

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

Barrasso-Price Committee

ADDRESS (number and street) 901 N Washington St, Suite 102

Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. **FEC IDENTIFICATION NUMBER** ▼

C C00512988

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

WY

00

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 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on  /  /  in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Timothy A. Koch

Signature of Treasurer Timothy A. Koch

[Electronically Filed]

Date

/  /

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								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Barrasso-Price Committee**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	62025.00	70675.00
(b) Total Contribution Refunds (from Line 20(d)) .....	900.00	900.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	61125.00	69775.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	9106.01	9460.25
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	9106.01	9460.25
8. Cash on Hand at Close of Reporting Period (from Line 27).....	750.00	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**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 3 (Revised 12/2003)

Write or Type Committee Name

**Barrasso-Price Committee**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	55150.00	61200.00
(ii) Unitemized.....	6375.00	6475.00
(iii) TOTAL of contributions from individuals ▶	61525.00	67675.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	500.00	3000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	62025.00	70675.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	62025.00	70675.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9106.01	9460.25
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	59564.75	59564.75
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	900.00	900.00
(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 20(a), (b), and (c)).....	900.00	900.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	69570.76	69925.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8295.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	62025.00
25. SUBTOTAL (add Line 23 and Line 24).....	70320.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	69570.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Carl Adolph**

Mailing Address 1118 Persimmon Dr

City Lancaster State PA Zip Code 17601

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

Name of Employer Orthopedic Ass. of Lancaster Occupation Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2012

**Transaction ID : SA11AI.4270**

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Gregg A. Alexander M.D.**

Mailing Address 3334 Capital Medical Blvd, Ste 400

City Tallahassee State FL Zip Code 32308

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

Name of Employer Tallahassee Orthopedic Clinic Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4433**

Amount of Each Receipt this Period  
250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Frederick M. Azar**

Mailing Address 385 Goodwyn St

City Memphis State TN Zip Code 38111

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

Name of Employer Campbell Clinic Occupation MD

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2012

**Transaction ID : SA11AI.4522**

Amount of Each Receipt this Period  
250.00

Contribution

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

Full Name (Last, First, Middle Initial) <b>John Baldauf</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 04 / 2012
Mailing Address 22 Chenal Pass		<b>Transaction ID : SA11AI.4526</b>
City Henderson	State NV	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Desert Orthopaedic Center	Occupation M.D.	Contribution
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>David Bankoff</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2012
Mailing Address 51134 Ridge Stone Ct		<b>Transaction ID : SA11AI.4479</b>
City Granger	State IN	
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	Contribution
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>Hugh Bassewitz M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2012
Mailing Address 2800 E Desert Inn Rd, Ste 100		<b>Transaction ID : SA11AI.4371</b>
City Las Vegas	State NV	
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	Contribution
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Vincent Battista**

Mailing Address 1336 Sylvan Rd

City Lancaster State PA Zip Code 17601

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

Name of Employer Self-Employed Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 30 / 2012**

**Transaction ID : SA11AI.4489**

Amount of Each Receipt this Period  
**500.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**James W. Bean**

Mailing Address 5823 N Mesa St, #641

City El Paso State TX Zip Code 79912

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

Name of Employer Self-Employed Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 30 / 2012**

**Transaction ID : SA11AI.4373**

Amount of Each Receipt this Period  
**500.00**

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Samuel Bederman**

Mailing Address 101 The City Drive South  
Pavillion III

City Orange State CA Zip Code 92868

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

Name of Employer U. OF CA-Irvine, Dept of Ortho Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 27 / 2012**

**Transaction ID : SA11AI.4199**

Amount of Each Receipt this Period  
**250.00**

Contribution

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Robert R. Bell**

Mailing Address 1700 Murchison, Ste C

City El Paso State TX Zip Code 79902

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

Name of Employer El Paso Ortho Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4389**

Amount of Each Receipt this Period  
 Contribution 250.00

**B.** Full Name (Last, First, Middle Initial)  
**David A. Bellamy M.D.**

Mailing Address 3334 Capital Medical Blvd, Ste 400

City Tallahassee State FL Zip Code 32308

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

Name of Employer Tallahassee Orthopedic Clinic Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4447**

Amount of Each Receipt this Period  
 Contribution 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Jeramie J. Bhatia**

Mailing Address 92 Cottonwood Cir

City Rolling Hills Estates State CA Zip Code 90274

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

Name of Employer Dermatology Group of South CA Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2012

**Transaction ID : SA11AI.4197**

Amount of Each Receipt this Period  
 Contribution 500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Martha H. Boone**

Mailing Address 825 Green Cove Dr

City El Paso State TX Zip Code 79932

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4403**

Amount of Each Receipt this Period  
 Contribution 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael Boone**

Mailing Address 1700 Murchison, Ste C

City El Paso State TX Zip Code 79902

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

Name of Employer El Paso Orthopaedic Surgery Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4399**

Amount of Each Receipt this Period  
 Contribution 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael Boone**

Mailing Address 1700 Murchison, Ste C

City El Paso State TX Zip Code 79902

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

Name of Employer El Paso Orthopaedic Surgery Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2012

**Transaction ID : SA11AI.4540**

Amount of Each Receipt this Period  
 Contribution 500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Andrew H. Borom M.D.**

Mailing Address 3334 Capital Medical Blvd, Ste 400

City Tallahassee	State FL	Zip Code 32308
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed/Private Practice	Occupation Orthopaedic Surgeon
--	-----------------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4445**

Amount of Each Receipt this Period  
 Contribution 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Eric Boyden**

Mailing Address 1101 Dartmouth Dr

City Reno	State NV	Zip Code 89509
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FEC ID number of contributing federal political committee. **C**

Name of Employer Reno Orthopaedic Clinic	Occupation Orthopaedic Surgeon
---	-----------------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4508**

Amount of Each Receipt this Period  
 Contribution 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Timothy J. Bray M.D.**

Mailing Address 6300 N River Rd  
Ste 727

City Rosemont	State IL	Zip Code 60018
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FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopaedic Trauma Association	Occupation President
--	-------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4512**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Patricia L. Brewster**

Mailing Address 100 Galleria Pkwy

City Atlanta State GA Zip Code 30339

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

Name of Employer Southern Orthopaedic Spclsts Occupation Healthcare Management

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2012

**Transaction ID : SA11AI.4266**

Amount of Each Receipt this Period  
 1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Craig D. Cameron**

Mailing Address 6500 La Posta Dr

City El Paso State TX Zip Code 79912

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

Name of Employer El Paso Orthopaedic Surg Group Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2012

**Transaction ID : SA11AI.4272**

Amount of Each Receipt this Period  
 500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Paul F. Carroll**

Mailing Address 1271 Wheatland Ave

City Lancaster State PA Zip Code 17603

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

Name of Employer Ortho Association of Lancaster Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4497**

Amount of Each Receipt this Period  
 500.00

Contribution

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**James H. Carson M.D.**

Mailing Address 608 Belgian Way

City Lititz State PA Zip Code 17543

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

Name of Employer Self-Employed Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 30 / 2012**

**Transaction ID : SA11AI.4491**

Amount of Each Receipt this Period  
**500.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Andrew M. Cash**

Mailing Address 4248 Dean Martin Dr  
Tower 2, Apt 2412

City Las Vegas State NV Zip Code 89103

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

Name of Employer Desert Institute for SpineCare Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 26 / 2012**

**Transaction ID : SA11AI.4182**

Amount of Each Receipt this Period  
**500.00**

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Paul Castello**

Mailing Address 377 Broken Arrow Rd

City Nipomo State CA Zip Code 93444

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

Name of Employer Self-Employed/Private Practice Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 30 / 2012**

**Transaction ID : SA11AI.4282**

Amount of Each Receipt this Period  
**250.00**

Contribution

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Kenneth R. Catalozzi**

Mailing Address 2138 Mendon Rd, Ste 302

City Cumberland State RI Zip Code 02864

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

Name of Employer Orthopaedic Associates Inc. Occupation General Orthopaedics

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4343**

Amount of Each Receipt this Period  
 Contribution 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Children's Orthopaedic & Scoliosis Surgery Associates**

Mailing Address 625 6th Ave S Ste 450

City St. Petersburg State FL Zip Code 33701

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4560**

Amount of Each Receipt this Period  
 Partnership: See Attribution Below 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Scott W. Beck M.D.**

Mailing Address 625 6th Ave S Ste 450

City St. Petersburg State FL Zip Code 33701

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

Name of Employer Chldrn's Orthopae & Scoliosis Occupation Partner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4560.0**

Amount of Each Receipt this Period  
 Partnership Attribution 250.00

**[MEMO ITEM]**

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Alan W. Christensen**

Mailing Address 1011 Lincoln Cir

City State Zip Code  
Winter Park FL 32789

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

Name of Employer Occupation  
Orlando Orthopaedic Center Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2012

**Transaction ID : SA11AI.4250**

Amount of Each Receipt this Period  
 250.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Christopher C. Cooke M.D.**

Mailing Address 15 Lark Ln

City State Zip Code  
Lancaster PA 17603

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

Name of Employer Occupation  
Self-Employed/Private Practice Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4493**

Amount of Each Receipt this Period  
 500.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Frank A. Cordasco**

Mailing Address 40 West 77th St

City State Zip Code  
New York NY 10024

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

Name of Employer Occupation  
Hospital For Special Surgery Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2012

**Transaction ID : SA11AI.4164**

Amount of Each Receipt this Period  
 250.00  
 Contribution

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Charles C. Craig**

Mailing Address 3 Hawthorne Ct

City State Zip Code  
Newton KS 67114

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

Name of Employer Occupation  
Pinnacle Sports Med. & Orthop. Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 02 / 2012

**Transaction ID : SA11AI.4262**

Amount of Each Receipt this Period  
500.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Cuboid LLC**

Mailing Address 4525 Dean Martin Dr  
Unit 3212

City State Zip Code  
Las Vegas NV 89103

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

Name of Employer Occupation  
Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 30 / 2012

**Transaction ID : SA11AI.4564**

Amount of Each Receipt this Period  
500.00  
Partnership: See Attribution Memo

**C.** Full Name (Last, First, Middle Initial)  
**Abdi Raissi M.D.**

Mailing Address 3055 E Flamingo Rd

City State Zip Code  
Las Vegas NV 89101

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

Name of Employer Occupation  
Cuboid LLC Partner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 30 / 2012

**Transaction ID : SA11AI.4564.0**

Amount of Each Receipt this Period  
500.00  
Partnership Attribution  
**[MEMO ITEM]**

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph F. Curtis Jr.**

Mailing Address 6120 Tiffany Ln

City Montgomery State AL Zip Code 36117

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

Name of Employer Southern Orthopaedic Surgeons Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2012

**Transaction ID : SA11AI.4152**

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Kenneth DeHaven**

Mailing Address 19 Sky Ridge Dr

City Rochester State NY Zip Code 14625

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

Name of Employer Univ of Rochester Medical Ctr. Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2012

**Transaction ID : SA11AI.4531**

Amount of Each Receipt this Period  
250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Ronald Delanois**

Mailing Address 6 Brookfield Garth

City Lutherville State MD Zip Code 21093

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

Name of Employer Rubin Inst. for Adv. Orthopaed Occupation Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2012

**Transaction ID : SA11AI.4524**

Amount of Each Receipt this Period  
250.00

Contribution

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**John M. Dickason**

Mailing Address 1700 Murchison, Ste C

City El Paso State TX Zip Code 79902

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

Name of Employer El Paso Orthopaedic Surgery Grp Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4383**

Amount of Each Receipt this Period  
 Contribution 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Dunn**

Mailing Address 2001 Alcova Ridge Dr

City Las Vegas State NV Zip Code 89135

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

Name of Employer Desert Orthopaedic Center Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4363**

Amount of Each Receipt this Period  
 Contribution 500.00

**C.** Full Name (Last, First, Middle Initial)  
**David E. Ede**

Mailing Address 3 High Meadow Dr

City Charleston State WV Zip Code 25311

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

Name of Employer Self Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 05 / 2012

**Transaction ID : SA11AI.4149**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

Full Name (Last, First, Middle Initial) <b>F.M. Essis Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2012	
Mailing Address 2111 Waterford Dr		<b>Transaction ID : SA11AI.4487</b>	
City Lancaster	State PA	Amount of Each Receipt this Period Contribution 500.00	
Zip Code 17601			
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopaedic Assoc of Lancaster	Occupation Orthopaedic Surgeon		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>Mark E. Fahey M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2012	
Mailing Address 3334 Capital Medical Blvd, Ste 400		<b>Transaction ID : SA11AI.4435</b>	
City Tallahassee	State FL	Amount of Each Receipt this Period Contribution 250.00	
Zip Code 32308			
FEC ID number of contributing federal political committee. C			
Name of Employer Tallahassee Orthopedic Clinic	Occupation Orthopaedic Surgeon		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>Michael A. Fallon</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2012	
Mailing Address 1700 Murchison, Ste C		<b>Transaction ID : SA11AI.4377</b>	
City El Paso	State TX	Amount of Each Receipt this Period Contribution 250.00	
Zip Code 79902			
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Orthopaedic Surgeon		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Fleeter**

Mailing Address 11575 Lake Newport Rd

City Reston State VA Zip Code 20194

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

Name of Employer Self-Employed Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4338**

Amount of Each Receipt this Period  
 Contribution 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Matthew N. Fouse**

Mailing Address 11607 Suburban Rd

City Las Vegas State NV Zip Code 89135

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

Name of Employer Desert Orthopedic Center Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4367**

Amount of Each Receipt this Period  
 Contribution 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mervyn B. Fouse M.D.**

Mailing Address 2800 E Desert Inn Rd Ste 100

City Las Vegas State NV Zip Code 89109

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

Name of Employer Desert Orthopaedic Center Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4553**

Amount of Each Receipt this Period  
 Contribution 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Kim Furry M.D.**

Mailing Address 41 Rio Vista Cir

City Durango State CO Zip Code 81301

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

Name of Employer Durango Orthopaedic Associates Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4407**

Amount of Each Receipt this Period  
 Contribution 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Wilford Keith Gibson**

Mailing Address 4003 Arrowhead Point Ct

City Virginia Beach State VA Zip Code 23455

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

Name of Employer Self-Employed Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4219**

Amount of Each Receipt this Period  
 Contribution 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael W. Gish**

Mailing Address 2630 Old Orchard Rd

City Lancaster State PA Zip Code 17601

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

Name of Employer Self-employed Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4495**

Amount of Each Receipt this Period  
 Contribution 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Richard I. Goldberger**

Mailing Address 5106 N Armenia Ave  
Ste 4

City Tampa State FL Zip Code 33603

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

Name of Employer Private Practice Occupation Orthopedic Surgery

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4229**

Amount of Each Receipt this Period  
500.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Steve Grindel**

Mailing Address 7615 N Beach Dr

City Fox Point State WI Zip Code 53217

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

Name of Employer Medical College of Wisconsin Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2012

**Transaction ID : SA11AI.4260**

Amount of Each Receipt this Period  
250.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Ranjan Gupta**

Mailing Address 22 Jewel Flower

City Irvine State CA Zip Code 92603

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

Name of Employer Univ of CA Medical Center Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4221**

Amount of Each Receipt this Period  
250.00  
Contribution

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Aaron Guyer**

Mailing Address 3334 Capital Medical Blvd, Ste 400

City State Zip Code  
Tallahassee FL 32308

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

Name of Employer Occupation  
Tallahassee Orthopaedic Clinic Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 30 / 2012

**Transaction ID : SA11AI.4451**

Amount of Each Receipt this Period  
250.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Karen L. Hackett**

Mailing Address 165 N Canal St

City State Zip Code  
Chicago IL 60606

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

Name of Employer Occupation  
AAOS CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 16 / 2012

**Transaction ID : SA11AI.4169**

Amount of Each Receipt this Period  
250.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Robert J. Hagen**

Mailing Address 2105 Summertime Trl

City State Zip Code  
Lafayette IN 47909

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

Name of Employer Occupation  
Self-Employed Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 30 / 2012

**Transaction ID : SA11AI.4467**

Amount of Each Receipt this Period  
350.00  
Contribution

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Lawrence Halperin**

Mailing Address 408 Spring Valley Ln

City Altamonte Springs State FL Zip Code 32714

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

Name of Employer Orlando Orthopaedic Center Occupation M.D.

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2012

**Transaction ID : SA11AI.4252**

Amount of Each Receipt this Period  
 Contribution 350.00

**B.** Full Name (Last, First, Middle Initial)  
**Chad M. Hanson**

Mailing Address 29 Crown Valley Dr

City Henderson State NV Zip Code 89074

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

Name of Employer Desert Orthopaedic Center Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4357**

Amount of Each Receipt this Period  
 Contribution 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Donnis Harrison**

Mailing Address 2801 Royal Run Ln

City Gautier State MS Zip Code 39553

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

Name of Employer Bienville Orthopaedic Spclst Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4349**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**David P. Hughes**

Mailing Address 914 Pennwood Cir

City Lancaster State PA Zip Code 17601

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

Name of Employer Self-Employed Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4483**

Amount of Each Receipt this Period  
 Contribution 500.00

**B.** Full Name (Last, First, Middle Initial)  
**A. Lee Hunter Jr.**

Mailing Address 1002 Hillcrest Ave

City Columbia State TN Zip Code 38401

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

Name of Employer Mid-TN Bone & Joint Clinic Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2012

**Transaction ID : SA11AI.4193**

Amount of Each Receipt this Period  
 Contribution 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Hank Hutchinson**

Mailing Address 3334 Capital Medical Blvd, Ste 400

City Tallahassee State FL Zip Code 32308

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

Name of Employer Tallahassee Orthopaedic Clinic Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4453**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 56			
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	12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Edward Jackson III**

Mailing Address 3334 Capital Medical Blvd, Ste 400

City Tallahassee	State FL	Zip Code 32308
---------------------	-------------	-------------------

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

Name of Employer Tallahassee Orthopaedic Clinic	Occupation Orthopaedic Surgeon
--	-----------------------------------

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4457**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**John S. Jackson**

Mailing Address 1700 Murchison, Ste C

City El Paso	State TX	Zip Code 79902
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4379**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Floyd R. Jaggars M.D.**

Mailing Address 3334 Capital Medical Blvd, Ste 400

City Tallahassee	State FL	Zip Code 32308
---------------------	-------------	-------------------

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

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

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4441**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Contribution

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

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

\_\_\_\_\_ 750.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Jedediah Jones**

Mailing Address 10722 Portchester Ct

City Las Vegas State NV Zip Code 89135

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

Name of Employer Hand Surgery Specialists of NV Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2012

**Transaction ID : SA11AI.4268**

Amount of Each Receipt this Period  
 Contribution 350.00

**B.** Full Name (Last, First, Middle Initial)  
**Steven E. Jordan M.D.**

Mailing Address 3334 Capital Medical Blvd, Ste 400

City Tallahassee State FL Zip Code 32308

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

Name of Employer Self-Employed Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4429**

Amount of Each Receipt this Period  
 Contribution 250.00

**C.** Full Name (Last, First, Middle Initial)  
**James Clinton Kasper**

Mailing Address 124 Vista Cir

City Arroyo Grande State CA Zip Code 93420

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

Name of Employer Central Coast Orthopedics Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4284**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**E. Jeff Kennedy**

Mailing Address 290 E Layfair Dr

City Flowood State MS Zip Code 39292

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

Name of Employer Self-Employed Occupation Orthopedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2012

**Transaction ID : SA11AI.4242**

Amount of Each Receipt this Period  
 Contribution 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Maria Klein**

Mailing Address 920 Cherry Hill

City El Paso State TX Zip Code 79912

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

Name of Employer Information Requested Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4385**

Amount of Each Receipt this Period  
 Contribution 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Frank R. Kolisek**

Mailing Address 1260 Innovation Pkwy, Ste 100

City Greenwood State IN Zip Code 46143

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

Name of Employer OrthoIndy Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4469**

Amount of Each Receipt this Period  
 Contribution 500.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 28 OF 56  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Michael T. Laird**

Mailing Address 730 Bear Canyon Ln

City Arroyo Grande State CA Zip Code 93420

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

Name of Employer Self Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4286**

Amount of Each Receipt this Period  
 Contribution 1500.00

Election Cycle-to-Date  
 Contribution 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Gerald J. Lang**

Mailing Address 1309 Redan Dr

City Verona State WI Zip Code 53593

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

Name of Employer University of Wisconsin Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4280**

Amount of Each Receipt this Period  
 Contribution 500.00

Election Cycle-to-Date  
 Contribution 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Daniel D. Lee**

Mailing Address 2650 N Tenaya Way Ste 301

City Las Vegas State NV Zip Code 89128

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

Name of Employer Self-Employed Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4501**

Amount of Each Receipt this Period  
 Contribution 300.00

Election Cycle-to-Date  
 Contribution 300.00

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

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

Contribution 2300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 56
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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel E. Lehman**

Mailing Address 7632 Almaden Ct

City Indianapolis State IN Zip Code 46278

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

Name of Employer Orthopaedics Indianapolis Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4477**

Amount of Each Receipt this Period  
 Contribution 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Peter J. Mandell**

Mailing Address 1663 Rollins Rd

City Burlingame State CA Zip Code 94010

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

Name of Employer Self Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2012

**Transaction ID : SA11AI.4248**

Amount of Each Receipt this Period  
 Contribution 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**David J. Mansfield**

Mailing Address 1700 Murchison, Ste C

City El Paso State TX Zip Code 79902

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

Name of Employer Self-Employed Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4405**

Amount of Each Receipt this Period  
 Contribution 500.00

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen C. McCollam**

Mailing Address 4563 Powers Ferry Rd

City Atlanta State GA Zip Code 30327

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

Name of Employer Peachtree Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2012

**Transaction ID : SA11AI.4175**

Amount of Each Receipt this Period  
 250.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Gregory S. McDowell**

Mailing Address 640 Poly Dr

City Billings State MT Zip Code 59102

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

Name of Employer Ortho Montana Occupation Orthopedic Surgery

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2012

**Transaction ID : SA11AI.4238**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Patrick McNulty**

Mailing Address 10981 Keymar Dr

City Las Vegas State NV Zip Code 89135

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

Name of Employer NV Orthopaedic & Spine Center Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4506**

Amount of Each Receipt this Period  
 300.00  
 Contribution

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Hector Mejia**

Mailing Address 3334 Capital Medical Blvd, Ste 400

City Tallahassee	State FL	Zip Code 32308
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FEC ID number of contributing federal political committee. **C**

Name of Employer University of Illinois	Occupation Orthopaedic Surgeon
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Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4459**

Amount of Each Receipt this Period  
 Contribution 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Gregory Mencio**

Mailing Address 906 Riverbend Rd

City Nashville	State TN	Zip Code 37221
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FEC ID number of contributing federal political committee. **C**

Name of Employer Vanderbilt University	Occupation Orthopaedic Surgeon
---	-----------------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 19 / 2012

**Transaction ID : SA11AI.4173**

Amount of Each Receipt this Period  
 Contribution 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Gregory R. Misenhimer M.D.**

Mailing Address 104 Calle Cumbre

City El Paso	State TX	Zip Code 79912
-----------------	-------------	-------------------

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

Name of Employer El Paso Othopaedic Surgery	Occupation Orthopaedic Surgeon
--	-----------------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2012

**Transaction ID : SA11AI.4528**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Matthew Mitchell**

Mailing Address 3903 Otter

City Casper State WY Zip Code 82604

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

Name of Employer Self-Employed Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4227**

Amount of Each Receipt this Period  
 Contribution 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Stephen F. Mitros M.D.**

Mailing Address 51045 Erin Glen Dr

City Granger State IN Zip Code 46530

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

Name of Employer Mitros Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4471**

Amount of Each Receipt this Period  
 Contribution 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Micheal J. Mrochek**

Mailing Address 736 Coeur D Alene Circle

City El Paso State TX Zip Code 79922

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

Name of Employer El Paso Orthopedic Surgery Grp Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4393**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Jeffrey M. Nakano**

Mailing Address 699 Cascade Dr

City State Zip Code  
Grand Junction CO 81506

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

Name of Employer Occupation  
Self-Employed Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 06 / 2012

**Transaction ID : SA11AI.4150**

Amount of Each Receipt this Period  
250.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Timothy J. O'Mara**

Mailing Address 4400 Bitterroot Rd

City State Zip Code  
Reno NV 89519

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

Name of Employer Occupation  
Reno Orthopaedic Clinic Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 30 / 2012

**Transaction ID : SA11AI.4510**

Amount of Each Receipt this Period  
250.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
**David Oberste**

Mailing Address 3334 Capital Medical Blvd, Ste 400

City State Zip Code  
Tallahassee FL 32308

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

Name of Employer Occupation  
Tallahassee Orthopaedic Clinic Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 30 / 2012

**Transaction ID : SA11AI.4455**

Amount of Each Receipt this Period  
250.00  
Contribution

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 34 OF 56  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Andrew J. Palafox**

Mailing Address 1700 Murchison, Ste C

City El Paso State TX Zip Code 79902

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

Name of Employer Self-Employed/Private Practice Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4391**

Amount of Each Receipt this Period  
 Contribution 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Thomas M. Park M.D.**

Mailing Address 3334 Capital Medical Blvd, Ste 400

City Tallahassee State FL Zip Code 32308

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

Name of Employer Self-Employed Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4449**

Amount of Each Receipt this Period  
 Contribution 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Johan Penninck**

Mailing Address 100 Calle Colina

City El Paso State TX Zip Code 79912

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

Name of Employer Self-Employed Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4387**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Archie C. Perry Jr.**

Mailing Address 9712 Highridge Dr

City Las Vegas State NV Zip Code 89134

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

Name of Employer Self-Employed/Private Practice Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4361**

Amount of Each Receipt this Period  
 Contribution 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Andrew N. Pollak**

Mailing Address 1692 Bullock Cir

City Owings Mills State MD Zip Code 21117

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

Name of Employer UMOA Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2012

**Transaction ID : SA11AI.4246**

Amount of Each Receipt this Period  
 Contribution 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Scott A. Protzman**

Mailing Address 1700 Murchison, Ste C

City El Paso State TX Zip Code 79902

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

Name of Employer Self-Employed Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4395**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Gregory H. Rafijah**

Mailing Address 208 Ave C

City Redondo Beach State CA Zip Code 90277

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

Name of Employer UC-Irvine Medical Center Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2012

**Transaction ID : SA11AI.4201**

Amount of Each Receipt this Period  
 Contribution 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Fred Redfern**

Mailing Address 2218 Chatsworth Ct

City Henderson State NV Zip Code 89074

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

Name of Employer Self-Employed Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4499**

Amount of Each Receipt this Period  
 Contribution 500.00

**C.** Full Name (Last, First, Middle Initial)  
**John C. Richmond**

Mailing Address 20 Malcolm St

City Higham State MA Zip Code 02043

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

Name of Employer Boston Sports & Shoulder Ctr Occupation Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2012

**Transaction ID : SA11AI.4166**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Reynold L. Rimoldi**

Mailing Address 9013 Greensboro Ln

City Las Vegas State NV Zip Code 89134

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

Name of Employer Self-Employed Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4503**

Amount of Each Receipt this Period  
 Contribution 250.00

**B.** Full Name (Last, First, Middle Initial)  
**William Robb**

Mailing Address 23 Indian Hill Rd

City Winnetka State IL Zip Code 60093

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

Name of Employer NorthShore Univ. Health System Occupation Physician/Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2012

**Transaction ID : SA11AI.4189**

Amount of Each Receipt this Period  
 Contribution 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Garrison A. Rolle M.D.**

Mailing Address 3334 Capital Medical Blvd, Ste 400

City Tallahassee State FL Zip Code 32308

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

Name of Employer Tallahassee Orthopedic Clinic Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4437**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Charles D. Rosen M.D.**

Mailing Address 1601 N. Sepulveda Blvd  
No. 747

City Manhattan Beach State CA Zip Code 90266

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

Name of Employer Self-Employed/Private Practice Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2012

**Transaction ID : SA11AI.4203**

Amount of Each Receipt this Period  
 250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Jefferey P. Rosen**

Mailing Address 1684 Indian Dance Ct

City Maitland State FL Zip Code 32751

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

Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2012

**Transaction ID : SA11AI.4256**

Amount of Each Receipt this Period  
 500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Lisa Rosen**

Mailing Address 1684 Indian Dance Ct

City Maitland State FL Zip Code 32751

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2012

**Transaction ID : SA11AI.4258**

Amount of Each Receipt this Period  
 500.00

Contribution

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Steven Ross**

Mailing Address 555 N Wildhorse Cir

City State Zip Code  
Orange CA 92869

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

Name of Employer Occupation  
Self-Employed Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 27 / 2012

**Transaction ID : SA11AI.4195**

Amount of Each Receipt this Period  
500.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Gerald W. Rothacker M.D.**

Mailing Address 817 Woodfield Dr

City State Zip Code  
Lititz PA 17543

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

Name of Employer Occupation  
Self-Employed Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 30 / 2012

**Transaction ID : SA11AI.4481**

Amount of Each Receipt this Period  
500.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Michael F. Schafer**

Mailing Address 1815 W Ridgewood Ln

City State Zip Code  
Glenview IL 60025

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

Name of Employer Occupation  
Northwestern University School Orthopaedic Surgeon, Professor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 20 / 2012

**Transaction ID : SA11AI.4180**

Amount of Each Receipt this Period  
250.00  
Contribution

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Scott Scutchfield**

Mailing Address 1591 Lexington Rd

City Danville State KY Zip Code 40422

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

Name of Employer University of Kentucky Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2012

**Transaction ID : SA11AI.4240**

Amount of Each Receipt this Period  
 Contribution 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Naomi Shields**

Mailing Address 2910 N Fox Pointe Cir

City Wichita State KS Zip Code 67226

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

Name of Employer AOA Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2012

**Transaction ID : SA11AI.4171**

Amount of Each Receipt this Period  
 Contribution 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Ira J. Singer**

Mailing Address 22 Intervale Rd

City Providence State RI Zip Code 02906

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

Name of Employer Self-Employed Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4340**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 41 OF 56  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**William Bradford Stephens III**

Mailing Address 3789 Longfellow Rd

City State Zip Code  
Tallahassee FL 32311

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

Name of Employer Occupation  
Tallahassee Orthopaedic Clinic Orthopaedic Surgeon

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4461**

Amount of Each Receipt this Period  
 Contribution 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Kris D. Stowers**

Mailing Address 3334 Capital Medical Blvd, Ste 400

City State Zip Code  
Tallahassee FL 32308

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

Name of Employer Occupation  
Self-Employed Orthopaedic Surgeon

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4431**

Amount of Each Receipt this Period  
 Contribution 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Ted L. Stringer**

Mailing Address 6011 E Woodmen Rd, Ste 120

City State Zip Code  
Colorado Springs CO 80923

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

Name of Employer Occupation  
Self-Employed M.D.

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4345**

Amount of Each Receipt this Period  
 Contribution 500.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 42 OF 56  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Timothy B. Sutherland**  
 Mailing Address 9401 Drew Ct  
 City State Zip Code  
 Las Vegas NV 89117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Desert Orthopaedic Center Orthopaedic Surgeon  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 30 2012  
**Transaction ID : SA11AI.4365**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Todd V. Swanson**  
 Mailing Address 8370 W Cheyenne Ave, #109  
 PMB 364  
 City State Zip Code  
 Las Vegas NV 89129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Desert Orthopaedic Center Orthopaedic Surgeon  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 30 2012  
**Transaction ID : SA11AI.4355**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**David Teuscher**  
 Mailing Address 825 Thomas Rd  
 City State Zip Code  
 Beaumont TX 77706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Orthopaedic Surgeon  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 01 2012  
**Transaction ID : SA11AI.4232**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution

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

2000.00

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

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

FOR LINE NUMBER: PAGE 43 OF 56  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**William H. Thompson**

Mailing Address 3334 Capital Medical Blvd, Ste 400

City Tallahassee State FL Zip Code 32308

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

Name of Employer Self-Employed Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4439**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Robert L. Thornberry M.D.**

Mailing Address 3334 Capital Medical Blvd, Ste 400

City Tallahassee State FL Zip Code 32308

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

Name of Employer Tallahassee Orthopaedic Clinic Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4425**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**John R. Tongue**

Mailing Address 930 Westpoint Rd

City Lake Oswego State OR Zip Code 97034

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

Name of Employer Self-Employed Occupation Orthopedic Surgeon

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2012

**Transaction ID : SA11AI.4234**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Contribution

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

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

\_\_\_\_\_ 1500.00

\_\_\_\_\_

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

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

FOR LINE NUMBER: PAGE 44 OF 56  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Marla Triano-Rodgers**  
 Mailing Address 2163 Meadow Ridge Dr  
 City Lancaster State PA Zip Code 17601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lancaster General Hospital Occupation Orthopaedic Surgeon  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : SA11AI.4485**  
 Amount of Each Receipt this Period  
 Contribution 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Martin C. Tynan**  
 Mailing Address 16882 Bolero Ln  
 City Huntington Beach State CA Zip Code 92649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UCI Medical Center Occupation Orthopaedic Surgeon  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2012  
**Transaction ID : SA11AI.4205**  
 Amount of Each Receipt this Period  
 Contribution 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Sarah J. Uppal**  
 Mailing Address 1730 Sharpe Hill Cir  
 City Reno State NV Zip Code 89523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Orthopedic Surgeon  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : SA11AI.4514**  
 Amount of Each Receipt this Period  
 Contribution 250.00

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Luis H. Urrea**

Mailing Address 1700 Murchison, Ste C

City El Paso State TX Zip Code 79902

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

Name of Employer El Paso Orthop. Surgery Group Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4381**

Amount of Each Receipt this Period  
 Contribution 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Carlos O. Viesca**

Mailing Address 1700 Murchison, Ste C

City El Paso State TX Zip Code 79902

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

Name of Employer El Paso Orthopedic Surgery Grp Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4397**

Amount of Each Receipt this Period  
 Contribution 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Troy Watson**

Mailing Address 9 Clear Crossing Trl

City Henderson State NV Zip Code 89052

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

Name of Employer Desert Orthopaedic Center Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4207**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Stuart L. Weinstein**

Mailing Address 22 Ridgewood Ln

City Iowa City State IA Zip Code 52245

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

Name of Employer Univ of Iowa Medical Center Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4217**

Amount of Each Receipt this Period  
 Contribution 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard S. Westbrook**

Mailing Address 42 Stratford Hall Cir

City El Paso State TX Zip Code 79912

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

Name of Employer Self-Employed Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4401**

Amount of Each Receipt this Period  
 Contribution 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Rick Wilkerson**

Mailing Address 2470 Hwy 18

City Spencer State IA Zip Code 51301

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

Name of Employer NW IA Bone, Joint, Sports Surg Occupation Orthopedic Surgery

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2012

**Transaction ID : SA11AI.4244**

Amount of Each Receipt this Period  
 Contribution 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Charles H. Wingo M.D.**

Mailing Address 3334 Capital Medical Blvd, Ste 400

City Tallahassee	State FL	Zip Code 32308
---------------------	-------------	-------------------

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

Name of Employer Tallahassee Orthopedic Clinic	Occupation Orthopaedic Surgeon
---	-----------------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4427**

Amount of Each Receipt this Period  
 250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Roland H. Winter**

Mailing Address 5660 E Acorn Ct

City Stockton	State CA	Zip Code 95212
------------------	-------------	-------------------

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

Name of Employer Self-employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2012

**Transaction ID : SA11AI.4236**

Amount of Each Receipt this Period  
 2000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Andrew M. Wong**

Mailing Address 3334 Capital Medical Blvd, Ste 400

City Tallahassee	State FL	Zip Code 32308
---------------------	-------------	-------------------

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

Name of Employer Tallahassee Orthopedic Clinic	Occupation Orthopedic Surgeon
---	----------------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4443**

Amount of Each Receipt this Period  
 250.00

Contribution

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Demian M. Yakel**

Mailing Address 6199 Garden Creek Rd

City Casper State WY Zip Code 82601

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

Name of Employer Casper Orthopedics Occupation Orthopedic Surgery

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11AI.4351**

Amount of Each Receipt this Period  
 250.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Adolph J. Yates**

Mailing Address 52 Mallard Dr

City Pittsburgh State PA Zip Code 15238

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

Name of Employer University of Pittsburgh Med. Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2012

**Transaction ID : SA11AI.4178**

Amount of Each Receipt this Period  
 250.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**James J. York**

Mailing Address 105 Sandgate Ct

City Millersville State MD Zip Code 21108

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

Name of Employer Chesapeake Orthopaedic & Sport Occupation Orthopedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2012

**Transaction ID : SA11AI.4264**

Amount of Each Receipt this Period  
 250.00  
 Contribution

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 49 OF 56  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Colby Young**

Mailing Address 2 Cascade Lakes

City Las Vegas State NV Zip Code 89148

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

Name of Employer Self-Employed Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2012

**Transaction ID : SA11AI.4184**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

250.00

55150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 56
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

**A.** Full Name (Last, First, Middle Initial)  
COOPERATIVE OF AMERICAN PHYSICIANS - MUTUAL PROTECTION TRUST (CAP-MPT) FEDERAL PAC

Mailing Address 333 SOUTH HOPE STREET  
8TH FLOOR

City LOS ANGELES State CA Zip Code 90071

FEC ID number of contributing federal political committee. **C** C00161604

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2012

**Transaction ID : SA11C.4517**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 56			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

Full Name (Last, First, Middle Initial) <b>A. CampaignContributions.com</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2012
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 27.50
City Washington State DC Zip Code 20003	Purpose of Disbursement Credit Card Processing	
Candidate Name	Category/Type	<b>Transaction ID : SB17.4160</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CampaignContributions.com</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 12.50
City Washington State DC Zip Code 20003	Purpose of Disbursement Credit Card Processing	
Candidate Name	Category/Type	<b>Transaction ID : SB17.4547</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. CampaignContributions.com</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2012
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 62.50
City Washington State DC Zip Code 20003	Purpose of Disbursement Credit Card Processing	
Candidate Name	Category/Type	<b>Transaction ID : SB17.4546</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	102.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

Full Name (Last, First, Middle Initial) <b>A. CampaignContributions.com</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2012
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 112.50 <b>Transaction ID : SB17.4545</b>
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Credit Card Processing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CampaignContributions.com</b>		Date of Disbursement MM / DD / YYYY 05 / 08 / 2012
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 101.25 <b>Transaction ID : SB17.4543</b>
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Credit Card Processing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. CampaignContributions.com</b>		Date of Disbursement MM / DD / YYYY 05 / 14 / 2012
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 795.00 <b>Transaction ID : SB17.4542</b>
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Credit Card Processing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1008.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 56			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

Full Name (Last, First, Middle Initial) <b>A. CampaignContributions.com</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 12.50
City Washington State DC Zip Code 20003	Purpose of Disbursement Credit Card Processing	
Candidate Name	Category/Type	<b>Transaction ID : SB17.4541</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Koch &amp; Hoos, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address 901 N Washington St, Ste 700		Amount of Each Disbursement this Period 2334.06
City Alexandria State VA Zip Code 22314	Purpose of Disbursement PAC Accounting/Compliance Services	
Candidate Name	Category/Type	<b>Transaction ID : SB17.4554</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Koch &amp; Hoos, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2012
Mailing Address 901 N Washington St, Ste 700		Amount of Each Disbursement this Period 2505.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement PAC Accounting/Compliance Services	
Candidate Name	Category/Type	<b>Transaction ID : SB17.4555</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4851.56
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

Full Name (Last, First, Middle Initial) <b>A. Reid Political Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address Halcyon Dr		Amount of Each Disbursement this Period 3143.20
City Alexandria	State VA Zip Code 22305	
Purpose of Disbursement Reimbursement: See Below		Transaction ID : SB17.4534
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JW Marriot Washington DC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 1331 Pennsylvania Ave NW		Amount of Each Disbursement this Period 3143.20
City Washington	State DC Zip Code 20004	
Purpose of Disbursement PAC Event Expense: Food&Beverage		Transaction ID : SB17.4534.0
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3143.20
<b>TOTAL</b> This Period (last page this line number only).....	9106.01

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 56	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF JOHN BARRASSO</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2012
Mailing Address PO BOX 52008		Amount of Each Disbursement this Period 29697.01 <b>Transaction ID : SB18.4557</b>
City CASPER	State WY	
Zip Code 82605	Purpose of Disbursement Distribution of JFC Proceeds	Category/ Type
Candidate Name <b>JOHN BARRASSO</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WY District: 00	

Full Name (Last, First, Middle Initial) <b>B. PRICE FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2012
Mailing Address PO BOX 425		Amount of Each Disbursement this Period 29867.74 <b>Transaction ID : SB18.4558</b>
City ROSWELL	State GA	
Zip Code 30077	Purpose of Disbursement Distribution of JFC Proceeds	Category/ Type
Candidate Name <b>THOMAS EDMUNDS PRICE</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: GA District: 06	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	59564.75
<b>TOTAL</b> This Period (last page this line number only).....	59564.75

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 56			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Barrasso-Price Committee**

Full Name (Last, First, Middle Initial) <b>A. Peter J. Mandell</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2012
Mailing Address 1663 Rollins Rd		Amount of Each Disbursement this Period 900.00
City Burlingame	State CA	
Zip Code 94010	Purpose of Disbursement Contribution Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	900.00