01/19/2006 16 : 48

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** ▼ C00343137

CITY ▲ STATE ▲ ZIPCODE ▲

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 (12G)

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.

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(Rev. 02/2003)