Transaction ID: 22631248
City Des Moines	State IA	Zip Code 50325-8262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Metro Orthopaedic Surgery PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Bruce E Fredrickson, MD		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 550 Harrison Ctr Ste 130		Transaction ID: 22631148
City Syracuse	State NY	Zip Code 13202-3064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Phillip F Hagan, MD		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 9300 E 29th St N Ste 205		Transaction ID: 22631797
City Wichita	State KS	Zip Code 67228-2183
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Sports Med at Cypress	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 53 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Heinz R Hoenecke, Jr. MD		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address Sport Clinic Spts Med, MS-116		Transaction ID: 22631802
City La Jolla	State CA	Zip Code 92037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Scripps Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mary Lloyd Ireland, MD		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address Kentucky Sports Med Clinic 801 Perimeter Dr Ste 200		Transaction ID: 22631194
City Lexington	State KY	Zip Code 40517-4121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kentucky Sports Medicine Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Scott Herbert Jaeger, MD		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 325 Chestnut St Ste 718		Transaction ID: 22631808
City Philadelphia	State PA	Zip Code 19108-2607
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Dr. W Lindsey Jones, MD		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 23 Exbury Way		Transaction ID: 22631197
City Houston	State TX	Zip Code 77056-2183
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey M Lawrence, MD		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address EB569 Apple Ln		Transaction ID: 22631251
City Viroqua	State WI	Zip Code 54655-8183
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Gundersen Lutheran Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Rolf S Lutoff, MD		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 252D Betty Ct		Transaction ID: 22631247
City Green Bay	State WI	Zip Code 54301-1815
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Prevea Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 55 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. A Louis Mariorenzi, MD		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 216 E Shore Rd		Transaction ID: 22631249
City Jamestown	State RI	Zip Code 02835-1633
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Associates Inc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Stephen C McNeil, MD		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 907 Sumner St Ste 301		Transaction ID: 22631250
City Stoughton	State MA	Zip Code 02072-3377
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Sullivan Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Gilbert R Meadows, MD		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 18626 Hardy Oaks Blvd Ste 300		Transaction ID: 22631804
City San Antonio	State TX	Zip Code 78258-4228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 66 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Steven W Pearson, MD		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 5333 Hollister Ave Ste 120		Transaction ID: 22631186
City Santa Barbara	State CA	Zip Code 93111-3314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Raymond Paul Robinson, MD		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 1100 9th Ave PO Box 900		Transaction ID: 22631799
City Seattle	State WA	Zip Code 98101-2799
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Virginia Mason Orthopaedi- cs	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Andrew T Seltzer, MD		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 225 Crosslake Dr		Transaction ID: 22631192
City Evansville	State IN	Zip Code 47715-6198
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Tri-state Orthopaedic Sur- geons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 57 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Daniel J. Schwarz, MD		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 2821 New Ballas Rd Ste C-15		Transaction ID: 22631254
City Saint Louis	State MO	Zip Code 63131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer St. Louis Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Bernard N. Stulberg, MD		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 1730 W 25th St		Transaction ID: 22631195
City Cleveland	State OH	Zip Code 44113-3170
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Cleveland Ctr for Joint Reconstruction	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Joseph G. Thometz, MD		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 10500 Capistrano		Transaction ID: 22631800
City Orland Park	State IL	Zip Code 60467-6245
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Bone & Joint Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 58 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Steven J Triantafyllou, MD		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 1855 Powder Mill Rd		Transaction ID: 22631146
City	State	Zip Code
York	PA	17402-4723
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mark T Wichman, MD		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address Milwaukee Ortho Specialists 1575 N Rivercenter Dr Ste 180		Transaction ID: 22631246
City	State	Zip Code
Milwaukee	WI	53212-3865
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Milwaukee Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David Alan Wong, MD, MSc		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address Denver Spine Center 1801 E 19th Ave Ste 400D		Transaction ID: 22631805
City	State	Zip Code
Denver	CO	80218-1285
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Denver Spine Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 58 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Timothy J Bopp, MD		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 310 N 9th St		Transaction ID: 22631147
City Bismarck	State ND	Zip Code 58501-4508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Bone and Joint Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John P Colman, Jr, MD		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 800 Pollard Rd		Transaction ID: 22631149
City Los Gatos	State CA	Zip Code 95032-1437
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Leonard M Rudolf, MD		Date of Receipt M / D / Y 08 / 15 / 2005
Mailing Address 129-C Mascorna St		Transaction ID: 22659878
City Lebanon	State NH	Zip Code 03768-2667
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 60 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Ricky Wilkerson, , DO		Date of Receipt M / D / Y 08 / 15 / 2005
Mailing Address 1200 1st Ave E Ste C		Transaction ID: 22659980
City Spencer	State IA	Zip Code 51301-4342
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Clark Alan Gunderson, , MD		Date of Receipt M / D / Y 08 / 18 / 2005
Mailing Address 2815 Enterprise Blvd		Transaction ID: 22663089
City Lake Charles	State LA	Zip Code 70601-7675
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Regina O Hillman, , MD		Date of Receipt M / D / Y 08 / 18 / 2005
Mailing Address 1771 Post Rd E		Transaction ID: 22663088
City Westport	State CT	Zip Code 06880-5658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Mitchell B. Sheinkop, MD		Date of Receipt M / D / Y 08 / 18 / 2005
Mailing Address 1725 W Harrison St Ste 1063		Transaction ID: 22663092
City Chicago	State IL	Zip Code 60612-3884
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Midwest Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Terry A. Clyburn, MD		Date of Receipt M / D / Y 08 / 18 / 2005
Mailing Address UT Orthopaedic 6410 Fannin Ste 1100		Transaction ID: 22663083
City Houston	State TX	Zip Code 77030-5302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UT Houston Medical School	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William N. Haller, III, MD		Date of Receipt M / D / Y 08 / 18 / 2005
Mailing Address 100 Med Ctr Dr Ste 1D1		Transaction ID: 22663085
City Gadsden	State AL	Zip Code 35503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Richard J Stewart		Date of Receipt M / D / Y 08 / 18 / 2005
Mailing Address 1202 Barclay Circle		Transaction ID: 22659985
City Barrington	State IL	Zip Code 60010-5263
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer American Academy of Orthopaedic Surgeons Receipt For: Primary General Other (specify) ▼	Occupation Chief Financial Officer Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Steven B Wertheim, MD		Date of Receipt M / D / Y 08 / 18 / 2005
Mailing Address 70 Old Stratton Chase NW		Transaction ID: 22663385
City Atlanta	State GA	Zip Code 30328-3652
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Edward M Croeland, MD		Date of Receipt M / D / Y 08 / 22 / 2005
Mailing Address Augusta Orthopaedic Clinic 1521 Anthony Rd		Transaction ID: 22708849
City Augusta	State GA	Zip Code 30504-4821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Augusta Orthopaedic Clinic Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 63 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Peter J Daly, MD		Date of Receipt M / D / Y Y Y Y 08 / 22 / 2005
Mailing Address 1544 Edgumbe Rd		Transaction ID: 22706934
City	State	Zip Code
Saint Paul	MN	55116-2301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Summit Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Ronald G Hyster, MD		Date of Receipt M / D / Y Y Y Y 08 / 22 / 2005
Mailing Address 1660 Gulf to Bay Blvd		Transaction ID: 22706942
City	State	Zip Code
Clearwater	FL	33755-6489
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Florida Knee & Ortho Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Emily D Hoff-Sullivan, MD		Date of Receipt M / D / Y Y Y Y 08 / 22 / 2005
Mailing Address PO Box 5327		Transaction ID: 22706823
City	State	Zip Code
Saint Mary	GA	31558-5327
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ortho & Joint Replacement Institutes	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 64 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. Dr. Jerry L Jochims, MD		Date of Receipt M / D / Y Y Y Y 08 / 22 / 2005
Mailing Address 1225 S Gear Ave Ste 159		Transaction ID: 22706941
City	State	Zip Code
West Burlington	IA	52655-1686
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ortho & Reconstructive Surgery Inc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Adel S Kebeish, MD		Date of Receipt M / D / Y Y Y Y 08 / 22 / 2005
Mailing Address 7787 E Leesburg Pike Ste B		Transaction ID: 22706826
City	State	Zip Code
Falls Church	VA	22043-2412
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer National Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Nie R LeStrange, MD		Date of Receipt M / D / Y Y Y Y 08 / 22 / 2005
Mailing Address 1800 S Federal Hwy 10th Fl		Transaction ID: 22706828
City	State	Zip Code
Pompano Beach	FL	33062-7500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 65 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Stuart Eric Levine, MD		Date of Receipt M / D / Y 08 / 22 / 2005
Mailing Address 325 Princeton Ave		Transaction ID: 22706947
City Princeton	State NJ	Zip Code 08540-1698
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Princeton Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Martin William Roche, MD		Date of Receipt M / D / Y 08 / 22 / 2005
Mailing Address 2320 Delmar Pl		Transaction ID: 22706943
City Fort Lauderdale	State FL	Zip Code 33301-1510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Holy Cross Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Todd A. Schmidt, MD		Date of Receipt M / D / Y 08 / 22 / 2005
Mailing Address Southern Orthopaedic Specialists, 2885 Lake Park Dr		Transaction ID: 22706827
City Jonesboro	State GA	Zip Code 30238-4133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Southern Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	3250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 66 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Thomas P Vasileff, MD		Date of Receipt M / D / Y 08 / 22 / 2005
Mailing Address 328D Providence Dr Ste 200 Anchorage Fracture & Ortho Clinic		Transaction ID: 22706938
City Anchorage	State AK	Zip Code 99508-4803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Anchorage Fracture & Ortho Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Dannis James Andersen, MD		Date of Receipt M / D / Y 08 / 22 / 2005
Mailing Address 3907 Spring St		Transaction ID: 22706944
City Racine	State WI	Zip Code 53405-1671
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer All Saints Healthcare	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert E Bayless, MD		Date of Receipt M / D / Y 08 / 22 / 2005
Mailing Address 212D N MacArthur Ste 100		Transaction ID: 22706839
City Irving	State TX	Zip Code 75061-2280
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Irving Ortho & Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Brian Jeffrey Bear, MD		Date of Receipt M / D / Y 08 / 22 / 2005
Mailing Address 535 Roxbury Rd		Transaction ID: 22706948
City	State	Zip Code
Rockford	IL	61107-5076
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Rockford Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas J Blumenfeld, MD		Date of Receipt M / D / Y 08 / 22 / 2005
Mailing Address 1020 29th St Ste 450		Transaction ID: 22706950
City	State	Zip Code
Sacramento	CA	95816-5173
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Bradley J Brinard, MD		Date of Receipt M / D / Y 08 / 22 / 2005
Mailing Address 2424 N Wyatt Dr Ste 230		Transaction ID: 22706837
City	State	Zip Code
Tucson	AZ	85712-6118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tucson Orthopaedic Institute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 68 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Robert E FitzGibbons, MD		Date of Receipt M / D / Y Y Y Y 08 / 26 / 2005
Mailing Address 3143 Marlin Dr		Transaction ID: 22717071
City Longmont	State CO	Zip Code 80503-7892
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas J Fox, MD		Date of Receipt M / D / Y Y Y Y 08 / 26 / 2005
Mailing Address 1027 Bellevue Ave Ste 25		Transaction ID: 22717067
City Saint Louis	State MO	Zip Code 63117-1851
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard W Gamer, MD		Date of Receipt M / D / Y Y Y Y 08 / 26 / 2005
Mailing Address 3280 Providence Dr Ste 200 AFOC		Transaction ID: 22717063
City Anchorage	State AK	Zip Code 99508-4803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Anchorage Fracture & Orthopaedic Clnl	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. George T Hayes, Jr. MD		Date of Receipt M / D / Y 08 / 26 / 2005
Mailing Address 708 Jay St		Transaction ID: 22717079
City Colusa	State CA	Zip Code 95832-2321
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James Allen Johnson, MD		Date of Receipt M / D / Y 08 / 26 / 2005
Mailing Address 290 Shore Acres Dr		Transaction ID: 22717062
City Wisconsin Rapids	State WI	Zip Code 54984-1854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Wisconsin River Orthopaed- ics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Craig T Kerins, MD		Date of Receipt M / D / Y 08 / 26 / 2005
Mailing Address 1521 Anthony Rd		Transaction ID: 22717083
City Augusta	State GA	Zip Code 30504-4858
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Augusta Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 70 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. David Michael Klein, MD		Date of Receipt M / D / Y Y Y Y 08 / 26 / 2005
Mailing Address 5741 Bee Ridge Rd Ste 280		Transaction ID: 22717064
City	State	Zip Code
Sarasota	FL	34233-5083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kennedy White Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert Cameron More, MD		Date of Receipt M / D / Y Y Y Y 08 / 26 / 2005
Mailing Address 8 Sandhill Rd Ste 1D2		Transaction ID: 22717056
City	State	Zip Code
Flemington	NJ	08822-4946
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hunterdon Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas E Moses, MD		Date of Receipt M / D / Y Y Y Y 08 / 26 / 2005
Mailing Address 2051-B Hamill Rd		Transaction ID: 22717065
City	State	Zip Code
Chattanooga	TN	37343-4082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

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(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Seth Bradley Paul, MD		Date of Receipt M / D / Y Y Y Y 08 / 26 / 2005	
Mailing Address 190 Dolphin Dr		Transaction ID: 22717077	
City Woodmere	State NY	Zip Code 11598-1814	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Paul E Perry, MD		Date of Receipt M / D / Y Y Y Y 08 / 26 / 2005	
Mailing Address 225 Crosslake Dr		Transaction ID: 22717076	
City Evansville	State IN	Zip Code 47715-8198	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Tri-State Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Karl Rosenfeld, MD		Date of Receipt M / D / Y Y Y Y 08 / 26 / 2005	
Mailing Address 254 W Lancaster Ave PO Box 988		Transaction ID: 22717082	
City Paoli	State PA	Zip Code 19301-1723	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 72 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Adrian B Ryan, MD		Date of Receipt MM / DD / YYYY 08 / 26 / 2005
Mailing Address 328D Providence Dr Ste 200		Transaction ID: 22717075
City Anchorage	State AK	Zip Code 99508-4803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Anchorage Fracture & Orthopaedic Clni	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Edward H Saar, III, MD		Date of Receipt MM / DD / YYYY 08 / 26 / 2005
Mailing Address Arkansas Spine Center Doctor's Bldg		Transaction ID: 22717058
City Little Rock	State AR	Zip Code 72205-5310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Arkansas Specialty Spine Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas G Sampson, MD		Date of Receipt MM / DD / YYYY 08 / 26 / 2005
Mailing Address 1189 Bush St Ste 200		Transaction ID: 22717059
City San Francisco	State CA	Zip Code 94109-5588
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Total Joint Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 73 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Michael J Sicuraza, MD		Date of Receipt M / D / Y 08 / 26 / 2005
Mailing Address 8831 Sevendipity Ln		Transaction ID: 22717072
City Seven Valleys	State PA	Zip Code 17360-9264
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic & Spine Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Barry W Solter, MD		Date of Receipt M / D / Y 08 / 26 / 2005
Mailing Address 3201 University Dr East Ste 255		Transaction ID: 22717073
City Bryan	State TX	Zip Code 77802-3483
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Center for Orthopaedic Spinalties	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard W Tobin, MD		Date of Receipt M / D / Y 08 / 26 / 2005
Mailing Address 1280 Center St NE		Transaction ID: 22717074
City Salem	State OR	Zip Code 97301-4113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 74 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. William S Ward, MD		Date of Receipt M / D / Y 08 / 26 / 2005
Mailing Address 44555 Woodward Ste 407		Transaction ID: 22717061
City Pontiac	State MI	Zip Code 48341-5031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Oakland Orthopaedic Partners	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Matthew Cole Bernhard, MD		Date of Receipt M / D / Y 08 / 26 / 2005
Mailing Address 1678 State Route 6D		Transaction ID: 22717068
City Ashland	State OH	Zip Code 44805-9372
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Mid Ohio Ortho & Sports Med	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Rex D Bryce, MD		Date of Receipt M / D / Y 08 / 26 / 2005
Mailing Address 227D W 16th St		Transaction ID: 22717069
City Safford	State AZ	Zip Code 85548-4081
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 75 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Crawford C Campbell, MD		Date of Receipt M / D / Y 08 / 26 / 2005
Mailing Address 140 Haverhill St		Transaction ID: 22717057
City	State	Zip Code
Andover	MA	01810-1525
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Essex Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael Edward Polack, MD		Date of Receipt M / D / Y 08 / 26 / 2005
Mailing Address 8 Sand Hill Rd Ste 102		Transaction ID: 22717066
City	State	Zip Code
Flemington	NJ	08822-4946
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Huntendon Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Timothy W Talbert, MD		Date of Receipt M / D / Y 08 / 26 / 2005
Mailing Address 218 W Union Ste A		Transaction ID: 22717070
City	State	Zip Code
Minden	LA	71055-5218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 76 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Carl J DePaulis, MD		Date of Receipt M / D / Y 09 / 07 / 2005
Mailing Address 111 Tommye Ln		Transaction ID: 22767390
City Tahlequah	State OK	Zip Code 74464-4173
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hastings Indian Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey John Eckardt, MD		Date of Receipt M / D / Y 09 / 07 / 2005
Mailing Address 3308 Patricia Ave		Transaction ID: 22767408
City Los Angeles	State CA	Zip Code 90064-4824
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer UCLA	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael G Ehrlich, MD		Date of Receipt M / D / Y 09 / 07 / 2005
Mailing Address University Orthopedics 2 Dudley St Ste 200		Transaction ID: 22767409
City Providence	State RI	Zip Code 02906-5248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 77 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Laith A Farjo, MD		Date of Receipt M / D / Y 09 / 07 / 2005
Mailing Address 180B Hermitage		Transaction ID: 22767392
City Ann Arbor	State MI	Zip Code 48104-4505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Advanced Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard S Jany, MD		Date of Receipt M / D / Y 09 / 07 / 2005
Mailing Address North Bend Med Ctr 1800 Woodland Dr		Transaction ID: 22767391
City Coos Bay	State OR	Zip Code 97420-2069
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Daniel G Johnson, MD		Date of Receipt M / D / Y 09 / 07 / 2005
Mailing Address Yankton Bone & Joint Center 1000 W 4th St Ste 1		Transaction ID: 22767394
City Yankton	State SD	Zip Code 57078-5700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Yankton Bone and Joint Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2050.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 78 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Bruce N Jones, MD		Date of Receipt MM / DD / YYYY 09 / 07 / 2005
Mailing Address 224 Woods Mill Rd Ste 255 S		Transaction ID: 22767393
City Chesterfield	State MO	Zip Code 63017-3451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Peter R Langan, MD		Date of Receipt MM / DD / YYYY 09 / 07 / 2005
Mailing Address 173 Oxford Blvd		Transaction ID: 22767412
City Garden City	State NY	Zip Code 11530-1426
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Western Nassau Orthopaedi- cs	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Antone Roberts, MD		Date of Receipt MM / DD / YYYY 09 / 07 / 2005
Mailing Address 4841 Orinda Ave		Transaction ID: 22767383
City Los Angeles	State CA	Zip Code 90043-1805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 78 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Thomas A Russell, MD		Date of Receipt MM / DD / YYYY 09 / 07 / 2005
Mailing Address 10328 Crooked Creek Rd		Transaction ID: 22767385
City Collierville	State TN	Zip Code 38017-8854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Kipling P Sharpe, MD		Date of Receipt MM / DD / YYYY 09 / 07 / 2005
Mailing Address 500 W 10th Pl Ste 121		Transaction ID: 22767387
City Mesa	State AZ	Zip Code 85201-3228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mendoza Orthopaedic Profes- sional Assoc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Clayton E Turner, MD		Date of Receipt MM / DD / YYYY 09 / 07 / 2005
Mailing Address 4140 Centennial Hills Blvd Ste A		Transaction ID: 22767410
City Casper	State WY	Zip Code 82609-5285
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Casper Orthopaedic Associ- ates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 80 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Joanne R Wentz, MD		Date of Receipt M / D / Y 09 / 07 / 2005	
Mailing Address 505 N Maitland Ave Ste 1050		Transaction ID: 22767384	
City Altamonte Springs	State FL	Zip Code 32701-6369	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Michael Jacob Battaglia, MD		Date of Receipt M / D / Y 09 / 07 / 2005	
Mailing Address 104 Market St		Transaction ID: 22767388	
City Annapolis	State MD	Zip Code 21401-2633	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer US Navy	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Robert J Blaski, MD		Date of Receipt M / D / Y 09 / 07 / 2005	
Mailing Address Loyola Univ Med Ctr 2160 S 1st Ave		Transaction ID: 22767411	
City Maywood	State IL	Zip Code 60153-5500	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Loyola University	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

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

FOR LINE NUMBER: PAGE 81 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. George R Bradbury, III, MD		Date of Receipt M / D / Y 09 / 07 / 2005
Mailing Address Premier Care Orthopedics 12277 Depaul Dr Ste 305		Transaction ID: 22767406
City Bridgeton	State MO	Zip Code 63044-2529
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Premier Care Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Rolando F Roberto, MD		Date of Receipt M / D / Y 09 / 07 / 2005
Mailing Address UC Davis Dept of Orthopaedics 4860 Y St Ste 3800		Transaction ID: 22767389
City Sacramento	State CA	Zip Code 95817-2307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University of California	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Kade T Huntsman, MD		Date of Receipt M / D / Y 09 / 07 / 2005
Mailing Address 1160 East 3900 South Ste 5000		Transaction ID: 22767382
City Salt Lake City	State UT	Zip Code 84124-1275
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Salt Lake Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 82 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Richard P Driessneck, MD		Date of Receipt M / D / Y 09 / 09 / 2005
Mailing Address 303 N William Kumpf Blvd Ortho Institute of IL		Transaction ID: 22812417
City Peoria	State IL	Zip Code 61605-2517
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Institute of Illinois	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Frederick C Ewald, MD		Date of Receipt M / D / Y 09 / 09 / 2005
Mailing Address 17 Livernore Ln		Transaction ID: 22812416
City Weston	State MA	Zip Code 02493-1186
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David A Fisher, MD		Date of Receipt M / D / Y 09 / 09 / 2005
Mailing Address 8450 Northwest Blvd		Transaction ID: 22812420
City Indianapolis	State IN	Zip Code 46278-1381
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedics of Indianapo- lis	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 83 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. John F Josephson, MD		Date of Receipt MM / DD / YYYY 09 / 09 / 2005
Mailing Address 4802 S 109th East Ave		Transaction ID: 22812418
City	State	Zip Code
Tulsa	OK	74146-5822
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Tulsa Bone & Joint Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mark Shannon Lawler, MD		Date of Receipt MM / DD / YYYY 09 / 09 / 2005
Mailing Address 4000 Civic Center Dr Ste 205		Transaction ID: 22812421
City	State	Zip Code
San Rafael	CA	94903-5233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Larry G Lipscomb, MD		Date of Receipt MM / DD / YYYY 09 / 09 / 2005
Mailing Address 915 Camelot Dr Apt 34		Transaction ID: 22812411
City	State	Zip Code
Salem	VA	24153-5857
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 84 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Jeffrey K. Moore, MD		Date of Receipt M / D / Y 09 / 09 / 2005
Mailing Address 3714 Guardian Ave		Transaction ID: 23409608
City Morehead City	State NC	Zip Code 28557-4322
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
Name of Employer Carteret Surgical Associates	Occupation Orthopaedic Surgeon	[MEMO ITEM] Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$1000.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Barton H Reutlinger, MD		Date of Receipt M / D / Y 09 / 09 / 2005
Mailing Address 4001 Kresge Way Ste 100		Transaction ID: 22812412
City Louisville	State KY	Zip Code 40207-4640
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Thomas Parker Vall, MD		Date of Receipt M / D / Y 09 / 09 / 2005
Mailing Address Duke Univ Med Ctr Box 3332 Duke South, 5th Fl Orange Zone		Transaction ID: 22812423
City Durham	State NC	Zip Code 27710-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer DUMC	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 85 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Howard L. Wilcox, Jr. MD		Date of Receipt M / D / Y 09 / 09 / 2005
Mailing Address 28351 W Cedar Niles Circle		Transaction ID: 22812424
City Olathe	State KS	Zip Code 66061-7478
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James R. Wilkinson, MD		Date of Receipt M / D / Y 09 / 09 / 2005
Mailing Address 1532 Lone Oak Rd Ste 310		Transaction ID: 22812413
City Paducah	State KY	Zip Code 42003-7842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Paducah Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey John Anderson, MD		Date of Receipt M / D / Y 09 / 09 / 2005
Mailing Address 333 O'Connor Dr		Transaction ID: 22812422
City San Jose	State CA	Zip Code 95128-1623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 86 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Ricardo M Canals-Morales, MD		Date of Receipt M / D / Y 09 / 09 / 2005
Mailing Address PD Box 360097		Transaction ID: 22812414
City San Juan	State PR	Zip Code 00836-0097
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Charles Philip Dahl, MD		Date of Receipt M / D / Y 09 / 14 / 2005
Mailing Address 310 N 9th St PO Box 1397		Transaction ID: 22812746
City Bismarck	State ND	Zip Code 58501-4508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Bone & Joint Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Peter A Dollard, MD		Date of Receipt M / D / Y 09 / 14 / 2005
Mailing Address 10 Wellspring Rd		Transaction ID: 22812744
City Biddeford	State ME	Zip Code 04005-9401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Surgery Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 87 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Michael L Gordon, MD		Date of Receipt M / D / Y 09 / 14 / 2005
Mailing Address 201 Kings Pl		Transaction ID: 22812750
City Newport Beach	State CA	Zip Code 92663-5704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Patrick R Hayes, MD		Date of Receipt M / D / Y 09 / 14 / 2005
Mailing Address OrthoCarolina 101 Delta Park Dr		Transaction ID: 22812742
City Shelby	State NC	Zip Code 28150-3575
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer OrthoCarolina	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael Alan Kelly, MD		Date of Receipt M / D / Y 09 / 14 / 2005
Mailing Address 5901 Colonial Dr Ste 201		Transaction ID: 22812738
City Margate	State FL	Zip Code 33063-5683
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Northwest Broward Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 88 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Christopher B Michelsen, MD		Date of Receipt M / D / Y 09 / 14 / 2005
Mailing Address 5141 Broadway Rm 3-029		Transaction ID: 22812740
City New York	State NY	Zip Code 10034-1159
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NY Orthopaedic Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John D Oppenda, MD		Date of Receipt M / D / Y 09 / 14 / 2005
Mailing Address 2301 25th St S Ste G		Transaction ID: 22812731
City Fargo	State ND	Zip Code 58103-6104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James C Strazzer, MD		Date of Receipt M / D / Y 09 / 14 / 2005
Mailing Address 11550 Indian Hills Rd Ste 351		Transaction ID: 22812730
City Mission Hills	State CA	Zip Code 91345-1252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 88 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. John Walter Swanson, MD Mailing Address 145B7 Fosberg Rd City State Zip Code Lake Oswego OR 97035-1815 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		Date of Receipt M / D / Y Y Y Y 09 / 14 / 2005 Transaction ID: 22812739 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) B. Dr. Thomas A Zdebick, MD Mailing Address 800 Highland Ave Ste K3705 City State Zip Code Madison WI 53792-0001 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M / D / Y Y Y Y 09 / 14 / 2005 Transaction ID: 22812747 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) C. Dr. Christopher M Aland, MD Mailing Address 582 Middletown Blvd Ste B-100 City State Zip Code Langhorne PA 19047-1862 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M / D / Y Y Y Y 09 / 14 / 2005 Transaction ID: 22812745 Amount of Each Receipt this Period 250.00

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 00 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Robert E. Coles, MD		Date of Receipt M / D / Y 09 / 14 / 2005
Mailing Address 3714 Guardian Ave		Transaction ID: 22812748
City	State	Zip Code
Morehead City	NC	28557-4322
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Carteret Surgical Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David Arthur Debrass, MD		Date of Receipt M / D / Y 09 / 20 / 2005
Mailing Address 3394 E Jolly Rd Ste A		Transaction ID: 22843613
City	State	Zip Code
Lansing	MI	48910-8595
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Russell Austin Flint, MD		Date of Receipt M / D / Y 09 / 20 / 2005
Mailing Address 78 Broad St		Transaction ID: 22843481
City	State	Zip Code
Spruce Pine	NC	28777-8537
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 01 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Hugh A. Frederick, MD		Date of Receipt M / D / Y 09 / 20 / 2005
Mailing Address 2731 Lemmon Ave E Ste 300		Transaction ID: 22843615
City	State	Zip Code
Dallas	TX	75204-2867
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Joseph A. Gerardi, DO		Date of Receipt M / D / Y 09 / 20 / 2005
Mailing Address 8300 Valley Children's Pl		Transaction ID: 22843565
City	State	Zip Code
Madera	CA	93628-8762
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Sequoia Pediatrics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Timothy Allen Gibbons, MD		Date of Receipt M / D / Y 09 / 20 / 2005
Mailing Address 250 S Crescent Dr		Transaction ID: 22843560
City	State	Zip Code
Mason City	IA	50401-2528
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 02 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Harvey Philip Insler		Date of Receipt M / D / Y 09 / 20 / 2005
Mailing Address 11 Willets Rd		Transaction ID: 22843558
City Harrison	State NY	Zip Code 10528-2207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard P Lavellan, MD		Date of Receipt M / D / Y 09 / 20 / 2005
Mailing Address 290D 12th Ave N Ste 100E		Transaction ID: 22843611
City Billings	State MT	Zip Code 59101-7504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Montana Ortho & Sports	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James P O'Hara, MD		Date of Receipt M / D / Y 09 / 20 / 2005
Mailing Address PO Box 1358		Transaction ID: 22843612
City Point Reyes Statio	State CA	Zip Code 94558-1358
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 03 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Robert M O'Hollaren, MD		Date of Receipt M / D / Y 09 / 20 / 2005
Mailing Address 3525 Loma Vista Rd		Transaction ID: 22843482
City Ventura	State CA	Zip Code 93003-3101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ventura Orthopaedic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Timothy S Pelscha, MD		Date of Receipt M / D / Y 09 / 20 / 2005
Mailing Address 2525 Kaneville Rd		Transaction ID: 22843609
City Geneva	State IL	Zip Code 60134-2578
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael J Pushkarewicz, MD		Date of Receipt M / D / Y 09 / 20 / 2005
Mailing Address First State Orthopaedics 4745 Ogletown-Stanton Rd		Transaction ID: 22843608
City Newark	State DE	Zip Code 19713-2087
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 04 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Thomas S Samuelson, MD		Date of Receipt M / D / Y 09 / 20 / 2005
Mailing Address 12101 Catalina St		Transaction ID: 22843577
City Leawood	State KS	Zip Code 66209-1508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kansas City Bone & Joint	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Gregory N Van Winkle, MD		Date of Receipt M / D / Y 09 / 20 / 2005
Mailing Address 244D Dorchester Ct		Transaction ID: 22843610
City Brookfield	State WI	Zip Code 53045-6201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William Charles Walters, III, MD		Date of Receipt M / D / Y 09 / 20 / 2005
Mailing Address 6824 Fannin Ste 2800		Transaction ID: 22843575
City Houston	State TX	Zip Code 77030-2338
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 05 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Mark Anthony Wikenheiser, MD		Date of Receipt M / D / Y 09 / 20 / 2005
Mailing Address 204 S Adams		Transaction ID: 22843562
City Saint Croix Falls	State WI	Zip Code 54024-9449
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Animesh Agarwal, MD		Date of Receipt M / D / Y 09 / 20 / 2005
Mailing Address Univ TX Health Sci Ctr 7703 Floyd Curl Dr		Transaction ID: 22843564
City San Antonio	State TX	Zip Code 78229-3901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University of Texas	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Eric B Arvidson, MD		Date of Receipt M / D / Y 09 / 20 / 2005
Mailing Address 140 Haverhill St Ste 1		Transaction ID: 22843557
City Andover	State MA	Zip Code 01810-1504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Essex Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 06 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Robert H Blatter, MD		Date of Receipt MM / DD / YYYY 09 / 20 / 2005
Mailing Address 1414 W Fair Ave Ste 149		Transaction ID: 22843559
City Marquette	State MI	Zip Code 49855-5408
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Surgery Associates of Marq	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Melbourne D Boynton, MD		Date of Receipt MM / DD / YYYY 09 / 20 / 2005
Mailing Address 3 Albert Cree Dr		Transaction ID: 22843566
City Rutland	State VT	Zip Code 05701-4642
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Vermont Ortho Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Joseph W Carlson, MD		Date of Receipt MM / DD / YYYY 09 / 20 / 2005
Mailing Address 310 N 9th St		Transaction ID: 22843614
City Bismarck	State ND	Zip Code 58501-4508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bone and Joint Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 07 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. Dr. Joseph C DiReimondo, MD		Date of Receipt MM / DD / YYYY 09 / 27 / 2005
Mailing Address PD Box B07		Transaction ID: 22878528
City Manitowoc	State WI	Zip Code 54221-0807
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Associates of Manitowoc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Paul A Dawdy, MD		Date of Receipt MM / DD / YYYY 09 / 27 / 2005
Mailing Address 40124 Hwy 27 Ste 1D1		Transaction ID: 22878617
City Davenport	State FL	Zip Code 33827-5805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Cypress Ortho & Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David S Girdany, MD		Date of Receipt MM / DD / YYYY 09 / 27 / 2005
Mailing Address 208 Oakridge Ave		Transaction ID: 22878621
City Bedford	State PA	Zip Code 15522-2008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 08 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Dr. Michael P Grant, MD		Date of Receipt MM / DD / YYYY 09 / 27 / 2005
Mailing Address 708 Rider Ridge Dr		Transaction ID: 22878526
City Longmont	State CO	Zip Code 80501-4695
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Longmont Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David Reesa Hicks, MD		Date of Receipt MM / DD / YYYY 09 / 27 / 2005
Mailing Address 8585 S Yale Ste 200		Transaction ID: 22878566
City Tulsa	State OK	Zip Code 74136-8315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Forney Hutchinson, MD		Date of Receipt MM / DD / YYYY 09 / 27 / 2005
Mailing Address 1001 Blythe Blvd Ste 200		Transaction ID: 22878527
City Charlotte	State NC	Zip Code 28203-5863
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Miller Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 08 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. Dr. Zaki George Ibrahim, MD		Date of Receipt M / D / Y 09 / 27 / 2005
Mailing Address 538D Autumn Dr		Transaction ID: 22878620
City Greenwood Village	State CO	Zip Code 80111-3424
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Colorado Comprehensive Spine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert E Martin, MD		Date of Receipt M / D / Y 09 / 27 / 2005
Mailing Address 19842 Lake Chabot Rd		Transaction ID: 22878620
City Castro Valley	State CA	Zip Code 94546-4069
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Associated Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Steven P Rhodes, MD		Date of Receipt M / D / Y 09 / 27 / 2005
Mailing Address Watertown Orthopaedics LTD 123 Hospital Dr Ste 100B		Transaction ID: 22878624
City Watertown	State WI	Zip Code 53098-3331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Watertown Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 100 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Rodney Q Swan, MD		Date of Receipt M / D / Y 09 / 27 / 2005
Mailing Address Ortho Assoc 415 W Golf Rd Ste 68		Transaction ID: 22878618
City Arlington Heights	State IL	Zip Code 60005-3823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Stephen G Taylor, MD		Date of Receipt M / D / Y 09 / 27 / 2005
Mailing Address 8001 Westown Pkwy		Transaction ID: 22878630
City West Des Moines	State IA	Zip Code 50266-7702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Des Moines Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Bing S Tsay, MD		Date of Receipt M / D / Y 09 / 27 / 2005
Mailing Address 400 W LBJ Fwy Ste 330		Transaction ID: 22878618
City Irving	State TX	Zip Code 75063-5717
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer All-Star Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 101 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Michael J Bronson, MD		Date of Receipt MM / DD / YYYY 09 / 27 / 2005
Mailing Address 159 E 74th St 2nd Fl		Transaction ID: 22878615
City New York	State NY	Zip Code 10021-3249
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David Andrew Camarota, MD		Date of Receipt MM / DD / YYYY 09 / 27 / 2005
Mailing Address 5620 E Bellroad		Transaction ID: 22878665
City Scottsdale	State AZ	Zip Code 85254-5850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Arizona Bone & Joint Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard J Clewley, MD		Date of Receipt MM / DD / YYYY 09 / 27 / 2005
Mailing Address 30251 Via Festivo		Transaction ID: 22878625
City San Juan Capistrano	State CA	Zip Code 92675-5410
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 102 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Bret A Ferree, MD		Date of Receipt M / D / Y 10 / 04 / 2005
Mailing Address 123B Cliff Laine Dr		Transaction ID: 22895886
City Cincinnati	State OH	Zip Code 45208-4478
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Edward Green, III, MD		Date of Receipt M / D / Y 10 / 04 / 2005
Mailing Address 104D Elm Ave Ste 100		Transaction ID: 22895880
City Long Beach	State CA	Zip Code 90813-3265
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Greater Long Beach Orthop- edics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Matthew J Landfield, MD		Date of Receipt M / D / Y 10 / 04 / 2005
Mailing Address 33 Chandler Ave		Transaction ID: 22895878
City Batavia	State NY	Zip Code 14020-1693
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 103 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Elliot Nelson Lang, MD		Date of Receipt M / D / Y 10 / 04 / 2005
Mailing Address 929B SW 152nd St Ste 103		Transaction ID: 22895887
City Village Of Palmett	State FL	Zip Code 33157-1775
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer South Dade Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert J Olive, Jr, MD		Date of Receipt M / D / Y 10 / 04 / 2005
Mailing Address PO Box 22150 208 McAuley Ct		Transaction ID: 22895885
City Hot Springs	State AR	Zip Code 71903-2150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Associates of Arkansas	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William T Pennington, MD		Date of Receipt M / D / Y 10 / 04 / 2005
Mailing Address Sta 102 2901 W Kinnickinnic River Pkwy		Transaction ID: 22895878
City Milwaukee	State WI	Zip Code 53215-3880
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Surgeons of Wisconsin	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 104 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Robert A Ruggiero, MD		Date of Receipt M / D / Y 10 / 04 / 2005
Mailing Address 288 Lancaster Ave Ste 200		Transaction ID: 22895882
City Malvern	State PA	Zip Code 19355-3256
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James P Sutherland, Jr, MD		Date of Receipt M / D / Y 10 / 04 / 2005
Mailing Address 320D Westhill Dr Ste 201		Transaction ID: 22895877
City Wausau	State WI	Zip Code 54401-4707
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John Timothy Ogden, MD		Date of Receipt M / D / Y 10 / 04 / 2005
Mailing Address 1111 McIntosh Circle		Transaction ID: 22895879
City Joplin	State MO	Zip Code 64804-3693
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Freedman Orthopaedic & Sports	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 105 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Theodore A Evers, MD		Date of Receipt M / D / Y 10 / 07 / 2005
Mailing Address 929B SW 152nd St Ste 103		Transaction ID: 22927756
City	State	Zip Code
Village Of Palmett	FL	33157-1775
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer South Dade Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mark S Ishiman, MD		Date of Receipt M / D / Y 10 / 07 / 2005
Mailing Address 28730 Crown Valley Pkwy		Transaction ID: 22927645
City	State	Zip Code
Mission Viejo	CA	92691-6364
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Mission Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael T Monroe, MD		Date of Receipt M / D / Y 10 / 07 / 2005
Mailing Address 220 S Royal Ascot Dr		Transaction ID: 22927648
City	State	Zip Code
Las Vegas	NV	89144-4310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

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

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

FOR LINE NUMBER: PAGE 106 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. George F Muschler, MD		Date of Receipt M / D / Y 10 / 07 / 2005	
Mailing Address Cleveland Clinic Foundation 9500 Euclid Ave Desk A-41		Transaction ID: 22927757	
City Cleveland	State OH	Zip Code 44195-0001	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Cleveland Clinic Foundation	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Andrew P Robinson, MD		Date of Receipt M / D / Y 10 / 07 / 2005	
Mailing Address Dickinson Medical Group, LLC 800 N Du Pont Hwy		Transaction ID: 22927760	
City Milford	State DE	Zip Code 19963-1006	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Dickinson Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Kety Vince, MD		Date of Receipt M / D / Y 10 / 07 / 2005	
Mailing Address USC Ortho Surg Assoc 1520 San Pablo St 2nd Fl		Transaction ID: 22930645	
City Los Angeles	State CA	Zip Code 90033-5310	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer USC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

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

FOR LINE NUMBER: PAGE 107 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. William L Clark, MD		Date of Receipt M / D / Y 10 / 07 / 2005
Mailing Address Three Tree Medical Bldg 16258 Sylvester Rd SW Ste 501		Transaction ID: 22927758
City Burien	State WA	Zip Code 98166-3059
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Three Tree Medical	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. N Lindsay Harris, MD		Date of Receipt M / D / Y 10 / 19 / 2005
Mailing Address Ortho Assoc of Aspen & Glenwood 100 E Main St		Transaction ID: 23014131
City Aspen	State CO	Zip Code 81611-1780
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ortho Associates of Aspen & Glenwood	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael P Kennedy, MD		Date of Receipt M / D / Y 10 / 19 / 2005
Mailing Address 3443 NW Vaughn St		Transaction ID: 23014134
City Portland	State OR	Zip Code 97210-1248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Oregon Health & Science Univ	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 108 / 208

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

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

Full Name (Last, First, Middle Initial) A. Dr. Robert W Luyen, MD		Date of Receipt M / D / Y 10 / 19 / 2005
Mailing Address 4915 52nd St Ct NW		Transaction ID: 23014071
City Gig Harbor	State WA	Zip Code 98335-8184
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Group Health Permanent	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert C Martin, DO		Date of Receipt M / D / Y 10 / 19 / 2005
Mailing Address 801 N Winsbead Ave Ste 210		Transaction ID: 23014049
City Rocky Mount	State NC	Zip Code 27804-8745
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John G Mayer, MD		Date of Receipt M / D / Y 10 / 19 / 2005
Mailing Address 105 N Greenleaf St		Transaction ID: 23014050
City Gurnee	State IL	Zip Code 60031-5328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 100 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Kevin K. Mikaelian, MD		Date of Receipt M / D / Y 10 / 19 / 2005
Mailing Address 1901 N California St		Transaction ID: 23014132
City Stockton	State CA	Zip Code 95204-6098
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Stockton Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Charles Alfred Peterson, II, MD		Date of Receipt M / D / Y 10 / 19 / 2005
Mailing Address Seattle Ortho & Frac Clinic 801 Broadway Ste 1000		Transaction ID: 23014126
City Seattle	State WA	Zip Code 98122-4330
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Seattle Ortho & Frac Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michala A. Prevost, MD		Date of Receipt M / D / Y 10 / 19 / 2005
Mailing Address 5955 Zeamer Ave 3 MDOS/SGOPO		Transaction ID: 23014127
City Elmendorf AFB	State AK	Zip Code 99508-5389
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer US Air Force	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 110 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Michael P Rubinstein, MD		Date of Receipt M / D / Y 10 / 19 / 2005
Mailing Address 1801 W Romneys Dr Ste 20B		Transaction ID: 23014072
City Anaheim	State CA	Zip Code 92801-1825
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John Robert Starynski, MD		Date of Receipt M / D / Y 10 / 19 / 2005
Mailing Address RR 5 Box 136		Transaction ID: 23014133
City Bluefield	State WV	Zip Code 24701-9006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer St. Luke's	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Martin Shelton Tullus, MD		Date of Receipt M / D / Y 10 / 19 / 2005
Mailing Address 4011 Talbot Rd S Ste 300		Transaction ID: 23014048
City Renton	State WA	Zip Code 98055-5791
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 111 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Kenneth G Venas, MD		Date of Receipt M / D / Y 10 / 19 / 2005
Mailing Address 5801 Norris Canyon Rd Ste 130		Transaction ID: 23014121
City San Ramon	State CA	Zip Code 94583-5407
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Til Valley Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. G Gray Walls, MD		Date of Receipt M / D / Y 10 / 19 / 2005
Mailing Address 3963 S Olive St		Transaction ID: 23014136
City Denver	State CO	Zip Code 80237-2037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Physicians of Colorado	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Bruce Wolock, MD		Date of Receipt M / D / Y 10 / 19 / 2005
Mailing Address 8564 Leisure Hill Dr		Transaction ID: 23014D48
City Baltimore	State MD	Zip Code 21208-1740
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 112 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Greg Carpenter, MD		Date of Receipt M / D / Y 10 / 19 / 2005
Mailing Address 4099 Boulder Pond		Transaction ID: 23014130
City Ann Arbor	State MI	Zip Code 48108-8626
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Chelsea Community Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. J Patrick Caulfield, MD		Date of Receipt M / D / Y 10 / 19 / 2005
Mailing Address 10215 Fernwood Rd Ste 506		Transaction ID: 23014129
City Bethesda	State MD	Zip Code 20817-1184
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Bethesda Chevy Chase	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael Champina, MD		Date of Receipt M / D / Y 10 / 19 / 2005
Mailing Address 821D Walnut Hill Ln Ste 13D		Transaction ID: 23014D47
City Dallas	State TX	Zip Code 75231-4418
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Texas Orthopaedic Associates, LLP	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 113 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Stephen Iorio, MD		Date of Receipt M / D / Y 10 / 19 / 2005
Mailing Address 1735 York Ave Apt 16D		Transaction ID: 23014123
City New York	State NY	Zip Code 10128-6858
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Nycon Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John DiPaola, MD		Date of Receipt M / D / Y 10 / 25 / 2005
Mailing Address 8464 SW Borland Rd Ste C4		Transaction ID: 23039082
City Tualatin	State OR	Zip Code 97062-8856
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Occupational Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James M Donley, MD		Date of Receipt M / D / Y 10 / 25 / 2005
Mailing Address 5002 Lago Dr		Transaction ID: 23039087
City Madisonville	State KY	Zip Code 42431-9435
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 114 / 208

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Frank J Frassica, MD		Date of Receipt M / D / Y Y Y Y 10 / 25 / 2005	
Mailing Address 801 N Caroline St Rm 5215		Transaction ID: 23039090	
City Baltimore	State MD	Zip Code 21287-0006	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer JHU	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) B. Dr. Jonathan L Grantham, MD		Date of Receipt M / D / Y Y Y Y 10 / 25 / 2005	
Mailing Address Freeman Ortho & Sports Med 1111 McIntosh Cir		Transaction ID: 23039089	
City Joplin	State MO	Zip Code 64804-3645	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Freeman Health System	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) C. Dr. Ian Katz, MD		Date of Receipt M / D / Y Y Y Y 10 / 25 / 2005	
Mailing Address 2 Calaste Dr		Transaction ID: 23039091	
City Johnstown	State PA	Zip Code 15505-2832	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

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

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

FOR LINE NUMBER: PAGE 115 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Roland Y Nakata, MD		Date of Receipt M / D / Y 10 / 25 / 2005	
Mailing Address 815 S Fairmont Ave		Transaction ID: 23039092	
City	State	Zip Code	Amount of Each Receipt this Period 250.00
Lodi	CA	95240-5116	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Sami Oweida, MD		Date of Receipt M / D / Y 10 / 25 / 2005	
Mailing Address 309 S Sharon Amity Rd Ste 102		Transaction ID: 23039077	
City	State	Zip Code	Amount of Each Receipt this Period 1000.00
Charlotte	NC	28211-2886	
FEC ID number of contributing federal political committee. C			
Name of Employer Oweida Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Alan Pechacek, MD		Date of Receipt M / D / Y 10 / 25 / 2005	
Mailing Address 616 W Forest Ave		Transaction ID: 23039085	
City	State	Zip Code	Amount of Each Receipt this Period 250.00
Jackson	TN	38301-3588	
FEC ID number of contributing federal political committee. C			
Name of Employer Jackson Clinic, P.A.	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 116 / 208
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. George R Pokorny, MD		Date of Receipt M / D / Y Y Y Y 10 / 25 / 2005
Mailing Address 10827 Skyline Dr		Transaction ID: 23039081
City	State	Zip Code
Corning	NY	14830-3263
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Guthrie Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard D Schroeder, MD		Date of Receipt M / D / Y Y Y Y 10 / 25 / 2005
Mailing Address 2 Celeste Dr		Transaction ID: 23039071
City	State	Zip Code
Johnstown	PA	15805-2832
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Western PA Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Bradley M Thomas, MD		Date of Receipt M / D / Y Y Y Y 10 / 25 / 2005
Mailing Address 425 26th st		Transaction ID: 23039072
City	State	Zip Code
Manhattan Beach	CA	90266-2109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer South Bay Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 117 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Gregory S Tiemeij, MD		Date of Receipt M / D / Y 10 / 25 / 2005
Mailing Address 500 15th Ave South Ste 1		Transaction ID: 23039079
City Great Falls	State MT	Zip Code 59405-4363
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Great Falls Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Steven J Touloupoulos, MD		Date of Receipt M / D / Y 10 / 25 / 2005
Mailing Address 1 Horseshoe Rd		Transaction ID: 23048899
City Cos Cob	State CT	Zip Code 06807-1215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Bertram Zarba, MD		Date of Receipt M / D / Y 10 / 25 / 2005
Mailing Address Massachusetts General Hospital 55 Fruit St		Transaction ID: 23039093
City Boston	State MA	Zip Code 02114-2698
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 118 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. R Marshall Ackerman, MD		Date of Receipt M / D / Y 10 / 25 / 2005
Mailing Address 11517 Cushman Rd		Transaction ID: 23039083
City North Bethesda	State MD	Zip Code 20852-3707
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey T Adams, MD		Date of Receipt M / D / Y 10 / 25 / 2005
Mailing Address 1223 1/2 Trotwood Ave		Transaction ID: 23039074
City Columbia	State TN	Zip Code 38401-6430
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Samuel Michael Baum, MD		Date of Receipt M / D / Y 10 / 25 / 2005
Mailing Address 2101 N Waldom		Transaction ID: 23039088
City Hutchinson	State KS	Zip Code 67502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 119 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Lars C Richardson, MD		Date of Receipt M / D / Y 10 / 25 / 2005
Mailing Address 1101 Beacon St Ste 5 West		Transaction ID: 23039080
City Brookline	State MA	Zip Code 02446-5587
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Weeks & Zilberfarb	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas N Joseph, MD		Date of Receipt M / D / Y 10 / 25 / 2005
Mailing Address 1112 Mill St		Transaction ID: 23039078
City Camden	State SC	Zip Code 29020-3712
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Camden Bone & Joint	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. J Andrew Parr, MD		Date of Receipt M / D / Y 10 / 25 / 2005
Mailing Address 5944 Crestview Ave		Transaction ID: 23039078
City Indianapolis	State IN	Zip Code 46220-2751
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Indiana University	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 120 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Robert S Humble, MD		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 116 Waverly Circle		Transaction ID: 23049186
City Salisbury	State NC	Zip Code 28144-9419
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Salisbury Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Danny A Mullins, MD		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 357 Collinwood Dr		Transaction ID: 23049201
City Norton	State VA	Zip Code 24273-4036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Southwest Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Leo Joseph Troy, Jr, MD		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 54 Radcliffe Rd		Transaction ID: 23049202
City Wellesley	State MA	Zip Code 02482-6623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orho Sports Med	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 121 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Luis H Urea, II, MD		Date of Receipt M / D / Y Y Y Y 10 / 31 / 2005	
Mailing Address 5009 Vista Del Monte		Transaction ID: 23049183	
City El Paso	State TX	Zip Code 79922-2034	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer El Paso Orthopaedic Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. James R Whillum, MD		Date of Receipt M / D / Y Y Y Y 10 / 31 / 2005	
Mailing Address 77 Hospital Ave Ste 107		Transaction ID: 23049197	
City North Adams	State MA	Zip Code 01247-2538	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopaedic Assoc of North- ern Berkshire	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Jack W Bowling, Jr, MD		Date of Receipt M / D / Y Y Y Y 10 / 31 / 2005	
Mailing Address 1812 Azalea Dr		Transaction ID: 23049203	
City Wilmington	State NC	Zip Code 28403-4802	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

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

FOR LINE NUMBER: PAGE 122 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Eugene P Christian, MD		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 800B Wicklow Hall Dr		Transaction ID: 23049199
City Matthews	State NC	Zip Code 28104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Owaida Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Brian Hoffman, MD		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address Capital Orthopaedic & Sports Med C 1108 Dresser Ct		Transaction ID: 23049187
City Raleigh	State NC	Zip Code 27609-7328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Capital Orthopaedic & Sports Med Ctr P	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Tristan M McGovern, MD		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 1112 Caroline St		Transaction ID: 23049198
City Port Angeles	State WA	Zip Code 98362-4204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Strait Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 123 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Michael J Krocik, MD		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address Umpqua Orthopaedics 2801 NW Mercy Dr Ste 300		Transaction ID: 23049195
City Roseburg	State OR	Zip Code 97470-2348
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Umpqua Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Charles A DiCecca, MD		Date of Receipt M / D / Y 11 / 07 / 2005
Mailing Address 809 Hancock St		Transaction ID: 23063151
City Quincy	State MA	Zip Code 02170-3827
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Surgery of Quincy	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Timothy Eugene Doer, MD		Date of Receipt M / D / Y 11 / 07 / 2005
Mailing Address 5789 S Horseshoe Pl		Transaction ID: 23063158
City Boise	State ID	Zip Code 83718-9031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 124 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. M Ragan Green, Jr, MD		Date of Receipt M / D / Y 11 / 07 / 2005
Mailing Address 1455 E Bert Kouns		Transaction ID: 23063165
City Shreveport	State LA	Zip Code 71105-5634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John M Grobman, MD		Date of Receipt M / D / Y 11 / 07 / 2005
Mailing Address 14 Maple St Ste 100		Transaction ID: 23063166
City Gilford	State NH	Zip Code 03249-5510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Ortho Professional Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Keith S Hachtman, MD		Date of Receipt M / D / Y 11 / 07 / 2005
Mailing Address 1150 Campo Sano Ave Ste 200		Transaction ID: 23063150
City Coral Gables	State FL	Zip Code 33148-1174
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer HealthSouth	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 125 / 208

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. John Lex Kenery, III, MD		Date of Receipt M / D / Y Y Y Y 11 / 07 / 2005
Mailing Address PD Box 1334		Transaction ID: 23063243
City Jesup	State GA	Zip Code 31508-1334
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David G Lovell, MD		Date of Receipt M / D / Y Y Y Y 11 / 07 / 2005
Mailing Address Mayo Clinic 200 1st St SW		Transaction ID: 23063159
City Rochester	State MN	Zip Code 55905-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Mayo Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Kai Uwe Mazar, MD		Date of Receipt M / D / Y Y Y Y 11 / 07 / 2005
Mailing Address 195 Meadowcroft Way		Transaction ID: 23063164
City Santa Rosa	State CA	Zip Code 95403-0503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 126 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. William Keith McKibbin, MD		Date of Receipt M / D / Y Y Y Y 11 / 07 / 2005
Mailing Address 129 Skyview Dr		Transaction ID: 23063237
City	State	Zip Code
Asheville	NC	28804-2720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Blue Ridge Bone & Joint Clinic, PA	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Nicholas Edward Mihelic, MD		Date of Receipt M / D / Y Y Y Y 11 / 07 / 2005
Mailing Address 82 Main St Ste A		Transaction ID: 23063152
City	State	Zip Code
Hilton Head Island	SC	29926-1684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Surgeons of Hilton Head	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Seth R Miller, MD		Date of Receipt M / D / Y Y Y Y 11 / 07 / 2005
Mailing Address 6 Greenwich Office Park Valley Dr		Transaction ID: 23063171
City	State	Zip Code
Greenwich	CT	06831-5151
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ortho Neuro Surgery Specialist	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 127 / 208

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Gary T Murata, MD		Date of Receipt M / D / Y Y Y Y 11 / 07 / 2005	
Mailing Address 333 E Alpine Ave		Transaction ID: 23063153	
City Stockton	State CA	Zip Code 95204-3494	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Alpine Orthopaedics	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) B. Dr. John Donald Oslund, MD		Date of Receipt M / D / Y Y Y Y 11 / 07 / 2005	
Mailing Address 2133 Keeneland St		Transaction ID: 23063240	
City Wichita	State KS	Zip Code 67206-4458	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) C. Dr. William S Owens, Jr. MD		Date of Receipt M / D / Y Y Y Y 11 / 07 / 2005	
Mailing Address 22971 Highway 76 East		Transaction ID: 23063158	
City Clinton	State SC	Zip Code 29325-7529	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Palmetto Bone & Joint	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

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

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

FOR LINE NUMBER: PAGE 128 / 208

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Gerald M Paul, MD		Date of Receipt M / D / Y Y Y Y 11 / 07 / 2005
Mailing Address 18370 Burbank Blvd Ste 614		Transaction ID: 23063149
City	State	Zip Code
Tarzana	CA	91356-2832
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jose E Rodriguez, MD		Date of Receipt M / D / Y Y Y Y 11 / 07 / 2005
Mailing Address 2500 Fondren Ste 210		Transaction ID: 23063160
City	State	Zip Code
Houston	TX	77063-2313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mark D Santl, MD		Date of Receipt M / D / Y Y Y Y 11 / 07 / 2005
Mailing Address 615 Kahiau Loop		Transaction ID: 23063234
City	State	Zip Code
Honolulu	HI	96821-2539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 129 / 208

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

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

Full Name (Last, First, Middle Initial) A. Dr. James F Schwaten, MD		Date of Receipt M / D / Y 11 / 07 / 2005
Mailing Address 319 Glenhaven Dr		Transaction ID: 23063148
City Billings	State MT	Zip Code 59105-3501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Surgeons PSC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Suzanne Stevens, MD		Date of Receipt M / D / Y 11 / 07 / 2005
Mailing Address 240 Shenandoah St		Transaction ID: 23063169
City Woodstock	State VA	Zip Code 22664-1051
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mountain View Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert L Thomas, MD		Date of Receipt M / D / Y 11 / 07 / 2005
Mailing Address Center of the Cascade 2200 NE Neff Rd Ste 200		Transaction ID: 23063168
City Bend	State OR	Zip Code 97701-4281
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Center of Cascade Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 130 / 208

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. William E Wilson, MD		Date of Receipt M / D / Y 11 / 07 / 2005
Mailing Address 9100 Medcom St Attn Lori		Transaction ID: 23063154
City Charleston	State SC	Zip Code 29406-9188
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SC Sports & Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. S Dale Yelish, MD		Date of Receipt M / D / Y 11 / 07 / 2005
Mailing Address Assn of Specialty Physicians 7B Tuscarawas Rd		Transaction ID: 23063155
City Beaver	State PA	Zip Code 15006-1721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Association of Specialty Physicians	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Stephen A Yoder, MD		Date of Receipt M / D / Y 11 / 07 / 2005
Mailing Address 934 Center St		Transaction ID: 23063161
City Ashland	State OH	Zip Code 44805-4063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 131 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Simon M Cornelissen, MD		Date of Receipt M / D / Y Y Y Y 11 / 07 / 2005	
Mailing Address 907 Sumner St #301		Transaction ID: 23063162	
City Stoughton	State MA	Zip Code 02072-3377	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Matthew T Knisdel, MD		Date of Receipt M / D / Y Y Y Y 11 / 07 / 2005	
Mailing Address 910D Med Corn St		Transaction ID: 23063157	
City North Charleston	State SC	Zip Code 29406-9188	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer SC Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Robert G Dugan, MD		Date of Receipt M / D / Y Y Y Y 11 / 08 / 2005	
Mailing Address 15 E North Ave Apt 1		Transaction ID: 23091849	
City Lake Bluff	State IL	Zip Code 60044-2193	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Illinois Bone & Joint Ins- tute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 132 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Thomas F Gleason, MD		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 734 Raleigh Rd		Transaction ID: 23091922
City Glenview	State IL	Zip Code 60025-4326
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Illinois Bone & Joint Ins- titute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Wayne M Goldstein, MD		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 800D Waukegan Rd		Transaction ID: 23091918
City Morton Grove	State IL	Zip Code 60053-2111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Illinois Bone & Joint Ins- titute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Bruce A Hamming, MD		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 350 S Greenleaf St Ste 405		Transaction ID: 23091848
City Gurnee	State IL	Zip Code 60031-5709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Illinois Bone & Joint Ins- titute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 133 / 208

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Edward Gerhardt Hamming, MD		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 350 S Greenleaf St Ste 405		Transaction ID: 23091950
City Gurnee	State IL	Zip Code 60031-5709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Illinois Bone & Joint Ins- titute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Steven A Kadros, MD		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 890 N Lake Shore Dr Ste 1028		Transaction ID: 23091952
City Chicago	State IL	Zip Code 60611-4451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Illinois Bone & Joint Ins- titute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Ira Bennett Kombatt, MD		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 1860 Sylvester Pl		Transaction ID: 23091820
City Highland Park	State IL	Zip Code 60035-5335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Illinois Bone & Joint	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 134 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Michael D Kambatz, MD		Date of Receipt M / D / Y Y Y Y 11 / 08 / 2005
Mailing Address 8258 Oakton St		Transaction ID: 23091921
City Morton Grove	State IL	Zip Code 60053-2721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Illinois Bone & Joint	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Andrea S Kramer, MD		Date of Receipt M / D / Y Y Y Y 11 / 08 / 2005
Mailing Address 3035 Greenwood Ave		Transaction ID: 23091919
City Highland Park	State IL	Zip Code 60035-1239
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Illinois Bone & Joint	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Charles Louis Letvin, MD		Date of Receipt M / D / Y Y Y Y 11 / 08 / 2005
Mailing Address Illinois Bone & Joint Institute 2101 Waukegan Rd Ste 110		Transaction ID: 23091847
City Bannockburn	State IL	Zip Code 60015-1838
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Illinois Bone and Joint Institute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 135 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Edward J Logue, MD		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 350 S Greenleaf St Ste 405		Transaction ID: 23091951
City Gurnee	State IL	Zip Code 60031-5709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Illinois Bone & Joint Ins- titute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert M Palek, MD		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 150 N River Rd Ste 100		Transaction ID: 23091915
City Des Plaines	State IL	Zip Code 60016-1272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Illinois Bone & Joint	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David J Raab, MD		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 150 N River Rd Ste 100		Transaction ID: 23091918
City Des Plaines	State IL	Zip Code 60016-1272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Illinois Bone & Joint	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

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

FOR LINE NUMBER: PAGE 136 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Craig S Williams, MD		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 150 N River Rd Ste 100		Transaction ID: 23091944
City Des Plaines	State IL	Zip Code 60016-1272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Illinois Bone & Joint Ins- titute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Leon S Benson, MD		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 2401 Ravine Way Ste 200		Transaction ID: 23091943
City Glenview	State IL	Zip Code 60025-7645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Illinois Bone & Joint Ins- titute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jesse Paul Butler, MD		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 150 N River Rd Ste 100		Transaction ID: 23091917
City Des Plaines	State IL	Zip Code 60016-1272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Illinois Bone & Joint	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 137 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Arnold Keith Cohn, MD		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 2101 Waukegan Rd Ste 110		Transaction ID: 23091945
City Bannockburn	State IL	Zip Code 60015-1836
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Illinois Bone and Joint Institute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Bryan C Wauman, MD		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address Illinois Bone & Joint Institute 2101 Waukegan Rd Ste 110		Transaction ID: 23091946
City Bannockburn	State IL	Zip Code 60015-1836
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Illinois Bone & Joint Institute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Ronald E Distman, MD		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address 288 Spook Hollow Rd		Transaction ID: 23143594
City Cogan Station	State PA	Zip Code 17728-9758
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 138 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Christopher J Coufal, MD		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address 21 Sunrise Hill Rd		Transaction ID: 23143587
City Orinda	State CA	Zip Code 94563-3707
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Muir Orthopaedic Special- ists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John A Glaser, MD		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address 98 Jonathan Lucas St Ste 708		Transaction ID: 23143580
City Charleston	State SC	Zip Code 29425-8900
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Medical Univ of SC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William L Griffin, MD		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address 1915 Randolph Rd		Transaction ID: 23143555
City Charlotte	State NC	Zip Code 28207-1113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer OrthoCarolina	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 130 / 208

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. John G Heller, MD		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address 59 Executive Park South NE Ste 300		Transaction ID: 23143568
City	State	Zip Code
Atlanta	GA	30329-2208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Emory Spine Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Stanley G Katz, MD		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address 1801 W Romneya Dr Ste 208		Transaction ID: 23143557
City	State	Zip Code
Anaheim	CA	92801-1825
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Consultants of Orange Coun	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John Marshall Knight, MD		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address Muir Orthopaedic Specialists 2405 Shadelands Dr Ste 210		Transaction ID: 23143582
City	State	Zip Code
Walnut Creek	CA	94598-5505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Muir Orthopaedic Special-ists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 140 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. John L Kronick, MD		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address 949 Snyder Ln		Transaction ID: 23143581
City Walnut Creek	State CA	Zip Code 94598-4454
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Muir Orthopaedic Special- ists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Donald M Lewis, MD		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address Muir Orthopaedic Specialists 2405 Shadelands Dr		Transaction ID: 23143588
City Walnut Creek	State CA	Zip Code 94598-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Muir Orthopaedic Special- ists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John P McConnell, MD		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address 1835 N George Mason Dr Ste 310		Transaction ID: 23143577
City Arlington	State VA	Zip Code 22205-5618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Commonwealth Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 141 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Ramiro A Miranda, MD		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address Muir Orthopaedic Specialists 2405 Shadelands Dr Ste 210		Transaction ID: 23143566
City State Zip Code Walnut Creek CA 94598-5805	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Muir Orthopaedic Specialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Duane D H Pitt, MD		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address The Orthopedic Clinic Assn 2222 E Highland Ave Ste 300		Transaction ID: 23143593
City State Zip Code Phoenix AZ 85016-4873	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. John M Reynolds, MD		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address 3824 Deltwood Dr		Transaction ID: 23143559
City State Zip Code Knoxville TN 37919-6633	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer TN Orthopaedic Clinics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 142 / 208

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Arnold M Schwartz, MD		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address 1895 Walt Whitman Rd Ste 3		Transaction ID: 23143567
City	State	Zip Code
Melville	NY	11747-3031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Spine Care	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William M Shanks, MD		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address 801 W 5th Ave		Transaction ID: 23143558
City	State	Zip Code
Spokane	WA	99204-2705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Doyle R Sickles, MD		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address 300 Davison Run Rd Ste 101		Transaction ID: 23143579
City	State	Zip Code
Clarksburg	WV	26301-9304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 143 / 208

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Dennis C Stepro, MD		Date of Receipt M / D / Y Y Y Y 11 / 17 / 2005
Mailing Address 100 Hitchcock Way		Transaction ID: 23143599
City Manchester	State NH	Zip Code 03104-4148
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. George J Tischenko, MD		Date of Receipt M / D / Y Y Y Y 11 / 17 / 2005
Mailing Address Muir Orthopaedic Specialists 2405 Shadelands Dr Ste 300		Transaction ID: 23143586
City Walnut Creek	State CA	Zip Code 94598-5806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Muir Orthopaedic Special- ists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Louay Toma, MD		Date of Receipt M / D / Y Y Y Y 11 / 17 / 2005
Mailing Address Muir Orthopaedics 2405 Shadelands Dr Ste 210		Transaction ID: 23143580
City Walnut Creek	State CA	Zip Code 94598-5806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Muir Orthopaedic Special- ists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 144 / 208

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Anthony Robert Viola, MD		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address 131 Kent Rd Attn: Maura Macri		Transaction ID: 23143578
City New Milford	State CT	Zip Code 06776-3485
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer New Milford Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Christopher N Walton, MD		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address 1435 G St		Transaction ID: 23143578
City Springfield	State OR	Zip Code 97477-4198
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ortho Health Care NW	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard John Wyzkowski, MD		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address Muir Orthopaedic Specialists 2405 Shadelands Dr Suite 300		Transaction ID: 23143585
City Walnut Creek	State CA	Zip Code 94598-5508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Muir Orthopaedic Special- ists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 145 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. William Lamont Berger, MD		Date of Receipt M / D / Y 11 / 17 / 2005	
Mailing Address 1020 28th St Ste 450		Transaction ID: 23143597	
City	State	Zip Code	Amount of Each Receipt this Period 500.00
Sacramento	CA	95816-5173	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Jerome Conrad Bernhoff, MD		Date of Receipt M / D / Y 11 / 17 / 2005	
Mailing Address Muir Orthopaedic Specialists 2405 Shadelands Dr Ste 210		Transaction ID: 23143585	
City	State	Zip Code	Amount of Each Receipt this Period 1000.00
Walnut Creek	CA	94598-5805	
FEC ID number of contributing federal political committee. C			
Name of Employer Muir Orthopaedic Special- ists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Andrew H Borom, MD		Date of Receipt M / D / Y 11 / 17 / 2005	
Mailing Address 3334 Capitol Medical Blvd Ste 400		Transaction ID: 23143584	
City	State	Zip Code	Amount of Each Receipt this Period 1000.00
Tallahassee	FL	32308-4470	
FEC ID number of contributing federal political committee. C			
Name of Employer Tallahassee Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 146 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Q Winston Cameron, Jr. MD		Date of Receipt M / D / Y Y Y Y 11 / 17 / 2005
Mailing Address Winchester Orthopaedic Associates 128 Medical Cir		Transaction ID: 23143556
City Winchester	State VA	Zip Code 22601-3322
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Winchester Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David M Contreras, MD		Date of Receipt M / D / Y Y Y Y 11 / 17 / 2005
Mailing Address Muir Orthopaedic Specialists 2405 Shadlands Dr Ste 210		Transaction ID: 23143561
City Walnut Creek	State CA	Zip Code 94568-5805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Muir Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David A Dodgin, MD		Date of Receipt M / D / Y Y Y Y 11 / 17 / 2005
Mailing Address Muir Orthopaedic Specialists 2405 Shadlands Dr		Transaction ID: 23143562
City Walnut Creek	State CA	Zip Code 94568-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Muir Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 147 / 208

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Matthew R Hvang, MD		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address St Cloud Ortho Assoc 1555 Northway Dr		Transaction ID: 23143584
City Saint Cloud	State MN	Zip Code 56303-4555
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer St Cloud Orthopaedic Assoc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Murali Moorthy, MD		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address Muir Orthopaedic Specialists 2405 Shadelands Dr		Transaction ID: 23143583
City Walnut Creek	State CA	Zip Code 94598-2444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Muir Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Peter Dirksmeier, MD		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 2 Champemowne		Transaction ID: 23181895
City Madbury	State NH	Zip Code 03823-7504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 148 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Grant Daniel Fox, MD		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 500 E Business Way Unit A		Transaction ID: 23181944
City Cincinnati	State OH	Zip Code 45241-2374
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Beacon Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard F Kyle, MD		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address Hennepin County Med Ctr Dept of Ortho		Transaction ID: 23181891
City Minneapolis	State MN	Zip Code 55415-1829
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hennepin County Med Ctr	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jay D Mobery, MD		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address Baylor Univ, Dept of Ortho 3500 Gaston Ave 6 Hohlitzelle Bldg		Transaction ID: 23181890
City Dallas	State TX	Zip Code 75248-2068
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Baylor University Medical Ctr	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 149 / 208

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Robert F Malarkey, MD		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 78 Troy Town Dr		Transaction ID: 23181943
City	State	Zip Code
Troy	OH	45373-2339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Upper Valley Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jordan Simon, MD		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address Orangeburg Orthopedic Associates 99 Dutch Hill Rd		Transaction ID: 23181905
City	State	Zip Code
Orangeburg	NY	10962-2106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orangetown Orthopedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael D Van Arnooy, MD		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 2801 NW Mercy Dr Ste 300		Transaction ID: 23181847
City	State	Zip Code
Roseburg	OR	97470-2348
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 150 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. David Cautilli, MD		Date of Receipt M / D / Y 11 / 30 / 2005	
Mailing Address Cautilli Orthopaedic Surgical Spec 1205 Langhorne-Newtown Rd Ste 404		Transaction ID: 23181892	
City Langhorne	State PA	Zip Code 19047-1223	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cautilli Orthopaedic Surgical Special Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) B. Dr. Thomas J Ditloff, MD		Date of Receipt M / D / Y 12 / 19 / 2005	
Mailing Address 8900 Orchard Lake Rd Ste 103		Transaction ID: 23286700	
City West Bloomfield	State MI	Zip Code 48322-3424	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 750.00		
Full Name (Last, First, Middle Initial) C. Dr. Michael John Curtin, MD		Date of Receipt M / D / Y 12 / 19 / 2005	
Mailing Address Intermountain Orthopaedics 800 N Robbins Rd Ste 401		Transaction ID: 23286778	
City Boise	State ID	Zip Code 83702-4588	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Intermountain Orthopaedics Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00		

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

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

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

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

FOR LINE NUMBER: PAGE 151 / 208

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Mitchell Scott Garden, MD		Date of Receipt M / D / Y 12 / 10 / 2005
Mailing Address 219 Blooming Grove Tpke		Transaction ID: 23286742
City New Windsor	State NY	Zip Code 12553-7769
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Calvin J Johnson, MD		Date of Receipt M / D / Y 12 / 10 / 2005
Mailing Address 1604 Strawberry Ln		Transaction ID: 23286777
City Johnson City	State TN	Zip Code 37604-7700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John Thomas Killian, MD		Date of Receipt M / D / Y 12 / 10 / 2005
Mailing Address 314 Sterrett Ave		Transaction ID: 23286743
City Birmingham	State AL	Zip Code 35209-5135
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Alabama Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 152 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Kevin W Loughan, MD		Date of Receipt M / D / Y 12 / 19 / 2005
Mailing Address 5527 Pine Loch Ln		Transaction ID: 23286701
City Buffalo	State NY	Zip Code 14221-2851
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Troy D Lowell, MD		Date of Receipt M / D / Y 12 / 19 / 2005
Mailing Address 1015 SE 17th St Ste 100		Transaction ID: 23286728
City Ocala	State FL	Zip Code 34471-3820
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ocala Orthopaedic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Louis J Markrenz, MD		Date of Receipt M / D / Y 12 / 19 / 2005
Mailing Address 725 Reservoir Ave Ste 101		Transaction ID: 23286771
City Cranston	State RI	Zip Code 02910-4450
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Associates, Inc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 153 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Dr. David M Ostrowski, MD		Date of Receipt M / D / Y 12 / 19 / 2005
Mailing Address 513 Brookwood Blvd Ste 275		Transaction ID: 23286723
City	State	Zip Code
Birmingham	AL	35209-6806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Specialists of Alabama	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. George Jeffrey Popham, MD		Date of Receipt M / D / Y 12 / 19 / 2005
Mailing Address 100 E Liberty St		Transaction ID: 23286726
City	State	Zip Code
Louisville	KY	40202-1434
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ellis & Baderhauser Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Joel A Saperstein, MD		Date of Receipt M / D / Y 12 / 19 / 2005
Mailing Address 405 Pearl St		Transaction ID: 23286749
City	State	Zip Code
Malden	MA	02148-6644
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer North Suburban Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 154 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Richard D Schmidt, MD		Date of Receipt M / D / Y 12 / 10 / 2005
Mailing Address 7373 France Ave S Ste 312		Transaction ID: 23286772
City	State	Zip Code
Edina	MN	55435-4549
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Paul Eric Schwartz, MD		Date of Receipt M / D / Y 12 / 10 / 2005
Mailing Address 1238 West St		Transaction ID: 23286726
City	State	Zip Code
Redding	CA	96001-0415
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Shasta Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Bertan Taffet, MD		Date of Receipt M / D / Y 12 / 10 / 2005
Mailing Address 95 Madison Ave Ste A07		Transaction ID: 23286751
City	State	Zip Code
Morristown	NJ	07960-7365
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Morristown Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 155 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Jennifer M Tareco, MD		Date of Receipt M / D / Y 12 / 19 / 2005
Mailing Address 8 Sandhill Rd		Transaction ID: 23286776
City Flemington	State NJ	Zip Code 08822-4846
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hunterdon Orthopaedic Assoc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Barry E Watkins, MD		Date of Receipt M / D / Y 12 / 19 / 2005
Mailing Address Loma Linda Univ, East Campus 11406 Lima Linda Dr Ste 218		Transaction ID: 23286724
City Loma Linda	State CA	Zip Code 92354-2741
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Loma Linda Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James R Whalley, MD		Date of Receipt M / D / Y 12 / 19 / 2005
Mailing Address 121 N 20th St Ste 18 PO Box 2125		Transaction ID: 23286722
City Opelika	State AL	Zip Code 36801-5457
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 156 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. John Kane Wilhelmy, MD		Date of Receipt M / D / Y 12 / 19 / 2005
Mailing Address Muir Orthopaedic Specialists 2405 Shadelands Dr Ste 210		Transaction ID: 23286773
City State Zip Code Walnut Creek CA 94598-5805	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Muir Orthopaedic Specialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Vincent Finsel Bergquist, MD		Date of Receipt M / D / Y 12 / 19 / 2005
Mailing Address 1938 Alabama Hwy 157 Sbe 101		Transaction ID: 23286727
City State Zip Code Cullman AL 35058	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Ortho & Sports Med Specialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Robert A. Buckley, MD		Date of Receipt M / D / Y 12 / 19 / 2005
Mailing Address 3389 Rossi St		Transaction ID: 23286775
City State Zip Code Lafayette CA 94549-2320	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Muir Orthopaedic Specialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 157 / 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Richard A Cautilli Jr, MD		Date of Receipt M / D / Y 12 / 10 / 2005
Mailing Address Cautilli Orthopaedic Surgical Spec 1205 Langhorne-Newtown Rd Ste 404		Transaction ID: 23286782
City Langhorne	State PA	Zip Code 19047-1223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Cautilli Orthopaedic Surgical Speciali	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Timothy J Collard, MD		Date of Receipt M / D / Y 12 / 10 / 2005
Mailing Address 3925 Sheridan Dr		Transaction ID: 23286781
City Amherst	State NY	Zip Code 14226-1718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Emma Woodhouse, MD		Date of Receipt M / D / Y 12 / 10 / 2005
Mailing Address Muir Orthopaedics 2405 Shadelands Dr, #210		Transaction ID: 23286774
City Walnut Creek	State CA	Zip Code 94598-5505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Muir Orthopaedic Speciali- sts	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 158 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Richard Adam Ritter, MD		Date of Receipt M / D / Y 12 / 29 / 2005
Mailing Address 285 Sills Rd Bldg 7		Transaction ID: 23331795
City Patchogue	State NY	Zip Code 11772-4869
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Brookhaven Orthopaedic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Sanford C Schaman, MD		Date of Receipt M / D / Y 12 / 29 / 2005
Mailing Address 48 Route 25 A Ste 1D8		Transaction ID: 23331796
City Smithtown	State NY	Zip Code 11787-1447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Northshore Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James W Stitzland, MD		Date of Receipt M / D / Y 12 / 29 / 2005
Mailing Address Carmel Amb Surg and Endoscopy 13421 Old Meridian St Ste 200		Transaction ID: 23331797
City Carmel	State IN	Zip Code 46032-1411
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Carmel Amb Surg and Endoscopy	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Albert G Volk, MD		Date of Receipt M / D / Y Y Y Y 12 / 20 / 2005
Mailing Address 1 Orthopaedic Pl		Transaction ID: 23331814
City	State	Zip Code
Saint Augustine	FL	32086-4202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Associates of St Augustine Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Stuart Hirsch, MD		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 720 US Hwy 202-208 N		Transaction ID: 23331818
City	State	Zip Code
Bridgewater	NJ	08807-2565
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Biosport Orthopaedics Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. David S Welman, MD		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005
Mailing Address 585 Cranbury Rd		Transaction ID: 23331832
City	State	Zip Code
East Brunswick	NJ	08816-4028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Pediatric Orthopaedic Asso- ciates Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 160 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Gerard G Adler, MD		Date of Receipt M / D / Y 12 / 30 / 2005	
Mailing Address 305 Woodland Ln		Transaction ID: 23331823	
City Oconomowoc	State WI	Zip Code 53066-2734	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Aurora Medical Group	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		
Full Name (Last, First, Middle Initial) B. Dr. Howard L Berg, MD		Date of Receipt M / D / Y 12 / 30 / 2005	
Mailing Address 13 Medical Dr		Transaction ID: 23331834	
City Amarillo	State TX	Zip Code 79106-4121	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) C. Dr. Stoney Guyol Chetta, MD		Date of Receipt M / D / Y 12 / 30 / 2005	
Mailing Address 4911 30th St N		Transaction ID: 23331831	
City Arlington	State VA	Zip Code 22207-2753	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

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

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

FOR LINE NUMBER: PAGE 161 / 208

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Terry A. Glyburn, MD		Date of Receipt M / D / Y 12 / 30 / 2005	
Mailing Address UT Orthopaedic 6410 Fannin Ste 1100		Transaction ID: 23331833	
City	State	Zip Code	Amount of Each Receipt this Period 500.00
Houston	TX	77030-5302	
FEC ID number of contributing federal political committee. C			
Name of Employer UT Houston Medical School	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	301405.00

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 162 / 208

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 07 / 21 / 2005
Mailing Address 8300 N River Road		Transaction ID: 22492671
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 979.15
Name of Employer	Occupation	Reimb bank fees from Affiliated Organization
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 8725.04	

Full Name (Last, First, Middle Initial) B. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 08 / 19 / 2005
Mailing Address 8300 N River Road		Transaction ID: 22659420
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1135.19
Name of Employer	Occupation	Reimb bank fees from Affil Organization
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 9880.23	

Full Name (Last, First, Middle Initial) C. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 09 / 23 / 2005
Mailing Address 8300 N River Road		Transaction ID: 22871491
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1873.72
Name of Employer	Occupation	Refund bank fees from Affil Organization
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 11533.95	

SUBTOTAL of Receipts This Page (optional)	▶	3788.06
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 163 / 208

(check only one)

11a 11b 11c 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 10 / 14 / 2005
Mailing Address 8300 N River Road		Transaction ID: 23016526
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 959.35
Name of Employer	Occupation	Reimb bank fees from affiliated organization
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 12493.30	

Full Name (Last, First, Middle Initial) B. Mercury Group		Date of Receipt M / D / Y 11 / 04 / 2005
Mailing Address 1601 NW Expressway Suite 1100		Transaction ID: 23053669
City Oklahoma City	State OK	Zip Code 73118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 7140.05
Name of Employer	Occupation	Refund of Indep Expend orig disbursed 10/08/04 to benefit Thomas Coburn
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 7140.05	

Full Name (Last, First, Middle Initial) C. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 11 / 11 / 2005
Mailing Address 8300 N River Road		Transaction ID: 23087781
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 730.97
Name of Employer	Occupation	Bank fee reimb from Affil Organization
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 13224.27	

SUBTOTAL of Receipts This Page (optional)	8830.37
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 164 / 208

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 12 / 23 / 2005
Mailing Address 8300 N River Road		Transaction ID: 23332501
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 964.80
Name of Employer	Occupation	Reimb bank fees from affiliated organization
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 14189.07	

SUBTOTAL of Receipts This Page (optional)	▶	964.80
TOTAL This Period (last page this line number only)	▶	13583.23

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

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

FOR LINE NUMBER: PAGE 165 / 208

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. COBURN FOR SENATE COMMITTEE		Date of Receipt M / D / Y 08 / 04 / 2005
Mailing Address 3300 W OKMULGEE PO BOX 977		Transaction ID: 22549548
City Muskogee	State OK	Zip Code 74401
FEC ID number of contributing federal political committee. C C00397661		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Refund for 2004 campaign contribution
Receipt For: 2004 Primary General X Other (specify) ▼ 2004 General Cong- ress	Aggregate Year-to-Date ▼ 5000.00	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Northern Trust Company		Transaction ID: 22479379 Date of Disbursement 07 / 06 / 2005	
Mailing Address 50 S. LaSalle St.		Amount of Each Disbursement this Period 745.21	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Northern Trust Company		Transaction ID: 22550280 Date of Disbursement 07 / 25 / 2005	
Mailing Address 50 S. LaSalle St.		Amount of Each Disbursement this Period 433.60	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Northern Trust Company		Transaction ID: 22631078 Date of Disbursement 08 / 04 / 2005	
Mailing Address 50 S. LaSalle St.		Amount of Each Disbursement this Period 701.58	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ► **1880.40**

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

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Northern Trust Company		Transaction ID: 22751297 Date of Disbursement 08 / 25 / 2005	
Mailing Address 50 S. LaSalle St.		Amount of Each Disbursement this Period 283.12	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Northern Trust Company		Transaction ID: 22895164 Date of Disbursement 09 / 06 / 2005	
Mailing Address 50 S. LaSalle St.		Amount of Each Disbursement this Period 1390.60	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Northern Trust Company		Transaction ID: 22895157 Date of Disbursement 09 / 26 / 2005	
Mailing Address 50 S. LaSalle St.		Amount of Each Disbursement this Period 369.54	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	2043.26
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Northern Trust Company		Transaction ID: 22965508 Date of Disbursement 10 / 05 / 2005	
Mailing Address 50 S. LaSalle St.		Amount of Each Disbursement this Period 589.81	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Northern Trust Company		Transaction ID: 23054144 Date of Disbursement 10 / 24 / 2005	
Mailing Address 50 S. LaSalle St.		Amount of Each Disbursement this Period 235.42	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Northern Trust Company		Transaction ID: 23097673 Date of Disbursement 11 / 04 / 2005	
Mailing Address 50 S. LaSalle St.		Amount of Each Disbursement this Period 495.55	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ► **1320.78**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Northern Trust Company		Transaction ID: 23182311 Date of Disbursement 11 / 25 / 2005	
Mailing Address 50 S. LaSalle St.		Amount of Each Disbursement this Period 232.49	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Northern Trust Company		Transaction ID: 23332489 Date of Disbursement 12 / 05 / 2005	
Mailing Address 50 S. LaSalle St.		Amount of Each Disbursement this Period 584.79	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Northern Trust Company		Transaction ID: 23332500 Date of Disbursement 12 / 22 / 2005	
Mailing Address 50 S. LaSalle St.		Amount of Each Disbursement this Period 147.52	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	964.80
TOTAL This Period (last page this line number only)	6209.24

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

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Hastert For Congress Committee

Mailing Address P. O. Box 625
PO Box 625
City Batavia State IL Zip Code 60510

Purpose of Disbursement

Candidate Name
Rep. J. Dennis Hastert

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
State: IL District: 14 Other (specify) ▼

011
Category/
Type

Transaction ID: 22369227
Date of Disbursement

07 / 06 / 2005

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)
B. Santorum 2006

Mailing Address One Tower Bridge Suite 1440
City West Conshohocken State PA Zip Code 19426

Purpose of Disbursement

Candidate Name
Sen. Rick Santorum

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
State: PA District: 2 Other (specify) ▼

011
Category/
Type

Transaction ID: 22397670
Date of Disbursement

07 / 08 / 2005

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)
C. J.D. Hayworth For Congress

Mailing Address 14300 N. Northsight Blvd. #105
City Scottsdale State AZ Zip Code 85280

Purpose of Disbursement

Candidate Name
Rep. J.D. Hayworth

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
State: AZ District: 5 Other (specify) ▼

011
Category/
Type

Transaction ID: 22426032
Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Making Business Excel PAC

Full Name (Last, First, Middle Initial)
Making Business Excel PAC

Mailing Address PO Box 3241

City Cheyenne State WY Zip Code 82001

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 22428033
Date of Disbursement
07 / 19 / 2005

Amount of Each Disbursement this Period
5000.00

B. American Express

Full Name (Last, First, Middle Initial)
American Express

Mailing Address Suite 0001

City Chicago State IL Zip Code 60670-0001

Purpose of Disbursement
In-kind contribution

Candidate Name
Michael G Fitzpatrick

Office Sought: House Senate President
State: PA District B

Disbursement For: 2006
 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 22478405
Date of Disbursement
07 / 19 / 2005

Amount of Each Disbursement this Period
182.50

In-kind contribution

C. Dewine for US Senate

Full Name (Last, First, Middle Initial)
Dewine for US Senate

Mailing Address PO Box 340188

City Columbus State OH Zip Code 43234

Purpose of Disbursement

Candidate Name
Mike DeWine

Office Sought: House Senate President
State: OH District 2

Disbursement For: 2006
 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 22490564
Date of Disbursement
07 / 20 / 2005

Amount of Each Disbursement this Period
5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **10182.50**

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Friends Of Roy Blunt

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement

Candidate Name
Rep. Roy Blunt

Office Sought: House Senate President
State: MO District 7

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22490527
Date of Disbursement
07 / 20 / 2005

Amount of Each Disbursement this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Friends Of Roy Blunt

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement

Candidate Name
Rep. Roy Blunt

Office Sought: House Senate President
State: MO District 7

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22490586
Date of Disbursement
07 / 20 / 2005

Amount of Each Disbursement this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Tiaht For Congress

Mailing Address 2250 N Rock Rd #118 A

City Wichita State KS Zip Code 67226

Purpose of Disbursement

Candidate Name
Rep. Todd Tiaht

Office Sought: House Senate President
State: KS District 4

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22490585
Date of Disbursement
07 / 20 / 2005

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **6000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Friends Of John Barrow

Mailing Address 2141 B West Broad St

City Athens State GA Zip Code 30606

Purpose of Disbursement

Candidate Name
Rep. John Barrow

Office Sought: House Senate President
State: GA District 12

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22490563
Date of Disbursement
07 / 20 / 2005

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Ensign For Senate

Mailing Address PO Box 26568

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement

Candidate Name
Sen. John Ensign

Office Sought: House Senate President
State: NV District 2

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22490569
Date of Disbursement
07 / 20 / 2005

Amount of Each Disbursement this Period
5000.00

Full Name (Last, First, Middle Initial)
C. Jo Bonner For Congress Committee

Mailing Address P.O. Box 851232

City Mobile State AL Zip Code 36685

Purpose of Disbursement

Candidate Name
Mr. Jo Bonner

Office Sought: House Senate President
State: AL District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22519646
Date of Disbursement
07 / 28 / 2005

Amount of Each Disbursement this Period
2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **8000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 174 / 208

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
John Lewis For Congress

Mailing Address 1520 Pinehurst Drive SW

City Atlanta State GA Zip Code 30311

Purpose of Disbursement

Candidate Name
Rep. John Lewis

Office Sought: House Senate President
State: GA District 5

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22519643
Date of Disbursement
07 / 28 / 2005

Amount of Each Disbursement this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Friends Of Craig Thomas

Mailing Address 1606 Crook Avenue

City Cheyenne State WY Zip Code 82001

Purpose of Disbursement

Candidate Name
Sen. Craig Thomas

Office Sought: House Senate President
State: WY District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22519642
Date of Disbursement
07 / 28 / 2005

Amount of Each Disbursement this Period
1500.00

C. Full Name (Last, First, Middle Initial)
Friends Of Conrad Burns - 2006

Mailing Address PO Box 1586

City Helena State MT Zip Code 59624

Purpose of Disbursement

Candidate Name
Sen. Conrad Burns

Office Sought: House Senate President
State: MT District 2

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22519644
Date of Disbursement
07 / 28 / 2005

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **3500.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Leadership for America's Future (LEAD PAC)

Mailing Address 228 S. Washington Street
#115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22519645
Date of Disbursement
07 / 28 / 2005

Amount of Each Disbursement this Period
2500.00

Full Name (Last, First, Middle Initial)
B. Friends Of Dennis Cardoza

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

Candidate Name
Rep. Dennis Cardoza

Office Sought: House Senate President
State: CA District 18

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22548271
Date of Disbursement
08 / 04 / 2005

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Cubin For Congress Inc

Mailing Address P.O. Box 4857

City Casper State WY Zip Code 82604

Purpose of Disbursement

Candidate Name
Rep. Barbara Cubin

Office Sought: House Senate President
State: WY District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22552842
Date of Disbursement
08 / 08 / 2005

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ► **4500.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Committee for Leadership and Progress

Mailing Address PO Box 31107

City Bethesda State MD Zip Code 20824

Purpose of Disbursement
Void - Committee for Leadership and Prog

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22648679
Date of Disbursement
08 / 18 / 2005

Amount of Each Disbursement this Period
-1000.00

Void - Committee for Leadership and Progress

Full Name (Last, First, Middle Initial)
B. Friends Of Duke Cunningham

Mailing Address 4710 Fourth St #100

City La Mesa State CA Zip Code 01841

Purpose of Disbursement
Void - Friends Of Duke Cunningham

Candidate Name
Rep. Randy Cunningham

Office Sought: House Senate President
State: CA District 50

Disbursement For: 2004 Primary General
 Other (specify) ▼
2004 Primary Congres

011
Category/
Type

Transaction ID: 22648682
Date of Disbursement
08 / 18 / 2005

Amount of Each Disbursement this Period
-1000.00

Void - Friends Of Duke Cunningham

Full Name (Last, First, Middle Initial)
C. Friends Of Rahm Emanuel

Mailing Address 1059 West Belmont Avenue

City Chicago State IL Zip Code 60657

Purpose of Disbursement
Void - Friends of Rahm Emanuel

Candidate Name
Rahm Emanuel

Office Sought: House Senate President
State: IL District 5

Disbursement For: 2002 Primary General
 Other (specify) ▼
2002 Primary Congres

011
Category/
Type

Transaction ID: 22648689
Date of Disbursement
08 / 18 / 2005

Amount of Each Disbursement this Period
-1000.00

Void - Friends of Rahm Emanuel

SUBTOTAL of Disbursements This Page (optional) ▶ **-3000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Enzi For Us Senate

Mailing Address PO Box 2775

City Cody State WY Zip Code 82414

Purpose of Disbursement
Void - Enzi For US Senate

Candidate Name
Sen. Michael B. Enzi

Office Sought: House Disbursement For: 2002
 Senate Primary General
 President
 Other (specify) ▼
 State: WY District 2 2002 General Congress

011
Category/
Type

Transaction ID: 22648676
Date of Disbursement
08 / 18 / 2005

Amount of Each Disbursement this Period
-1000.00

Void - Enzi For US Senate

Full Name (Last, First, Middle Initial)
B. Feeley For Congress

Mailing Address 4501 Zuni Street

City Denver State CO Zip Code 80211

Purpose of Disbursement
Void - Feeley for Congress

Candidate Name
Mr. Michael Feeley

Office Sought: House Disbursement For: 2002
 Senate Primary General
 President
 Other (specify) ▼
 State: CO District 7 2002 Primary Congress

011
Category/
Type

Transaction ID: 22648675
Date of Disbursement
08 / 18 / 2005

Amount of Each Disbursement this Period
-500.00

Void - Feeley for Congress

Full Name (Last, First, Middle Initial)
C. Friends Of Clay Shaw

Mailing Address 2600 NE 14th Street Causeway

City Pompano Beach State FL Zip Code 33062

Purpose of Disbursement
Void - Friends of Clay Shaw

Candidate Name
Rep. E. Clay Shaw, Jr.

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 Other (specify) ▼
 State: FL District 22 2004 Primary Congress

011
Category/
Type

Transaction ID: 22648685
Date of Disbursement
08 / 18 / 2005

Amount of Each Disbursement this Period
-1000.00

Void - Friends of Clay Shaw

SUBTOTAL of Disbursements This Page (optional) ► **-2500.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Heather Wilson For Congress

Mailing Address P.O. Box 14070
P.O. Box 14070

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement
Void - Heather Wilson For Congress

Candidate Name
Rep. Heather Wilson

Office Sought: House Senate President
State: NM District: 1

Disbursement For: 2004
 Primary General
 Other (specify) ▼
2004 Primary Congres

Transaction ID: 22648687
Date of Disbursement
08 / 18 / 2005

Amount of Each Disbursement this Period
-1000.00

011
Category/
Type

Void - Heather Wilson For
Congress

B. Full Name (Last, First, Middle Initial)
Schwarz For Congress

Mailing Address Post Office Box 2063

City Battle Creek State MI Zip Code 49016

Purpose of Disbursement

Candidate Name
Rep. John Schwarz

Office Sought: House Senate President
State: MI District: 7

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: 22648686
Date of Disbursement
08 / 18 / 2005

Amount of Each Disbursement this Period
1500.00

011
Category/
Type

C. Full Name (Last, First, Middle Initial)
Friends Of Sherrod Brown

Mailing Address 807 14th Street N.W.
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name
Rep. Sherrod Brown

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

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: 22676381
Date of Disbursement
08 / 22 / 2005

Amount of Each Disbursement this Period
5000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ► **5500.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Matheson For Congress

Mailing Address 677 South 200 West
Suite A

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement

Candidate Name
Mr. James Matheson

Office Sought: House
Senate
President

State: UT District 2

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22676385

Date of Disbursement

08 / 22 / 2005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name
Rep. Frank Pallone, Jr.

Office Sought: House
Senate
President

State: NJ District 6

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22676380

Date of Disbursement

08 / 22 / 2005

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Tiahrt For Congress

Mailing Address 2250 N Rock Rd #118 A

City Wichita State KS Zip Code 67226

Purpose of Disbursement

Candidate Name
Rep. Todd Tiahrt

Office Sought: House
Senate
President

State: KS District 4

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22676401

Date of Disbursement

08 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)
A. Friends Of Kent Conrad

Mailing Address PO Box 812

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
Kent Conrad, U.S. SENATE ND Funds Report

Candidate Name
Sen. Kent Conrad

Office Sought: House Disbursement For: 2002
 Senate Primary General
 President
 State: ND District 1 Other (specify) ▼
 2002 Primary Congres

011
Category/
Type

Transaction ID: 22720791
Date of Disbursement
04 / 16 / 2002

Amount of Each Disbursement this Period
1000.00

[MEMO ITEM]
Kent Conrad, U.S. SENATE
ND Funds Reported On July
15, 2002 Quarterly Report

Full Name (Last, First, Middle Initial)
B. Friends Of Kent Conrad

Mailing Address PO Box 812

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
Kent Conrad, U.S. SENATE ND Re-designate

Candidate Name
Sen. Kent Conrad

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 State: ND District 1 Other (specify) ▼

011
Category/
Type

Transaction ID: 22720792
Date of Disbursement
08 / 29 / 2005

Amount of Each Disbursement this Period
500.00

[MEMO ITEM]
Kent Conrad, U.S. SENATE
ND Re-designated funds for
trans. dated 4/16/2002

Full Name (Last, First, Middle Initial)
C. The Hawkeye PAC

Mailing Address PO Box 7255

City Des Moines State IA Zip Code 50309

Purpose of Disbursement

Candidate Name

Office Sought: House Disbursement For:
 Senate Primary General
 President
 State: District Other (specify) ▼

011
Category/
Type

Transaction ID: 22825934
Date of Disbursement
09 / 15 / 2005

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Berkley For Congress

Mailing Address 3069 Conquista Court

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement

Candidate Name
Rep. Shelley Berkley

Office Sought: House
Senate
President
State: NV District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22825927

Date of Disbursement

09 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Carper For Senate

Mailing Address 19 East Commons Blvd Second Floor

City New Castle State DE Zip Code 19720

Purpose of Disbursement

Candidate Name
Mr. Thomas Carper

Office Sought: House
Senate
President
State: DE District 2

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22825457

Date of Disbursement

09 / 15 / 2005

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Hulshof For Congress

Mailing Address Post Office Box 1821

City Columbia State MO Zip Code 65010

Purpose of Disbursement

Candidate Name
Rep. Kenny C. Hulshof

Office Sought: House
Senate
President
State: MO District 9

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22825910

Date of Disbursement

09 / 15 / 2005

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Donald A. Manzullo For Congress

Mailing Address PO Box 7783

City State Zip Code
Rockford IL 61126

Purpose of Disbursement

Candidate Name
Rep. Donald A. Manzullo

Office Sought: House
Senate
President
State: IL District 16

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22825913
Date of Disbursement

09 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Norwood For Congress

Mailing Address PO Box 499
PO Box 499

City State Zip Code
Evans GA 30800

Purpose of Disbursement

Candidate Name
Rep. Charlie Norwood

Office Sought: House
Senate
President
State: GA District 9

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22825931
Date of Disbursement

09 / 15 / 2005

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
C. Bill Thomas Campaign Committee

Mailing Address PO Box 395

City State Zip Code
Bakersfield CA 93302

Purpose of Disbursement

Candidate Name
Rep. William M. Thomas

Office Sought: House
Senate
President
State: CA District 22

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22825925
Date of Disbursement

09 / 15 / 2005

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Pete Sessions For Congress

Mailing Address P.O. Box 38585

City Dallas State TX Zip Code 75238

Purpose of Disbursement

Candidate Name
Rep. Pete Sessions

Office Sought: House Senate President
State: TX District: 32

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22825928
Date of Disbursement
09 / 15 / 2005

Amount of Each Disbursement this Period
2500.00

Full Name (Last, First, Middle Initial)
B. Congressman Bart Gordon Committee

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37138

Purpose of Disbursement

Candidate Name
Rep. Bart Gordon

Office Sought: House Senate President
State: TN District: 8

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22825929
Date of Disbursement
09 / 15 / 2005

Amount of Each Disbursement this Period
2500.00

Full Name (Last, First, Middle Initial)
C. Friends Of Dave Reichert

Mailing Address PO Box 53322

City Bellevue State WA Zip Code 98015

Purpose of Disbursement

Candidate Name
Mr. Dave Reichert

Office Sought: House Senate President
State: WA District: 8

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22825932
Date of Disbursement
09 / 15 / 2005

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **6000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Every Republican Is Crucial (ERIC) PAC

Transaction ID: 22826484
Date of Disbursement

Mailing Address 25 East Main Street
Suite 20D

09 / 15 / 2005

City Richmond State VA Zip Code 23219

Amount of Each Disbursement this Period

Purpose of Disbursement

1500.00

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

Full Name (Last, First, Middle Initial)

Transaction ID: 22826485
Date of Disbursement

B. Friends Of Mike Ferguson

09 / 15 / 2005

Mailing Address C/O Ron Gravino P.O. Box 225

Amount of Each Disbursement this Period

City Colonia State NJ Zip Code 07067

1000.00

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Mike Ferguson

Office Sought: House Senate President
Disbursement For: 2006
 Primary General Other (specify) ▼

State: NJ District 7

Full Name (Last, First, Middle Initial)

Transaction ID: 22825930
Date of Disbursement

C. Mark Kennedy D8

09 / 15 / 2005

Mailing Address

Amount of Each Disbursement this Period

City State Zip Code

2000.00

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Mark Kennedy

Office Sought: House Senate President
Disbursement For: 2006
 Primary General Other (specify) ▼

State: MN District 8

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Friends Of Mike Sodrel

Mailing Address 702 North Shore Drive Suite 500

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement

Candidate Name
Rep. Michael Sodrel

Office Sought: House Senate President
State: IN District 9

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22825911
Date of Disbursement
09 / 15 / 2005

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Rely on Your Beliefs Fund

Mailing Address 1736 E Sunshine Suite 913

City Springfield State MO Zip Code 65804

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For:
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22852045
Date of Disbursement
09 / 22 / 2005

Amount of Each Disbursement this Period
2500.00

Full Name (Last, First, Middle Initial)
C. Kirk For Congress

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement

Candidate Name
Mr. Mark Kirk

Office Sought: House Senate President
State: IL District 10

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22852041
Date of Disbursement
09 / 22 / 2005

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **4500.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Pallone For Congress

Full Name (Last, First, Middle Initial)
Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name
Rep. Frank Pallone, Jr.

Office Sought: House Senate President
State: NJ District 6

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22852043
Date of Disbursement
09 / 22 / 2005

Amount of Each Disbursement this Period
1000.00

B. Pickering For Congress

Full Name (Last, First, Middle Initial)
Pickering For Congress

Mailing Address P.O. Box 6440
P.O. Box 6440

City Laurel State MS Zip Code 39441

Purpose of Disbursement

Candidate Name
Rep. Charles W. Pickering, Jr.

Office Sought: House Senate President
State: MS District 3

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22852040
Date of Disbursement
09 / 22 / 2005

Amount of Each Disbursement this Period
1000.00

C. Citizens For Gillmor

Full Name (Last, First, Middle Initial)
Citizens For Gillmor

Mailing Address P.O. Box 150

City Old Fort State OH Zip Code 44861

Purpose of Disbursement

Candidate Name
Rep. Paul Gillmor

Office Sought: House Senate President
State: OH District 5

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22852042
Date of Disbursement
09 / 22 / 2005

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **3000.00**

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

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

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Sorensen For Congress

Mailing Address PO Box 1661

City Boise State ID Zip Code 83701

Purpose of Disbursement

Candidate Name Sheila Sorensen

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: ID District 1

Transaction ID: 22852044
Date of Disbursement
09 / 22 / 2005

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

B. Full Name (Last, First, Middle Initial)
Dutch Ruppensberger For Congress

Mailing Address 22 West Padonia Road Suite A307

City Timonium State MD Zip Code 21063

Purpose of Disbursement

Candidate Name C.A. Dutch Ruppensberger

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: MD District 2

Transaction ID: 22858677
Date of Disbursement
10 / 03 / 2005

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

C. Full Name (Last, First, Middle Initial)
Texans For Henry Cuellar Congressional Campaign

Mailing Address 1519 Washington Street 2nd Floor Suite 200

City Laredo State TX Zip Code 78042

Purpose of Disbursement

Candidate Name Rep. Henry Cuellar

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: TX District 28

Transaction ID: 22888639
Date of Disbursement
10 / 03 / 2005

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ **3000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. America's Foundation		Transaction ID: 22985848 Date of Disbursement 10 / 14 / 2005	
Mailing Address 128 North Columbus Street Attn: Linda Daniel		Amount of Each Disbursement this Period 5000.00	
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District Disbursement For: Primary General Other (specify) ▼	011 Category/ Type	

Full Name (Last, First, Middle Initial) B. Friends Of Rosa DeLauro		Transaction ID: 22985849 Date of Disbursement 10 / 14 / 2005	
Mailing Address 49 Huntington Street		Amount of Each Disbursement this Period 1000.00	
City New Haven State CT Zip Code 06511	Purpose of Disbursement Candidate Name Rep. Rosa L. DeLauro	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CT District 3 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. J.D. Hayworth For Congress		Transaction ID: 22985844 Date of Disbursement 10 / 14 / 2005	
Mailing Address 14300 N. Northsight Blvd. #105		Amount of Each Disbursement this Period 2000.00	
City Scottsdale State AZ Zip Code 85280	Purpose of Disbursement Candidate Name Rep. J.D. Hayworth	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: AZ District 5 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Bill Thomas Campaign Committee

Mailing Address PO Box 395

City Bakersfield State CA Zip Code 93302

Purpose of Disbursement

Candidate Name
Rep. William M. Thomas

Office Sought: House
Senate
President
State: CA District: 22

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22985840
Date of Disbursement

10 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Talent For Senate Inc

Mailing Address 147 N Meramec Suite 100

City St Louis State MO Zip Code 63105

Purpose of Disbursement

Candidate Name
Sen. James Talent

Office Sought: House
 Senate
President
State: MO District: 2

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22985847
Date of Disbursement

10 / 14 / 2005

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
C. PROSPERITY HELPS INSPIRE LIBERTY PAC (PHILPAC)

Mailing Address PO BOX 26388

City Alexandria State VA Zip Code 22313

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22985845
Date of Disbursement

10 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

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

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

Full Name (Last, First, Middle Initial) A. GLACIER PAC		Transaction ID: 22965850
Mailing Address 818 Connecticut Ave, NW Suite 1100		Date of Disbursement 10 / 14 / 2005
City Washington	State DC	Zip Code 20006
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name		011 Category/ Type
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) B. PETE PAC		Transaction ID: 22978329
Mailing Address 7804 Evening Lane		Date of Disbursement 10 / 17 / 2005
City Alexandria	State VA	Zip Code 22306
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name		011 Category/ Type
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) C. Congressman Joe Barton Committee, The		Transaction ID: 23016177
Mailing Address P.O. Box 1444		Date of Disbursement 10 / 25 / 2005
City Ennis	State TX	Zip Code 75120
Purpose of Disbursement		Amount of Each Disbursement this Period 3000.00
Candidate Name Rep. Joe L. Barton		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: TX District 6		

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

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

Use separate schedule(s)
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Kyl for Senate

Mailing Address 507 Capitol Court, N.E. #100

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name Jon Kyl

Office Sought: House Senate President
 Senate

Disbursement For: 2006
 Primary General
Other (specify) ▼

State: AZ District 2

Transaction ID: 23016176
Date of Disbursement
10 / 25 / 2005

Amount of Each Disbursement this Period
3000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
B. Mccrery For Congress Committee

Mailing Address Post Office Box 52956
333 Texas Street Suite 1900

City Shreveport State LA Zip Code 71135

Purpose of Disbursement

Candidate Name Rep. Jim McCrery

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
Other (specify) ▼

State: LA District 4

Transaction ID: 23016167
Date of Disbursement
10 / 25 / 2005

Amount of Each Disbursement this Period
2000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
C. Pryce For Congress

Mailing Address 145 E. Rich Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name Rep. Deborah Pryce

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
Other (specify) ▼

State: OH District 15

Transaction ID: 23016171
Date of Disbursement
10 / 25 / 2005

Amount of Each Disbursement this Period
3000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ► **8000.00**

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

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

Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Price For Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

Candidate Name
Dr. Thomas Price

Office Sought: House
Senate
President
State: GA District 6

Disbursement For: 2005
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 23016601

Date of Disbursement

10 / 25 / 2005

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Musgrave For Congress

Mailing Address 5401 Stone Creek Circle Suite 777

City Loveland State CO Zip Code 80538

Purpose of Disbursement

Candidate Name
Rep. Marilyn Musgrave

Office Sought: House
Senate
President
State: CO District 4

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 23016174

Date of Disbursement

10 / 25 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of George Allen

Mailing Address Post Office Box B7

City Alexandria State VA Zip Code 22313

Purpose of Disbursement

Candidate Name
Sen. George Allen

Office Sought: House
 Senate
President
State: VA District 2

Disbursement For: 2006
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 23016182

Date of Disbursement

10 / 25 / 2005

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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

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

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

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. FLORIDA REPUBLICAN LEADERSHIP PAC

Mailing Address 1318 Lake Victoria Dr

City Lake Worth State FL Zip Code 33461

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 23016173
Date of Disbursement
10 / 25 / 2005

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Kyl for Senate

Mailing Address 507 Capitol Court, N.E. #100

City Washington State DC Zip Code 20002

Purpose of Disbursement
Funds Reported On October 15, 2004 Quart

Candidate Name
Jon Kyl

Office Sought: House Senate President
State: AZ District 2

Disbursement For: 2006 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 23043827
Date of Disbursement
09 / 27 / 2004

Amount of Each Disbursement this Period
1000.00

[MEMO ITEM]
Funds Reported On October
15, 2004 Quarterly Report

Full Name (Last, First, Middle Initial)
C. Kyl for Senate

Mailing Address 507 Capitol Court, N.E. #100

City Washington State DC Zip Code 20002

Purpose of Disbursement
Re-designated funds for trans. dated 9/2

Candidate Name
Jon Kyl

Office Sought: House Senate President
State: AZ District 2

Disbursement For: 2006 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 23043828
Date of Disbursement
10 / 31 / 2005

Amount of Each Disbursement this Period
1000.00

[MEMO ITEM]
Re-designated funds for
trans. dated 9/27/2004

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

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

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

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Mark Kennedy 06

Mailing Address

City State Zip Code

Purpose of Disbursement
Funds not reported yet

Candidate Name
Rep. Mark Kennedy

Office Sought: House Senate President
State: MN District: 6

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 23044184
Date of Disbursement
09 / 15 / 2005

Amount of Each Disbursement this Period
2000.00

[MEMO ITEM]
Funds not reported yet

B. Full Name (Last, First, Middle Initial)
Mark Kennedy 06

Mailing Address PO Box 49333

City State Zip Code
Blaine MN 55440

Purpose of Disbursement
Re-designated funds for trans. dated 9/1

Candidate Name
Mr. Mark Kennedy

Office Sought: House Senate President
State: MN District: 2

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 23044185
Date of Disbursement
10 / 31 / 2005

Amount of Each Disbursement this Period
2000.00

[MEMO ITEM]
Re-designated funds for
trans. dated 9/15/2005

C. Full Name (Last, First, Middle Initial)
Jeb Bradley For Congress

Mailing Address 645 South Main Street

City State Zip Code
Walfeboro NH 03894

Purpose of Disbursement

Candidate Name
Rep. Jeb Bradley

Office Sought: House Senate President
State: NH District: 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 23044219
Date of Disbursement
11 / 01 / 2005

Amount of Each Disbursement this Period
500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **500.00**

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

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Searchlight Leadership Fund		Transaction ID: 23086630	
Mailing Address 422 C Street, NE Lower Level		Date of Disbursement 11 / 08 / 2005	
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Shelley Moore Capito For Congress		Transaction ID: 23086757	
Mailing Address P.O. Box 11519		Date of Disbursement 11 / 08 / 2005	
City Charleston	State WV	Zip Code 25330	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Shelley Capito			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: WV District 2			

Full Name (Last, First, Middle Initial) C. Chafee for Senate		Transaction ID: 23086816	
Mailing Address PO Box 7329		Date of Disbursement 11 / 08 / 2005	
City Warwick	State RI	Zip Code 02887	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Lincoln Chafee			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: RI District 1			

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Chafee for Senate

Mailing Address PO Box 7329

City Warwick State RI Zip Code 02887

Purpose of Disbursement Wrong election

Candidate Name Lincoln Chafee

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 State: RI District 1 Other (specify) ▼

Transaction ID: 23087633
 Date of Disbursement
 11 / 08 / 2005

Amount of Each Disbursement this Period
 -1000.00

Wrong election
 011
 Category/
 Type

Full Name (Last, First, Middle Initial)
B. Chafee for Senate

Mailing Address PO Box 7329

City Warwick State RI Zip Code 02887

Purpose of Disbursement

Candidate Name Lincoln Chafee

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 State: RI District 1 Other (specify) ▼

Transaction ID: 23087634
 Date of Disbursement
 11 / 08 / 2005

Amount of Each Disbursement this Period
 1000.00

011
 Category/
 Type

Full Name (Last, First, Middle Initial)
C. Friends Of Rosa DeLauro

Mailing Address 49 Huntington Street

City New Haven State CT Zip Code 06511

Purpose of Disbursement

Candidate Name Rep. Rosa L. DeLauro

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 State: CT District 3 Other (specify) ▼

Transaction ID: 23088656
 Date of Disbursement
 11 / 08 / 2005

Amount of Each Disbursement this Period
 1000.00

011
 Category/
 Type

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

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

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

Use separate schedule(s)
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Friends Of Sam Johnson

Mailing Address 1611 Avenue K

City Plano State TX Zip Code 75074

Purpose of Disbursement

Candidate Name Rep. Sam Johnson

Office Sought: House Senate President
State: TX District 3

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 23086799
Date of Disbursement
11 / 08 / 2005

Amount of Each Disbursement this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Stevens For Senate Committee

Mailing Address PO Box 100879

City Anchorage State AK Zip Code 99510

Purpose of Disbursement

Candidate Name Sen. Ted Stevens

Office Sought: House Senate President
State: AK District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 23086802
Date of Disbursement
11 / 08 / 2005

Amount of Each Disbursement this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Upton For All Of Us

Mailing Address 402 State Street
PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

Candidate Name Rep. Fred Upton

Office Sought: House Senate President
State: MI District 6

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 23087674
Date of Disbursement
11 / 09 / 2005

Amount of Each Disbursement this Period
2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **5000.00**

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

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. KPAC

Mailing Address PO BOX 820365

City Dallas State TX Zip Code 75382

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 23087676
Date of Disbursement
11 / 09 / 2005

Amount of Each Disbursement this Period
2000.00

Full Name (Last, First, Middle Initial)
B. Truth Accountability and Courage PAC (TACPAC)

Mailing Address 228 S. Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 23087675
Date of Disbursement
11 / 09 / 2005

Amount of Each Disbursement this Period
2000.00

Full Name (Last, First, Middle Initial)
C. Mike Rogers For Congress

Mailing Address 123 East 13th Street

City Anniston State AL Zip Code 36201

Purpose of Disbursement

Candidate Name
Mr. Michael Rogers

Office Sought: House Senate President State: AL District

Disbursement For: 2006
 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 23085427
Date of Disbursement
11 / 10 / 2005

Amount of Each Disbursement this Period
2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **6000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial)
A. Nelson 2006

Mailing Address P O Box 8686

City Omaha State NE Zip Code 68103

Purpose of Disbursement

Candidate Name
Sen. E. Nelson

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: NE District 2 Other (specify) ▼

011
Category/
Type

Transaction ID: 23114241
Date of Disbursement
11 / 15 / 2005

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Democratic National Committee

Mailing Address 430 S Capitol Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Disbursement For:
 Senate Primary General
 President
 State: District Other (specify) ▼

011
Category/
Type

Transaction ID: 23181876
Date of Disbursement
12 / 05 / 2005

Amount of Each Disbursement this Period
15000.00

Full Name (Last, First, Middle Initial)
C. A Lot of People Who Support Jeff Bingaman

Mailing Address PO Box 2048

City Albuquerque State NM Zip Code 87111

Purpose of Disbursement

Candidate Name
Jeff Bingaman

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: NM District 2 Other (specify) ▼

011
Category/
Type

Transaction ID: 23181878
Date of Disbursement
12 / 05 / 2005

Amount of Each Disbursement this Period
2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **18000.00**

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

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Pickering For Congress

Mailing Address P.O. Box 6440
P.O. Box 6440

City Laurel State MS Zip Code 39441

Purpose of Disbursement

Candidate Name
Rep. Charles W. Pickering, Jr.

Office Sought: House Senate President
State: MS District 3

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 23181882
Date of Disbursement
12 / 05 / 2005

Amount of Each Disbursement this Period
2000.00

Full Name (Last, First, Middle Initial)
B. Regula For Congress Committee

Mailing Address 733 - 42nd Street Nw

City Canton State OH Zip Code 44708

Purpose of Disbursement

Candidate Name
Rep. Ralph Regula

Office Sought: House Senate President
State: OH District 16

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 23181888
Date of Disbursement
12 / 05 / 2005

Amount of Each Disbursement this Period
5000.00

Full Name (Last, First, Middle Initial)
C. Charlie Dent For Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

Candidate Name
Mr. Charles Dent

Office Sought: House Senate President
State: PA District 15

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 23181899
Date of Disbursement
12 / 05 / 2005

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ► **8000.00**

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

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

Use separate schedule(s)
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

Candidate Name
Rep. Mike Thompson

Office Sought: House
 Senate
 President
State: CA District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 23181879
Date of Disbursement

12 / 05 / 2005

Amount of Each Disbursement this Period

9000.00

Full Name (Last, First, Middle Initial)
B. Ed Bryant For US Senate Inc

Mailing Address 115 Penn Warren Drive Ste 300-309

City Brentwood State TN Zip Code 37027

Purpose of Disbursement

Candidate Name
Mr. Edward Bryant

Office Sought: House
 Senate
 President
State: TN District 2

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 23181884
Date of Disbursement

12 / 05 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Steele For Maryland Inc.

Mailing Address 150 South Street
Suite 100

City Annapolis State MD Zip Code 21401

Purpose of Disbursement

Candidate Name
Michael Steele

Office Sought: House
 Senate
 President
State: MD District

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 23181881
Date of Disbursement

12 / 05 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Friends Of Clay Shaw		Transaction ID: 23197315 Date of Disbursement 12 / 08 / 2005	
Mailing Address 2600 NE 14th Street Causeway		Amount of Each Disbursement this Period 1000.00	
City Pompano Beach State FL Zip Code 33062	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. E. Clay Shaw, Jr.			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Demint For Senate Committee Inc		Transaction ID: 23197338 Date of Disbursement 12 / 08 / 2005	
Mailing Address Post Office Box 10407		Amount of Each Disbursement this Period 2500.00	
City Greenville State SC Zip Code 29603	Purpose of Disbursement	011 Category/ Type	
Candidate Name Mr. James Demint			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 2	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Friends Of Conrad Bums - 2006		Transaction ID: 23197334 Date of Disbursement 12 / 08 / 2005	
Mailing Address PO Box 1586		Amount of Each Disbursement this Period 2000.00	
City Helena State MT Zip Code 59624	Purpose of Disbursement	011 Category/ Type	
Candidate Name Sen. Conrad Bums			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. MINT PAC (Making Investments for a New Tomorrow)

Mailing Address PO Box 25943

City Alexandria State VA Zip Code 22313

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 23197341
Date of Disbursement
12 / 08 / 2005

Amount of Each Disbursement this Period
2500.00

Full Name (Last, First, Middle Initial)
B. Rely on Your Beliefs Fund

Mailing Address 1736 E Sunshine Suite 913

City Springfield State MO Zip Code 65804

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 23283548
Date of Disbursement
12 / 20 / 2005

Amount of Each Disbursement this Period
2500.00

Full Name (Last, First, Middle Initial)
C. Johnson For Congress Committee

Mailing Address P.O. Box 1888

City New Britain State CT Zip Code 06050

Purpose of Disbursement

Candidate Name
Rep. Nancy L. Johnson

Office Sought: House Senate President State: CT District 5

Disbursement For: 2005 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 23283550
Date of Disbursement
12 / 20 / 2005

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **6000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Friends Of Conrad Burns - 2006

Mailing Address PO Box 1596

City Helena State MT Zip Code 59624

Purpose of Disbursement

Candidate Name
Sen. Conrad Burns

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 State: MT District: 2 Other (specify) ▼

011
Category/
Type

Transaction ID: 23283567
Date of Disbursement

12 / 20 / 2005

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
B. Mark Kennedy 06

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
Rep. Mark Kennedy

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 State: MN District: 6 Other (specify) ▼

011
Category/
Type

Transaction ID: 23283563
Date of Disbursement

12 / 20 / 2005

Amount of Each Disbursement this Period

0.00

Full Name (Last, First, Middle Initial)
C. Mark Kennedy 06

Mailing Address

City State Zip Code

Purpose of Disbursement

Void - Mark Kennedy 06

Candidate Name
Rep. Mark Kennedy

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 State: MN District: 6 Other (specify) ▼

011
Category/
Type

Transaction ID: 23284291
Date of Disbursement

12 / 20 / 2005

Amount of Each Disbursement this Period

0.00

Void - Mark Kennedy 06

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

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

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Mark Kennedy 06

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
Rep. Mark Kennedy

Office Sought: House Senate President
State: MN District: 6

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 23284293
Date of Disbursement
12 / 20 / 2005

Amount of Each Disbursement this Period
3000.00

B. Full Name (Last, First, Middle Initial)
A Lot of People Who Support Jeff Bingaman

Mailing Address PO Box 2048

City State Zip Code
Albuquerque NM 87111

Purpose of Disbursement

Candidate Name
Jeff Bingaman

Office Sought: House Senate President
State: NM District: 2

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 23286896
Date of Disbursement
12 / 05 / 2005

Amount of Each Disbursement this Period
2000.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
A Lot of People Who Support Jeff Bingaman

Mailing Address PO Box 2048

City State Zip Code
Albuquerque NM 87111

Purpose of Disbursement
Re-designated funds for trans. dated 12/

Candidate Name
Jeff Bingaman

Office Sought: House Senate President
State: NM District: 2

Disbursement For: 2006
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 23286897
Date of Disbursement
12 / 21 / 2005

Amount of Each Disbursement this Period
2000.00

[MEMO ITEM]

Re-designated funds for trans. dated 12/5/2005

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. American Association of Hip and Knee Surgeons

Mailing Address 6300 N River Road
Suite 615

City Rosemont State IL Zip Code 60018

Purpose of Disbursement
In-kind contribution

Candidate Name
Mr. Michael C. Burgess

Office Sought: House Disbursement For: 2005
Senate Primary General
President Other (specify) ▼

State: TX District: 28

Transaction ID: 23286886
Date of Disbursement
12 / 21 / 2005

Amount of Each Disbursement this Period
1400.00

In-kind contribution

Full Name (Last, First, Middle Initial)
B. Mark Kennedy D6

Mailing Address

City State Zip Code

Purpose of Disbursement
Funds Reported On <Enter Report Name Here>

Candidate Name
Rep. Mark Kennedy

Office Sought: House Disbursement For: 2006
Senate Primary General
President Other (specify) ▼

State: MN District: 6

Transaction ID: 23287603
Date of Disbursement
12 / 20 / 2005

Amount of Each Disbursement this Period
3000.00

[MEMO ITEM]
Funds Reported On <Enter Report Name Here>

Full Name (Last, First, Middle Initial)
C. Mark Kennedy D6

Mailing Address PO Box 49333

City Blaine State MN Zip Code 55449

Purpose of Disbursement
Re-designated funds for trans. dated 12/

Candidate Name
Mr. Mark Kennedy

Office Sought: House Disbursement For: 2006
 Senate Primary General
President Other (specify) ▼

State: MN District: 2

Transaction ID: 23287604
Date of Disbursement
12 / 21 / 2005

Amount of Each Disbursement this Period
3000.00

[MEMO ITEM]
Re-designated funds for trans. dated 12/20/2005

SUBTOTAL of Disbursements This Page (optional) ▶ **1400.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Wally Herger For Congress Committee

Mailing Address P.O. Box 1500

City Chico State CA Zip Code 95927

Purpose of Disbursement

Candidate Name
Rep. Wally Herger

Office Sought: House
Senate
President
State: CA District: 2

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 23289213
Date of Disbursement

12 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Straight Talk America

Mailing Address 211 North Union Street
Suite 200

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 23289212
Date of Disbursement

12 / 22 / 2005

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

190582.50

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Dr. Jeffrey K Moore, MD

Mailing Address 3714 Guardian Ave

City Morehead City State NC Zip Code 28557-4322

Purpose of Disbursement
Refund duplicate contribution

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

010
Category/
Type

Transaction ID: 22833168

Date of Disbursement

09 / 09 / 2005

Amount of Each Disbursement this Period

1000.00

Refund duplicate contribu-
tion

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

1000.00