

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 242 / 522

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Joel Anthony Wallskog, MD

Mailing Address 12907 N Highgate Ct

City State Zip Code
Meguon WI 53097-1816

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

Name of Employer Occupation
 Aurora Health Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **1000.00**

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: 29733911

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mark Kuehner Robinson, MD

Mailing Address 275 Wagon Wheel Rd

City State Zip Code
Mammoth Lakes CA 93546-0100

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

Name of Employer Occupation
 Sierra Park Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **1200.00**

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: 29733912

Amount of Each Receipt this Period
1200.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Allan Teitge, MD

Mailing Address 18100 Oakwood Blvd Ste 300

City State Zip Code
Dearborn MI 48124-4085

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

Name of Employer Occupation
 Wayne State University Physicians Grou Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ **500.00**

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: 29733913

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

2700.00

TOTAL This Period (last page this line number only)