

**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)

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)

X

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

11

02

2004

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

10

01

2004

through

10

13

2004

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

Type or Print Name of Treasurer

James G. Davis, MD

Signature of Treasurer

Electronically Filed by James G. Davis, MD

Date

10

19

2004

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: ^M10 ^{: :}01 ^{Y (Y) Y}2004 To: ^M10 ^{: :}13 ^{Y (Y) Y}2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Y (Y) Y} 2004		388850.53
(b) Cash on Hand at Beginning of Reporting Period	347462.15	
(c) Total Receipts (from Line 19)	3350.00	649601.36
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	350812.15	1038451.89
<hr/>		
7. Total Disbursements (from Line 31)	167760.47	855400.21
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	183051.68	183051.68
<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: ^M10 ⁻01 ⁻2004 To: ^M10 ⁻13 ⁻2004

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)	3250.00	
(ii) Unitemized	100.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	3350.00	637830.00
(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)	3350.00	637830.00
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)	0.00	8771.36
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	3000.00
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))	3350.00	649601.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3350.00	649601.36

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	260.47	9179.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	260.47	9179.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	495780.12
24. Independent Expenditure (use Schedule E).....	150000.00	350440.55
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C. 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	167760.47	855400.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	167760.47	855400.21

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)	3350.00	637830.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3350.00	637830.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	260.47	9179.54
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	8771.36
38. Net Operating Expenditures (subtract Line 37 from Line 36)	260.47	408.18

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

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

FOR LINE NUMBER: PAGE 6 / 13

(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. Joseph C DiReimondo, MD		Date of Receipt M / D / Y 10 / 12 / 2004
Mailing Address P O Box 907		Transaction ID: 20354566
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. Rafael M Fernandez, MD		Date of Receipt M / D / Y 10 / 12 / 2004
Mailing Address PO Box 800909		Transaction ID: 20353877
City Coto Laurel	State PR	Zip Code 00780-0809
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. Alan Pechacek, MD		Date of Receipt M / D / Y 10 / 12 / 2004
Mailing Address 616 West Forest Ave		Transaction ID: 20353871
City Jackson	State TN	Zip Code 38301-3588
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Jackson Clinic, P.A.	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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 7 / 13

(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 Axon, MD		Date of Receipt M / D / Y 10 / 12 / 2004
Mailing Address Millcreek Medical Ctr 4512 Kirkwood Hwy #300B		Transaction ID: 20354567
City Wilmington	State DE	Zip Code 19808
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 P Barrett, MD		Date of Receipt M / D / Y 10 / 12 / 2004
Mailing Address 4011 Talbot Rd S, #300		Transaction ID: 20354568
City Renton	State WA	Zip Code 98055-5791
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Valley Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Charles E Cook, MD		Date of Receipt M / D / Y 10 / 12 / 2004
Mailing Address 8440 Walnut Hill Ln, #110		Transaction ID: 20354571
City Dallas	State TX	Zip Code 75231-5824
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Specialists	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)	▶	3250.00

**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)

PAGE 8 / 13

<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

Mailing Address 50 S LaSalle St

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: 20291776

Date of Disbursement

10 / 04 / 2004

Amount of Each Disbursement this Period

260.47

Bank fees deducted from
account

SUBTOTAL of Disbursements This Page (optional) ▶ 260.47

TOTAL This Period (last page this line number only) ▶ 260.47

**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. Full Name (Last, First, Middle Initial)
Mike Bilirakis For Congress

Mailing Address P O Box 1077

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement

Candidate Name
Rep. Michael Bilirakis

Office Sought: House Senate President
State: FL District 9

Disbursement For: 2004
Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 20296063
Date of Disbursement
10 / 05 / 2004

Amount of Each Disbursement this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Friends Of Ernest Istook

Mailing Address 712 North Broadway Avenue
3501 N.W. 63rd Street Suite 601

City Oklahoma City State OK Zip Code 73102

Purpose of Disbursement

Candidate Name
Rep. Ernest J. Istook, Jr.

Office Sought: House Senate President
State: OK District 5

Disbursement For: 2004
Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 20296067
Date of Disbursement
10 / 05 / 2004

Amount of Each Disbursement this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Tom DeLay Congressional Committee

Mailing Address 10707 Corporate Drive Suite 130

City Stafford State TX Zip Code 77477

Purpose of Disbursement

Candidate Name
Rep. Tom DeLay

Office Sought: House Senate President
State: TX District 22

Disbursement For: 2004
Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 20296065
Date of Disbursement
10 / 05 / 2004

Amount of Each Disbursement this Period
5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **7000.00**

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 10 / 13

<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)
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: 2004
Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 20296059
Date of Disbursement
10 / 05 / 2004

Amount of Each Disbursement this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Nethercutt For Senate

Mailing Address 601 W Riverside #1800

City Spokane State WA Zip Code 99201

Purpose of Disbursement

Candidate Name Mr. George Nethercutt

Office Sought: House Senate President
State: WA District 2

Disbursement For: 2004
Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 20296066
Date of Disbursement
10 / 05 / 2004

Amount of Each Disbursement this Period
1000.00

C. Full Name (Last, First, Middle Initial)
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: 2004
Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 20296078
Date of Disbursement
10 / 05 / 2004

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 13

<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. Cathy McMorris For Congress

Full Name (Last, First, Middle Initial)
Cathy McMorris For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement

Candidate Name
Cathy McMorris

Office Sought: House Senate President
State: WA District 5

Disbursement For: 2004
Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 20296099
Date of Disbursement
10 / 05 / 2004

Amount of Each Disbursement this Period
1000.00

B. Geoff Davis For Congress

Full Name (Last, First, Middle Initial)
Geoff Davis For Congress

Mailing Address 3161 Dixie Highway
Suite F

City Erlanger State KY Zip Code 41018

Purpose of Disbursement

Candidate Name
Mr. Geoffrey Davis

Office Sought: House Senate President
State: KY District 4

Disbursement For: 2004
Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 20296104
Date of Disbursement
10 / 05 / 2004

Amount of Each Disbursement this Period
1000.00

C. Nancy Naples for Congress

Full Name (Last, First, Middle Initial)
Nancy Naples for Congress

Mailing Address PO Box 1261

City Buffalo State NY Zip Code 14205

Purpose of Disbursement

Candidate Name
Nancy Naples

Office Sought: House Senate President
State: NY District 27

Disbursement For: 2004
Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 20296105
Date of Disbursement
10 / 05 / 2004

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 13

<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. Fitzpatrick for Congress

Mailing Address 115 North Broad Street

City Doylestown State PA Zip Code 18901

Purpose of Disbursement

Candidate Name
Michael G Fitzpatrick

Office Sought: House
Senate
President
State: PA District B

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 20296106
Date of Disbursement

10 / 05 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. America Works Committee

Mailing Address 607 14th Street N.W.
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 20296107
Date of Disbursement

10 / 05 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)
C. Friends of Melissa Brown

Mailing Address PO Box 49B

City Flourtown State PA Zip Code 19031

Purpose of Disbursement

Candidate Name
Melissa Brown

Office Sought: House
Senate
President
State: PA District 13

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 20314668
Date of Disbursement

10 / 06 / 2004

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) ▶

17500.00

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons
FEC IDENTIFICATION NUMBER C C00343137

Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice Full Name (Last, First, Middle, Initial) of Payee Mercury Group	Date M N / D E / Y Y Y Y 1 0 / 0 8 / 2 0 0 4
Mailing Address 1601 NW Expressway Suite 1100	Amount 120000.00
City State Zip Code Oklahoma City OK 73118	Transaction ID: 20335544
Purpose of Expenditure Category/Type 004	Office Sought: House State: <u>OK</u> <input checked="" type="checkbox"/> Senate District: _____ Presidential
Name of Federal Candidate supported or Opposed by expenditure: Thomas A Coburn	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 120000.00	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee Mercury Group	Date M N / D E / Y Y Y Y 1 0 / 0 8 / 2 0 0 4
Mailing Address 1601 NW Expressway Suite 1100	Amount 30000.00
City State Zip Code Oklahoma City OK 73118	Transaction ID: 20355431
Purpose of Expenditure Category/Type 004	Office Sought: House State: <u>DC</u> <input checked="" type="checkbox"/> Senate District: _____ Presidential
Name of Federal Candidate supported or Opposed by expenditure: George W Bush	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 30000.00	Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> 2004 Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures	150000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	150000.00

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

James G. Davis, MD
Signature
Date M N / D E / Y Y Y Y
1 0 / 1 9 / 2 0 0 4