01/30/2008 10:32

Image# 28990141448

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other Than An Author	ized Committee	Office Use	Only
NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT ₩	Example:If typing, type over the lines		
Political Action Committee of	the American Association of Orthop	paedic Surgeons		
ADDRESS (number and street)	317 Massachusetts Avenue, NE	<u> </u>		
Check if different	1st Floor			
than previously reported. (ACC)	Washington		DC 200	002
2. FEC IDENTIFICATION NUM	MBER ♥ CITY A	1	STATE A Z	IPCODE A
C00343137	3. IS TH		AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Feb 20	(M2) May 20 (M5	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20	(M3) Jun 20 (M6	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20 ((M4) Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report(C	Q1) (c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report(C	PRE-Election Report for the:	Convention (12C)	Special (12G)	
October 15 Quarterly Report(C			Sp33.tr (1=3)	
X January 31 Quarterly Report(Y	(E) Election or			n the State of
July 31 Mid-Year Report(Non-electio Year Only) (MY)	n (d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Repor (TER)	t Election or	n .		n the State of
5. Covering Period 0	7 01 2007	through 12	31 2007	
I certify that I have examined this	Report and to the best of my knowle	dge and belief it is true, correct	ct and complete.	
Type or Print Name of Treasurer	William J. Robb, III, MD			
Signature of Treasurer Electro	onically Filed by William J. Robb, I	III, MD	Date 0.1 3.0	2008
NOTE : Submission of false, erro	neous, or incomplete information ma	ay subject the person signing	this Report to the penalties o	of 2 U.S.C 437g.
Office Use				FORM 3X . 12/2004)

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Political Action Committee of the American Association of Orthopaedic Surgeons [®] D D 0 7 12 0 1 2007 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand Ž007 391990.27 January 1 (b) Cash on Hand at 814807.74 Begining of Reporting Period 428413.35 1155809.35 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1243221.09 1547799.62 6(a) and 6(c) for Column B) 310280.55 614859.08 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 932940.54 932940.54 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

0 1 м м 0 7 м м 1 2 3^D1 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 1051664.60 384986.96 (i) Itemized (use Schedule A) 24020.00 74022.40 (ii) Unitemized (iii) TOTAL (add 409006.96 1125687.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 409006.96 1125687.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 6785.45 17501.41 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 12620.94 12620.94 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 428413.35 1155809.35 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 428413.35 1155809.35 (subtract Line 18(c) from Line 19)

23.

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 6425.47 17163.60 Expenditures..... (c) Total Operating Expenditures 6425.47 17163.60 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to Federal Candidates/Committees.....and Other Political Committees..... 303355.08 595355.08 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 500.00 2000.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 500.00 2000.00 (add Lines 28(a), (b), and (c)) 0.00 340.40 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 310280.55 614859.08 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 310280.55 614859.08 from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
otal Contributions (other than loans) rom Line 11(d), page 3)	409006.96	1125687.00
otal Contribution Refunds from Line 28(d))	500.00	2000.00
et Contributions (other than loans) subtract Line 34 from Line 33)	408506.96	1123687.00
otal Federal Operating Expenditures add Line 21(a)(i) and Line 21(b))	6425.47	17163.60
Offsets to Operating Expenditures from Line 15, page 3)	6785.45	17501.41
et Operating Expenditures subtract Line 37 from Line 36)	-359.98	-337.81

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American Committee		
Full Name (Last, First, Middle Initial) Dr. Dale R Martin, , MD Mailing Address Ortho Ctr of the Rock 2500 E Prospect Rd City Fort Collins FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code CO 80525-9718 C Occupation Orthopaedic Surgeon	Date of Receipt O 7 10 2007 Transaction ID: 26250305 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 250.00	
Dr. Dolf R Ichtertz, , MD Mailing Address 1803 W Charles St City	State Zip Code	Date of Receipt M M D D C 2 0 0 7 Transaction ID: 26250306
Grand Island FEC ID number of contributing federal political committee. Name of Employer NHSI, PC	NE 68803-5904 C Occupation	Amount of Each Receipt this Period 1000.00
Receipt For: Primary General Other (specify)	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Tobin Norton Gerhart, , MD Mailing Address 97 Francis St	•	Date of Receipt
City Brookline	State Zip Code MA 02446-6637	Transaction ID: 26250307 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	535.00
Receipt For: Primary General Other (specify)	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 535.00	
SUBTOTAL of Receipts This Page (optional) .	1	1785.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Stephen R Newman, , MD Mailing Address 950 29th Ave SW		Date of Receipt
City	State Zip Code	0 7 1 0 2 0 0 7 Transaction ID: 26250308
Albany	OR 97321-3415	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Karl Wenner, , MD		Date of Receipt
Mailing Address 1608 Cove Point F	Rd	07 10 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26250309
Klamath Falls	OR 97601-9300	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Dale R Anderson, , MD		Date of Receipt
Mailing Address 101 E Minnesota A	Ave	07 10 / Y Y Y Y Y Y Y
City <u>Rapid City</u>	State Zip Code SD 57701-7756	Transaction ID: 26250310 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	2000.00

SCHEDULE A (I	•		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 328 (check only one) X 11a
NAME OF COMMITT	EE (In Full)		not be sold or used by any persoress of any political committee to ation of Orthopaedic Surgeo	on for the purpose of soliciting contributions a solicit contributions from such committee.
	. ,	Society		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 26250311
<u>Danbury</u>		CT	06810-6007	Amount of Each Receipt this Period
FEC ID number of co federal political comm		C		250.00
Name of Employer Connecticut Family C aedics Receipt For: Primary Other (specify)	General		dic Surgeon Year-to-Date ▼ 250.00	
Full Name (Last, First Dr. David E Hassinger, Mailing Address 40				Date of Receipt 0 7 1 0 2 0 0 7
City		State	Zip Code	
City Boise		ID	83703-3856	Transaction ID: 26250855
FEC ID number of co federal political comm		C	63703-3630	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	,	Occupation Orthopae	dic Surgeon	
Receipt For: Primary Other (specify)	General ▼	Aggregate	Year-to-Date ▼ 500.00]
Full Name (Last, First				Date of Receipt
Mailing Address 40	0 22nd Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 26250856
Brookings		SD	57006-2450	Amount of Each Receipt this Period
FEC ID number of co federal political comm		С		1000.00
Name of Employer Avera Health Sustem		Occupation Orthopae	ı dic Surgeon	
Receipt For: Primary Other (specify)	General ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts	s This Page (ontional)			1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person the name and address of any political committee to the name and address of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. David H Doty, , MD Mailing Address 3344 Parkside Dr City San Bernardino FEC ID number of contributing federal political committee. Name of Employer Single Specialty Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code CA 92404-2408 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 535.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 26250857 Amount of Each Receipt this Period 535.00
Full Name (Last, First, Middle Initial) Dr. William C Dannenmaier, , MD Mailing Address 3676 Zermatt Ct City Rockford FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code IL 61114-7316 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 26250858 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Michael R Wilson, , MD Mailing Address 5588 Hammock Isles City Naples FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code FL 34119-4691 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26250859 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		1285.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and for commercial purposes, other than using t	Statements may not be sold or used by any pene name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	nerican Association of Orthopaedic Surg	geons
. <u>/_</u>	Full Name (Last, First, Middle Initial) Dr. Richard D Collison, , MD		Date of Receipt
	Mailing Address PO Box 2860		07 10 / Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 26250860
	Prescott	AZ 86302-2860	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. Paul J Dougherty, , MD		Date of Receipt
	Mailing Address 3536 Bradway Blvd		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: 26250861
	Bloomfield	MI 48301-2408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	535.00
	Name of Employer Henry Ford Hospital	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 535.00	
	Full Name (Last, First, Middle Initial) Dr. Susan Cero, , MD		Date of Receipt
	Mailing Address 4011 Talbot Rd S St	e 300	07 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 26250862
	Renton	WA 98055-5791	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
			2035.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using t	I Statements may not be sold or used by any personal Statements may not be sold or used by any personal he name and address of any political committee to the name and address of any political committee to the name and address of Orthopaedic Surgeonation	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Van W Johnson, , MD Mailing Address 103 W Saint Clair St City Warren FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code PA 16365-2197 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 26250863 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Dr. Frank P Giammattei, , MD Mailing Address Crozer-Chester Med Professional Office E City Upland FEC ID number of contributing federal political committee. Name of Employer Premier Orthopaedics Receipt For:		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. James C Walter, , MD Mailing Address 2053 Remington Ln City Frisco FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code TX 75034-7636 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 535.00	701.66

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 328 (check only one) X
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
Full Name (Last, First, Middle Initial) Dr. Daniel R Harrah, , MD Mailing Address 3225 Hospital Dr Ste City Juneau FEC ID number of contributing federal political committee. Name of Employer Self Employed	State AK	Zip Code 99801-7863 n edic Surgeon	Date of Receipt O 7
Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. James W Scott, , MD Mailing Address PO Box 7630			Date of Receipt 0 7 2 4 2 0 0 7
City	State	Zip Code	Transaction ID: 26292424
Tifton	GA	31793-7630	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Georgia Sports Medicine	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Cyrus Ghavam, , MD			Date of Receipt
Mailing Address 12 Northampton Dr S	E		07 24 YYYY
City	State	Zip Code	Transaction ID: 26292450
Huntsville	AL	35801-2844	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Sportsmed Ortho Surg & Sp- ine Ctr	- ' 	edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional) .	•		3000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 328 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Albert J Cecchini, , DO Mailing Address Mountain Orthopae 113-A Foothills Dr			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Morganton FEC ID number of contributing federal political committee.	State NC	Zip Code 28655-5152	Transaction ID: 26292453 Amount of Each Receipt this Period 500.00
Name of Employer Blue Ridge Healthcare Receipt For: Primary General Other (specify) ▼		edic Surgeon Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. H Ryan Bicknell, Jr, MD Mailing Address 7925 Youree Dr Ste	e 200		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26292454
Shreveport	LA	71105-5134	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. J Richard Bowen, , MD			Date of Receipt
Mailing Address 1600 Rockland Rd PO Box 269			07 24 2007
City Wilmington	State DE	Zip Code 19803-3607	Transaction ID: 26292455
FEC ID number of contributing federal political committee.	C	19803-3807	Amount of Each Receipt this Period 535.00
Name of Employer Al Dupont Hospital for Ch- ildren Receipt For:		n edic Surgeon e Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	535.00	
SUBTOTAL of Receipts This Page (optional	J)		1535.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 328 (check only one) X
or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person the name and address of any political committee to American Association of Orthopaedic Surgeon	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Glenn B Rankin, , MD Mailing Address 1404 San Lucas (Ct	Date of Receipt 0 7 2 4 2 0 0 7
City Solana Beach	State Zip Code CA 92075-2114	Transaction ID: 26292456
FEC ID number of contributing federal political committee.	CA 920/5-2114	Amount of Each Receipt this Period 250.00
Name of Employer S Calif Permenente Med Group Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Christopher B Michelsen, , MD Mailing Address 5141 Broadway F	Rm 3-029	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City New York	State Zip Code NY 10034-1159	Transaction ID: 26292459 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer NY Orthopaedic Hospital	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Paul N Krop, , MD		Date of Receipt
Mailing Address 230 Clearfield Av	e Ste 124	07
City <u>Virginia Beach</u>	State Zip Code VA 23462-1832	Transaction ID: 26292460 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Atlantic Orthopaedics	Occupation Orthopaedic Surgeon	1
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optic	nal)	1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 328 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	g the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Pierce Dalton Nunley, , MD Mailing Address Spine Institute of L 1500 Line Ave 2nd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26292505
Shreveport FEC ID number of contributing federal political committee.	C	71101-4639	Amount of Each Receipt this Period 500.00
Name of Employer Spine Institute of Louisi- ana Receipt For: Primary General Other (specify) ▼		n edic Surgeon • Year-to-Date ▼]
Full Name (Last, First, Middle Initial) Dr. John R Olenyn, , MD Mailing Address 3100 Cross Creek	Pkwy Ste 200		Date of Receipt 0 7 2 4 2 0 0 7
City	State	Zip Code	Transaction ID: 26292507
Auburn Hills	MI	48326-2776	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		535.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 535.00]
Full Name (Last, First, Middle Initial) Dr. Charles M Spivey, , MD	I		Date of Receipt
Mailing Address 101 Harris Industri	al Blvd #A		07 24 2007
City	State	Zip Code	Transaction ID: 26292508
Vidalia	GA	30474-8852	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]
SUBTOTAL of Receipts This Page (options	al)		2035.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 328 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Mark John Spoonamore, , MD Mailing Address USC Center for Spir 1520 San Pablo St S			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26292509
Los Angeles	CA	90033-5322	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Univ of Southern Californ- ia	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Philip H Ireland, , MD Mailing Address 9302 N Meridian St	Ste 299		Date of Receipt
			07 24 2007
City	State	Zip Code	Transaction ID: 26292510
Indianapolis FEC ID number of contributing federal political committee.	C	46260-1842	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Peter John Campbell, , MD			Date of Receipt
Mailing Address 7152 N 23rd Pl			07 24 2007
City	State	Zip Code	Transaction ID: 26292511
Phoenix	AZ	85020-5657	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	the name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Enrico S Mango, , MD Mailing Address 290 E Main St Ste	700	Date of Receipt
City Smithtown FEC ID number of contributing	State Zip Code NY 11787-2916	Transaction ID: 26292527 Amount of Each Receipt this Period
federal political committee. Name of Employer Self Employed	Occupation October 2015	500.00
Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼	500.00
Full Name (Last, First, Middle Initial) Dr. A Edward Dean, Jr, MD Mailing Address 820 Jordan St Ste	201 F	Date of Receipt 0 7 2 4 2 0 0 7
City	State Zip Code	Transaction ID: 26292530
Shreveport	LA 71101-4519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Retired	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
Full Name (Last, First, Middle Initial) Dr. Kenneth A Egol, , MD	•	Date of Receipt
Mailing Address 301 E 17th St Ste	1402	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 26292532
New York	NY 10003-3804	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	535.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	535.00
SUBTOTAL of Receipts This Page (options		1535.00

SCHEDULE ITEMIZED F	A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial NAME OF CO	purposes, other than using the n MMITTEE (In Full)	ame and add	not be sold or used by any persordress of any political committee to ation of Orthopaedic Surgeo	on for the purpose of soliciting contributions solicit contributions from such committee.
Mailing Addres City River Forest	s 1029 Franklin Ave er of contributing committee. over paedics General	<u> </u>	Zip Code 60305-1339	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26292533 Amount of Each Receipt this Period 500.00
Dr. Jeffrey Dear Mailing Addres City Campbell	er of contributing committee.	·	Zip Code 95008-6616 n edic Surgeon Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26350462 Amount of Each Receipt this Period 250.00
Dr. John J Rega Mailing Addres City Beverly Hills	er of contributing committee. General	State CA C Occupation Orthopae	Zip Code 90212-1842 dic Surgeon Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of R	leceipts This Page (optional))	1750.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 328 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any person dress of any political committee to	
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Mark Arentz Rhodes, , MD			Date of Receipt
Mailing Address 2110 N Vantage Cir			07 30 2007
City	State	Zip Code	Transaction ID: 26350484
Tucson	AZ	85749-9117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer County Hospitals of Nevada	Occupation Orthopae	n edic Surgeon	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Gregg M Strathy, , MD	<u> </u>		Date of Receipt
Mailing Address 6490 Excelsior Blvd	Ste 400E		07 30 YYYYY
City	State	Zip Code	Transaction ID: 26350485
Saint Louis Park	MN	55426-4721	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		750.00
Name of Employer Park Nicollet Health Serv- ices	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Sandra Lee Reidel, , MD			Date of Receipt
Mailing Address 627 Barron Ave			07 30 7 2007
City	State	Zip Code	Transaction ID: 26350491
Palo Alto	CA	94306-2706	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Kaiser	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
SUBTOTAL of Receipts This Page (optional)		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 20 / 328 (check only one) X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. Matthew Warren McKinley, , MD Mailing Address 411 Kolleen Ct City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Los Alamos FEC ID number of contributing federal political committee.	NM 87544-3529	Amount of Each Receipt this Period 1000.00
Name of Employer Presbyterian Medical Group Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Frank A Pettrone, , MD Mailing Address 8035 Georgetown	Pike	Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26376701
Mc Lean	VA 22102-1434	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Commonwealth Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Peter D Pizzutillo, , MD		Date of Receipt
Mailing Address St Christopher's H Section of Orthopa	aedics	08 06 2007
City Philadelphia	State Zip Code PA 19134-1095	Transaction ID: 26376702 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St Christopher's Hospital for Children Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	nal)	1500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Am			
∠ 4 .	Full Name (Last, First, Middle Initial) Dr. Michael Vincent Galo, , MD Mailing Address 702 Galveston St			Date of Receipt
	City	State	Zip Code	0 8 0 6 2 0 0 7 Transaction ID: 26376705
	Laredo FEC ID number of contributing federal political committee.	C	78040-4638	Amount of Each Receipt this Period 535.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼	1
 3.	Full Name (Last, First, Middle Initial) Dr. Russell Cecil, , MD Mailing Address 5010 St Hwy 30 Ste 2	205		Date of Receipt
	City	State	Zip Code	0 8 0 6 2 0 0 7 Transaction ID: 26376767
	Amsterdam FEC ID number of contributing federal political committee.	C	12010-7532	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. Juliet M DeCampos, , MD Mailing Address 9400 University Parky Ste 309	way		Date of Receipt 0 8 0 6 2 0 0 7
	City	State	Zip Code	Transaction ID: 26376768
	Pensacola FEC ID number of contributing federal political committee.	C	32514-5485	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1035.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 328 (check only one) X 11a
NAME	nation copied from such Reports and S nmercial purposes, other than using the OF COMMITTEE (In Full) cal Action Committee of the Ame			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Na	ame (Last, First, Middle Initial) n W Yasko, , MD			Date of Receipt
Mallinę ——— City	g Address 676 N Saint Clair 13th	State	Zip Code	0 8 0 6 2 0 0 7 Transaction ID: 26376769
Chica	ago	IL	60611-3060	Amount of Each Receipt this Period
FEC I	O number of contributing I political committee.	C		1000.00
Name North	of Employer vestern University	Occupation Orthopae	n edic Surgeon	
	ot For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00	
Dr. Va	ame (Last, First, Middle Initial) n W Johnson, , MD g Address 103 W Saint Clair St			Date of Receipt
				08 06 2007
City		State	Zip Code	Transaction ID: 26376770
	en D number of contributing I political committee.	C	16365-2197	Amount of Each Receipt this Period 83.33
Name Self E	of Employer mployed	Occupation Orthopae	n edic Surgeon	
	ot For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 666.68	
	ame (Last, First, Middle Initial) ınk P Giammattei, , MD			Date of Receipt
	Address Crozer-Chester Med C Professional Office Blo			08 / 06 / 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
City		State	Zip Code	Transaction ID: 26376771
	O number of contributing I political committee.	C	19013	Amount of Each Receipt this Period 83.33
Name Premi	of Employer er Orthopaedics	Occupation Orthopae	n edic Surgeon	7
	ot For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 666.68	
SUBTO	FAL of Receipts This Page (optional)	l		1166.66

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 328 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may not be sold or used by any pe the name and address of any political committee	
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Association of Orthopaedic Surg	eons
Full Name (Last, First, Middle Initial) Dr. D Allan Lanzo, , MD		Date of Receipt
Mailing Address 6565 N Charles St	Ste 606	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26376772
Baltimore	MD 21204-5801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Ortho Specialists of Mary-	Occupation Orthopaedic Surgeon	
<u>land</u> Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Christopher Keith Nagy, , MD	1	Date of Receipt
Mailing Address 1 Stuart Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26376773
Spencer	NC 28159-1961	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Salisbury Ortho Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. William R Lee, , MD		Date of Receipt
Mailing Address 1304 Ridge Rd		08 06 7 2007
City	State Zip Code	Transaction ID: 26376775
Chelsea	MI 48118-9792	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24/328 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Christopher M Magee, , MD			Date of Receipt
Mailing Address 8830 Cameron St S	Ste 333		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Silver Spring	State MD	Zip Code 20910-4155	Transaction ID: 26376782
FEC ID number of contributing federal political committee.	C	20910-4133	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. David W Duffner, , MD			Date of Receipt
Mailing Address Ortho Institute Ste 2 1180 N Indian Cany	-		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code n Springs CA 92262-4800		
Palm Springs FEC ID number of contributing federal political committee.	C	92202-4600	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Dr. Jeffrey T DeHaan, , MD			Date of Receipt
Mailing Address 3708 Summerhill R	d		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26440199
Texarkana FEC ID number of contributing federal political committee.	C	75503-3566	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	.0		2000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Amo	erican Assoc	iation of Orthopaedic Surgeo	ons
۷ A.	Full Name (Last, First, Middle Initial) Dr. Douglas Palma, , MD			Date of Receipt
	Mailing Address 39 Harvest Ln			08 14 2007
	City Hockessin	State DE	Zip Code 19707-2088	Transaction ID: 26440200 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Orthopaedic Specialists	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
– В.	Full Name (Last, First, Middle Initial) Dr. Thomas S Vinje, , MD			Date of Receipt
	Mailing Address 101 E Miller Rd			08 14 2007
	City Sterling	State IL	Zip Code 61081-1252	Transaction ID: 26440201
	FEC ID number of contributing federal political committee.	C	01001-1232	Amount of Each Receipt this Period 500.00
	Name of Employer Sterling Rock Falls Clinic	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- C.	Full Name (Last, First, Middle Initial) Dr. C Parker Gibbs, Jr, MD			Date of Receipt
	Mailing Address Univ of FL College of 3450 Hull Rd 3rd Fl	Med		08 14 2007
	City Gainesville	State FL	Zip Code 32607-4144	Transaction ID: 26440202 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	32007-4144	500.00
	Name of Employer University of Florida	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			1500.00
t	TOTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 328 (check only one) X 11a
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persithe name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. John S Early, , MD Mailing Address 3921 Marquette St	Tierican Association of Orthopaedic Surger	Date of Receipt
City Dallas	State Zip Code TX 75225-5432	Transaction ID: 26440203 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Texas Orthopaedic	Occupation Orthopaedic Surgeon	1000.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Gregory M Hrasky, , MD Mailing Address PO Box 8458		Date of Receipt M M
City	State Zip Code	Transaction ID: 26440204
Scottsdale FEC ID number of contributing federal political committee.	AZ 85252-8458	Amount of Each Receipt this Period 1000.00
Name of Employer Cactus Pediatric Orthopae- dics Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Joel L Frazier, , MD	•	Date of Receipt
Mailing Address 12423 St Andrews [Or Apt A	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26440206
Oklahoma City FEC ID number of contributing federal political committee.	OK 73120-8609	Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic & Reconstruct- ive Ctrs in O Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date	
Primary General Other (specify) ▼	500.00	
SURTOTAL of Receipts This Page (antions)	2500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 328 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person good the name and address of any political committee to American Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Barry S Kraushaar, , MD Mailing Address 2 Perlman Dr Ste	204	Date of Receipt
		08 14 2007
City	State Zip Code	Transaction ID: 26440207
Spring Valley FEC ID number of contributing	NY 10977-5230	Amount of Each Receipt this Period 500.00
federal political committee.		300.00
Name of Employer Advanced Ortho & Sports	Occupation Orthopaedic Surgeon	
Medicine Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. William M Parrish, , MD	1	Date of Receipt
Mailing Address 2150 Noll Dr Ste 2	200	M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
City	State Zip Code	Transaction ID: 26446563
Lancaster	PA 17603-7604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Orthopaedic Specialists of Central PA	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. H Bryan Noah, , MD		Date of Receipt
Mailing Address High Point Ortho & 611 Lindsay Ste 2		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26446564
High Point	NC 27262-4318	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer High Point Orthopaedic & Sports Med	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SURTOTAL of Descints This Desc (entire)	nal)	2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Am			
Full Name (Last, First, Middle Initial) Dr. Lewis S Sharps, , MD Mailing Address 254 W Lancaster Ave PO Box 968 City Paoli FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Surgery & Sports Medicine	State PA C	Zip Code 19301-0968	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Dr. Andrew H Borom, , MD Mailing Address 3334 Capitol Medical	Blvd Ste 400)	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26484194
Tallahassee	FL	32308-4470	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Tallahassee Orthopaedics	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. John P Ternes, , MD	•		Date of Receipt
Mailing Address 3707 Mooreland Farr	ns Rd		08 31 2007
City	State	Zip Code	Transaction ID: 26484195
Charlotte	NC	28226-5404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Charlotte Orthopedic Spec- ialists Receipt For:	_, ,	on edic Surgeon e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)	•		1750.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 328 (check only one) X 11a
or for co	ormation copied from such Reports and Sommercial purposes, other than using the ME OF COMMITTEE (In Full) itical Action Committee of the Ame	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr. F	Name (Last, First, Middle Initial) Robert P Cusick, , MD ing Address Kansas Joint & Spine 2682 N Webb Rd			Date of Receipt 0 8 3 1 2 0 0 7
City		State	Zip Code	Transaction ID: 26484196
Wic	chita	KS	67226-8110	Amount of Each Receipt this Period
	CID number of contributing oral political committee.	C		250.00
Nam Kan	ne of Employer sas Joint & Spine	Occupation Orthopae	n edic Surgeon	
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Dr. N	Name (Last, First, Middle Initial) Michael Lawrence Beckish, , MD			Date of Receipt
	ing Address Greenville Hospital Sys Orthopaedic Surgery E	ducation	7: 0.1	08 31 2007
City	eenville	State SC	Zip Code 29605	Transaction ID: 26484198
FEC	CID number of contributing eral political committee.	C	23003	Amount of Each Receipt this Period 500.00
Nam Gre	ne of Employer enville Hospital System	Occupation Orthopae	n edic Surgeon	
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Dr. 0	Name (Last, First, Middle Initial) Clarence L Shields, Jr, MD ing Address Kerlan Jobe Clinic 6801 Park Ter 5th Fl			Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 26484203
Los	Angeles	CA	90045-1543	Amount of Each Receipt this Period
	CID number of contributing ral political committee.	C		1000.00
Self	ne of Employer Employed	. '	edic Surgeon	
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBT	OTAL of Receipts This Page (optional)	1		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 328 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Timothy Evan Radomisli, , MD			Date of Receipt
Mailing Address 130 77th St East 12th Fl			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City New York	State NY	Zip Code	Transaction ID: 26484205
FEC ID number of contributing federal political committee.	C	10075-1851	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Victor Tseng, , MD			Date of Receipt
Mailing Address 5501 N 19th Ave St	te 331		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Phoenix	State AZ	Zip Code 85015-2455	Transaction ID: 26484206
FEC ID number of contributing federal political committee.	C	63013-2433	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Robert H Bell, , MD			Date of Receipt
Mailing Address 3975 Embassy Pkw	vy Ste 102		08 31 2007
City Akron	State OH	Zip Code	Transaction ID: 26484207
FEC ID number of contributing federal political committee.	C	44333-8335	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	J)		1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 328 (check only one) X 11a
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to merican Association of Orthopaedic Surger	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Gregory William Stocks, , MD		Date of Receipt
Mailing Address Fondren Orthopaed 7401 S Main St City	State Zip Code	0 8 3 1 2 0 0 7 Transaction ID: 26484267
Houston FEC ID number of contributing federal political committee.	TX 77030-4509	Amount of Each Receipt this Period 1000.00
Name of Employer Fondren Orthopaedic Group Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 2000.00	
Full Name (Last, First, Middle Initial) Dr. David E Attarian, , MD Mailing Address Duke Health Ctr Ort 3116 N Duke St	tho	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26484268
Durham FEC ID number of contributing federal political committee.	NC 27704-2102	Amount of Each Receipt this Period 250.00
Name of Employer Duke University	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Thomas J Parr, , MD		Date of Receipt
Mailing Address 14090 Southwest F	wy Ste 130	08 31 Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26484270
Sugar Land FEC ID number of contributing federal political committee.	TX 77478-3683	Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
	1	2000.00

SCHEDULE A (FEC ITEMIZED RECEIPT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 328 (check only one) X 11a
or for commercial purposes, oth NAME OF COMMITTEE (In	er than using the name and ac Full)	ay not be sold or used by any pers ddress of any political committee to ciation of Orthopaedic Surge	con for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middl Dr. Jeffrey M Nakano, , MD			Date of Receipt
Mailing Address 627 25 1			0 8 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Grand Junction	State CO	Zip Code	Transaction ID: 26484272
FEC ID number of contributi federal political committee.		81505-6401	Amount of Each Receipt this Period 500.00
Name of Employer Rocky Mountain Orthopaedic Associates Receipt For: Primary General Other (specify) ▼	Aggregat	on aedic Surgeon te Year-to-Date ▼	
Full Name (Last, First, Middl Dr. G Gustave Hodge, , MD Mailing Address 3015 Sq			Date of Receipt
City	State	Zip Code	0 8 3 1 2 0 0 7 Transaction ID: 26484275
Bellingham	WA	98225-1906	Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.		1 1 1 1 1 1	500.00
Name of Employer St Joseph's Hospital	Occupati Orthopa	on aedic Surgeon	
Receipt For: Primary Gene Other (specify) ▼		te Year-to-Date ▼ 500.00	
Full Name (Last, First, Middl Dr. Richard N Weinstein, , MD Mailing Address 7 Reserv	,		Date of Receipt 0 8 3 1 2 0 0 7
City	State	Zip Code	Transaction ID: 26484276
White Plains	NY	10603-2522	Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.	ng C		1000.00
Name of Employer Bone & Joint Specialists		aedic Surgeon	
Receipt For: Primary General		te Year-to-Date 1000.00	
SUBTOTAL of Receipts This I	Page (optional)		2000.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using t	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·	
Political Action Committee of the An	nerican Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. Michael D Getter, , MD		Date of Receipt
Mailing Address 812 Carisbrooke Ln		08 / 01 / 2007
City	State Zip Code	Transaction ID: 26484300
Waxhaw	NC 28173-6614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Northeast Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1000.00	7
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey V Dermksian, , MD	•	Date of Receipt
Mailing Address 36 W 60th St		08 31 2007
City	State Zip Code	Transaction ID: 26484301
New York	NY 10023-7903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Riverside Orthopaedics & Sports Med	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1000.00	7
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Mari Escay, , MD		Date of Receipt
Mailing Address 1156 Grimley Ln		08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26484302
San Jose	CA 95120-4224	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Kaiser	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify)	250.00	_
		2250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any per ng the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	American Association of Orthopaedic Surg	eons
Full Name (Last, First, Middle Initial) Dr. Mark Thomas O'Meara, , MD Mailing Address 652 S 8th Ave		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City West Bend	State Zip Code WI 53095-3906	Transaction ID: 26484304 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer West Bend Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Richard K Hoy, , MD		Date of Receipt
Mailing Address Genesee Orthopa 33 Chandler Ave 2		08 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26484305
Batavia FEC ID number of contributing federal political committee.	NY 14020-1684	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. William Charles Jacobson, , MD	I	Date of Receipt
Mailing Address 1601 NW 114th S		08 / 31 / 2007
City Des Moines	State Zip Code IA 50325-7036	Transaction ID: 26484332 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Central Iowa Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	nal)	2250.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Patrick J Sweeney, , MD	Today 7 Coocidation of Orthopacous Cangos	Date of Receipt
Mailing Address 20060 Governors Dr		08 31 7 2007
City	State Zip Code	Transaction ID: 26484333
Olympia Fields	IL 60461-1029	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. James Joseph Hoski, , MD		Date of Receipt
Mailing Address 645 Altamont View		08 31 7 2007
City	State Zip Code	Transaction ID: 26484334
Asheville FEC ID number of contributing federal political committee.	NC 28804-8305	Amount of Each Receipt this Period
Name of Employer Spine Carolina	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Nicholas P Grosso, , MD		Date of Receipt
Mailing Address 10113 Lakeside Ct		08 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26484335
Ellicott City	MD 21042-6340	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Ortho Associates of Centr- al Maryland	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per- ne name and address of any political committee	
` '	nerican Association of Orthopaedic Surge	eons
Full Name (Last, First, Middle Initial) Dr. Bryan Bomberg, , MD		Date of Receipt
Mailing Address 940 Central Park Dr	State Zip Code	0 8 3 1 2 0 0 7 Transaction ID: 26484336
Steamboat Springs	CO 80487-8816	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Steamboat Orthopaedic Ass- ociates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Donald Slevin, , MD		Date of Receipt
Mailing Address 1325 Vista Dr		08 / 31 / Y Y Y Y Y Y 2007
City	State Zip Code	Transaction ID: 26484338
<u>Sarasota</u>	FL 34239-2045	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Sarasota Orthopaedic Asso- ciates	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Richard I Ballard, , MD		Date of Receipt
Mailing Address 1200 S Farmerville S	St .	08 31 YYYY 2007
City	State Zip Code	Transaction ID: 26484339
Ruston	LA 71270-5941	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Green Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Other (specify)		
		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 37 / 328 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any personal the name and address of any political committee to merican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Mehran Manouel, , MD Mailing Address 76-55 Austin St City Forest Hills FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip Code NY 11375-6948 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26484340 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. William R Martin, , MD Mailing Address 10948 Toler Bridge	250.00 Bd	Date of Receipt
City Maceo FEC ID number of contributing federal political committee.	State Zip Code KY 42355-9744	0 8 3 1 2 0 0 7
Name of Employer Orthopaedic & Sports Medicine, Owensbo Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00]
Full Name (Last, First, Middle Initial) Dr. Brian A Borden, , MD Mailing Address 5315 Elliott Dr Ste		Date of Receipt M M D D
City Ypsilanti FEC ID number of contributing federal political committee.	State Zip Code MI 48197-8634	Transaction ID: 26484344 Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Surgery Associates Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional	ul)	1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers ne name and address of any political committee to	
/	nerican Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. Michael E Berend, , MD		Date of Receipt
Mailing Address 1199 Hadley Rd	Charles 7im Coads	08 31 2007
City Mooresville	State Zip Code IN 46158-1788	Transaction ID: 26484863 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Joint Replacement Surgeons of Indiana	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. John M Keggi, , MD		Date of Receipt
Mailing Address 1579 Straits Tpke St	e E	08 31 YYYYY 2007
City	State Zip Code	Transaction ID: 26484864
Middlebury	CT 06762-1835	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial) Dr. Michael L Gordon, , MD		Date of Receipt
Mailing Address 201 Kings Pl		08 31 YYYY 2007
City	State Zip Code	Transaction ID: 26484889
Newport Beach	CA 92663-5704	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Newport Orthopaedic Insti- tute	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		2250.00

SCHEDULE A (FEC FO	rm 3X) Use separate sch for each category Detailed Summar	of the (Check only only)
NAME OF COMMITTEE (In Fu		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle In Dr. Mark A Wolgin, , MD Mailing Address Orthopaedi	tial)	Date of Receipt
	ra Rd Ste 100	08 31 2007
City	State Zip Code	Transaction ID: 26484890
Albany FEC ID number of contributing federal political committee.	GA 31701-1592	Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	450.00
Full Name (Last, First, Middle In Dr. Neal L Rockowitz, , MD Mailing Address 3104 E Ind	,	Date of Receipt
		08 31 2007
City Phoenix	State Zip Code	Transaction ID: 26484891
FEC ID number of contributing federal political committee.	AZ 85016-6873	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	000.00
Full Name (Last, First, Middle In Dr. Harpal Singh Khanuja, , MD	tial)	Date of Receipt
Mailing Address 5601 Loch POB G-1		08 31 2007
City Baltimore	State Zip Code MD 21239-2905	Transaction ID: 26484892
FEC ID number of contributing federal political committee.	C 21239-2905	Amount of Each Receipt this Period 250.00
Name of Employer Johns Hopkins University	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
SUBTOTAL of Receipts This Page	e (optional)	1500.00

SCHEDULI ITEMIZED	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 328 (check only one) X
or for commercia	I purposes, other than using the	tatements may name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	OMMITTEE (In Full) tion Committee of the Amel	rican Associ	iation of Orthopaedic Surge	ons
A. Dr. Jerome Kol				Date of Receipt
Mailing Addre	ss 27650 Ferry Rd Ste 10	0		08 / 031 / 2007
City		State	Zip Code	Transaction ID: 26484894
Warrenville FEC ID numb federal politica	er of contributing	C	60555-3846	Amount of Each Receipt this Period 500.00
Name of Emp Self Employed	loyer d	Occupation	n edic Surgeon	
Receipt For:	General		e Year-to-Date ▼	
,	specify) \blacktriangledown		500.00	
Full Name (La Dr. J Michael J	ast, First, Middle Initial) loly, , MD			Date of Receipt
Mailing Addre	ss 11012 Luxmanor Rd			08 7 0 0 7 2 0 0 7
City		State	Zip Code	Transaction ID: 26484895
Rockville		MD	20852-3618	Amount of Each Receipt this Period
FEC ID numb federal politica	er of contributing al committee.	С		1000.00
Name of Emp Self Employed	loyer d	Occupation Orthopae	n edic Surgeon	
Receipt For:		Aggregate	e Year-to-Date ▼	
Primary Other (s	☐ General pecify) ▼	0 0	1000.00	
Full Name (La Dr. James E R	ast, First, Middle Initial) icciardi, , MD			Date of Receipt
Mailing Addre	ss 83 English Turn Dr			0 9 1 1 1 2 0 0 7
City		State	Zip Code	Transaction ID: 26520585
New Orlean		LA	70131-3308	Amount of Each Receipt this Period
federal politica	er of contributing al committee.	C		250.00
Name of Emp LSU Orthopae	loyer edics	Occupation Orthopae	n edic Surgeon	
Receipt For:	Canaval	Aggregate	e Year-to-Date ▼	
Primary Other (s	☐ General specify) ▼		250.00	
SUBTOTAL of F	Receipts This Page (optional)			1750.00
	eriod (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee to	
NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	rican Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. Arnold M Schwartz, , MD	10.0	Date of Receipt
Mailing Address 1895 Walt Whitman R		09 11 2007
City Melville	State Zip Code NY 11747-3031	Transaction ID: 26520586
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Spine Care of Long Island Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Evan Scott Fischer, , MD		Date of Receipt
Mailing Address Ortho Surg Specialist I 103 Park St Ste 1G		09 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26520590
Montclair FEC ID number of contributing federal political committee.	NJ 07042-2935	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Enzo J Sella, , MD		Date of Receipt
Mailing Address 2408 Whitney Ave		0 9 1 1 2 0 0 7
City	State Zip Code	Transaction ID: 26520591
Hamden	CT 06518-3209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Conn Ortho Specialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		2500.00

City State Zip Code Stuart FL 34996-6723 FEC ID number of contributing federal political committee. Name of Employer Treasure Coast Ortho Assoc Receipt For: Primary General Other (specify) ▼ PEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) PEC ID number of contributing federal political committee. PEC ID number of contributing federal political committee. Name of Employer Self Employer City State Zip Code MA 02462-1606 PEC ID number of contributing federal political committee. Name of Employer Self Employer Occupation Orthopaedic Surgeon Receipt For: Primary General Often (specify) ▼ Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Dr. Robert S Gorab, MD Mailing Address Orthopaedic Specialty Inst 280 S Main St Ste 200 City State Zip Code Transaction ID: 26520617 Amount of Each Receipt Date of Receipt Transaction ID: 26520617 Transaction ID: 26520617 Amount of Each Receipt this I	\rightarrow	(check only one) X 11a 11b 11c 12	Use separate schedule(s) for each category of the Detailed Summary Page	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS
Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) D. Jeffrey J Lazzaus, MD Mailing Address 31 S River Rd City State Zip Code Stuart FL 34996-6723 FEC ID number of contributing federal political committee. Name of Employer Self Employer	ontributions committee.	n for the purpose of soliciting contributions solicit contributions from such committee.	not be sold or used by any perso dress of any political committee to	or for commercial purposes, other than using the name and ad-
A. Dr. Jeffrey J. Lazarus. MD Mailing Address 31 S River Rd City State Zip Code State Zip Code State Countibuting federal political committee. Name of Employer Treasure Coast Ortho Assoc Orthopaedic Surgeon Orthopaedic Surgeon Orthopaedic Surgeon MA 02462-1606 PEUI Name (Last, First, Middle Initial) Dr. Robert S Gorab, MD Mailing Address 2000 Washington St Green Bldg Ste 361 City State Zip Code MA 02462-1606 PEC ID number of contributing federal political committee. Name of Employer Orthopaedic Surgeon Receipt For: Primary General Occupation Orthopaedic Surgeon Receipt For: Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Robert S Gorab, MD Mailing Address Orthopaedic Specialty Inst 280 S Main St Ste 200 City State Zip Code Transaction ID: 26520617 Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Robert S Gorab, MD Mailing Address Orthopaedic Specialty Inst 280 S Main St Ste 200 City State Zip Code CA 92868-3852 FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Specialty Inst Itale. Name of Employer Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General Orthopaedic Surgeon Aggregate Year-to-Date ▼		ns	ation of Orthopaedic Surgeo	` '
Stuart FL 34996-6723 Stuart FL 34996-6723 Amount of Each Receipt this I FEC ID number of contributing federal political committee. Name of Employer Self Employer Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Joseph C McCarthy, MD Mailing Address 2000 Washington St Green Bldg Ste 361 City State Zip Code MA 02462-1606 Receipt For: MA 02462-1606 Receipt For: Mame of Employer Self Employed Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Robert S Gorab, MD Mailing Address Orthopaedic Specialty Inst 280 S Main St Ste 200 City State Zip Code Transaction ID: 26520617 Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Robert S Gorab, MD Mailing Address Orthopaedic Specialty Inst 280 S Main St Ste 200 City State Zip Code Transaction ID: 26520617 Amount of Each Receipt this I Transaction ID: 26520616 Amount of Each Receipt Inst 1000.00 Date of Receipt Transaction ID: 26520616 Amount of Each Receipt Inst 1000.00 Date of Receipt Transaction ID: 26520616 Amount of Each Receipt Inst 1000.00 Transaction ID: 26520617 Amount of Each Receipt Inst 1000.00 Date of Receipt Inst 1000.00 Date of Receipt Inst 1000.00 Transaction ID: 26520617 Amount of Each Receipt Inst 1000.00 Date of Receipt Inst 1000.00 Date of Receipt Inst 1000.00 Transaction ID: 26520617 Amount of Each Receipt Inst 1000.00 Date of		- '		Dr. Jeffrey J Lazarus, , MD
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Date of Receipt Mailing Address 2000 Washington St Green Bldg Ste 361 City State Zip Code Newton MA 02462-1606 FEC ID number of contributing federal political committee. Name of Employer Self Employed Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ 1000.00 Pale of Receipt Transaction ID: 26520616 Amount of Each Receipt this I Transaction ID: 26520616 Amount of Each Receipt this I Date of Receipt Transaction ID: 26520616 Amount of Each Receipt this I Pull Name (Last, First, Middle Initial) Dr. Robert S Gorab, MD Mailing Address Orthopaedic Specialty Inst 280 S Main St Ste 200 City State Zip Code Orange CA 92868-3852 FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Specialty Inst Itule Receipt For: Primary General Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 11			1000.00	Primary General
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Receipt For: Primary General 1000.00				Solt Employed
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Orange CA 92868-3852 Amount of Each Receipt this I FEC ID number of contributing federal political committee. C 1 Name of Employer Orthopaedic Specialty Institute Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General	2007	09 11 200		280 S Main St Ste 200
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1				Primary General
SUBTOTAL of Receipts This Page (optional)	3000.00	3000.0		SUBTOTAL of Receipts This Page (optional)

SCHEDULE A (FI	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes NAME OF COMMITTE	e, other than using the name and E (In Full)	may not be sold or used by any pers address of any political committee to ociation of Orthopaedic Surge	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, M Dr. James D Glenn, , MD Mailing Address Coa:	Aiddle Initial)		Date of Receipt
	Century Medical Dr Ste D	7'- 0-1-	09 11 2007
City _Titusville	State FL	Zip Code 32796-2157	Transaction ID: 26520654
FEC ID number of contr federal political committee	ributing	32/90-2/3/	Amount of Each Receipt this Period 300.00
Name of Employer Coastal Orthopaedics	·	paedic Surgeon	
Receipt For: Primary Other (specify) ▼	General	gate Year-to-Date ▼ 300.00	
Full Name (Last, First, MDr. Cyril F Kruse, III, MD			Date of Receipt
8290	opaedic Partners, PA O University Ave NE Ste 200		09 / 11 / 2007
City	State MN	'	Transaction ID: 26520655
Fridley FEC ID number of contrelederal political committee	ributing	55432-1876	Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Partners	Occupa Orthog	ation Daedic Surgeons	
Receipt For: Primary Other (specify) ▼	General	gate Year-to-Date ▼ 500.00	
Full Name (Last, First, M Dr. Eric M Kagel, , MD Mailing Address 2505	Aiddle Initial) 5 Samaritan Dr Ste 208		Date of Receipt 0 9 1 1 1 2 0 0 7
City	State	Zip Code	Transaction ID: 26520656
San Jose	CA	95124-4008	Amount of Each Receipt this Period
FEC ID number of contr federal political committe			500.00
Name of Employer Self Employed	Occupa Orthop	ation Daedic Surgeon	
Receipt For: Primary Other (specify) ▼	General	pate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts I	his Page (optional)		1300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 328 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Robert A Steele, , MD			Date of Receipt
Mailing Address Medical Arts Pavilio 4745 Ogletown-Sta		5	09 / 11 / 2007
City	State	Zip Code	Transaction ID: 26520658
Newark FEC ID number of contributing federal political committee.	C	19713-1340	Amount of Each Receipt this Period 1000.00
Name of Employer First State Orthopaedics	Occupation Orthopae	n edic Surgeon	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Russell F Warren, , MD			Date of Receipt
Mailing Address Hosp for Special St 535 E 70th St			09 / 11 / Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26520659
New York	NY	10021-4872	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Hospital for Special Surg- ery	Occupation Orthopae	n edic Surgeon	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. Patrick V McMahon, , MD			Date of Receipt
Mailing Address 266 White Plains R	ld		0 9 1 1 2 0 0 7
City Eastchester	State NY	Zip Code 10709-4429	Transaction ID: 26520660
FEC ID number of contributing federal political committee.	C	10703-4429	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional	J)		2000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 328 (check only one) X
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Amer			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. James M Worthington, , MD Mailing Address 235 Hanover St M2 City Fall River FEC ID number of contributing federal political committee. Name of Employer Coastal Orthopaedics Receipt For: Primary General	State MA C Occupation Orthopae	Zip Code 02720-5299	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) Full Name (Last, First, Middle Initial) Dr. Kevin Michael Rumball, , MD Mailing Address 1900 South Ave City La Crosse FEC ID number of contributing federal political committee.	State WI	Zip Code 54601-5467	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Gunderson Clinic Receipt For: Primary General Other (specify) ▼	 	n dic Surgeon Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Christopher E Olson, MD Mailing Address 4701 Sol Rd City Brownsville FEC ID number of contributing	State TX	Zip Code 78526-9700	Date of Receipt M M M
Receipt For: Primary Other (specify)	Occupation Orthopae	dic Surgeon Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Christian P Christensen, , MD Mailing Address 700 Bob-O-Link Dr City Lexington FEC ID number of contributing federal political committee. Name of Employer Lexington Clinic Receipt For: Primary General Other (specify)	State Zip Code KY 40504 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26520689 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. David C Markel, , MD Mailing Address 22250 Providence I City Southfield FEC ID number of contributing federal political committee. Name of Employer Porretta Center for Orthopaedic Surger Receipt For: Primary General	Or Ste 401 State Zip Code MI 48075-6212 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26520690 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Robert C Durkin, , MD Mailing Address Kapiolani Med Ctr 1319 Punahou St S City Honolulu FEC ID number of contributing federal political committee. Name of Employer Kapiolani Medical Center Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26520691 Amount of Each Receipt this Period 500.00
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 328 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
Full Name (Last, First, Middle Initial) Dr. Harlan C Amstutz, , MD Mailing Address 2400 S Flower St City Los Angeles FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify)		Zip Code 90007-2629	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Frank P Giammattei, , MD Mailing Address Crozer-Chester Med C Professional Office Ble City Upland FEC ID number of contributing federal political committee. Name of Employer Premier Orthopaedics Receipt For: Primary General Other (specify)	State PA C Occupation Orthopae	Zip Code 19013 n edic Surgeon Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26520693 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Dr. Van W Johnson, , MD Mailing Address 103 W Saint Clair St City Warren FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	, '	Zip Code 16365-2197 In edic Surgeon Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 26520694 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (optional) .			1166.66

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Full Name (Last, First, Middle Initial) Dr. J Lockwood Ochaner, Jr. MD Malling Address 1514 Jefferson Hwy City State Zip Code New Orleans LA 70121-2429 FEC ID number of contributing federal political committee. Name of Employer Cotherier Clinic Foundation Orthopaedic Surgeon Receipt Fo: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Frederick F Faitharzadeh, MD Malling Address 22 Madison Ave City State Zip Code Paramus N,J 07652-2734 FEC ID number of contributing federal political committee. City State Zip Code Paramus N,J 07652-2734 FEC ID number of contributing federal political committee. City State Zip Code Paramus N,J 07652-2734 FEC ID number of contributing federal political committee. City State Zip Code Paramus N,J 07652-2734 FEC ID number of contributing federal political committee. City State Zip Code Paramy General Other (specify) ▼ Date of Receipt Transaction ID: 26520710 Amount of Each Receipt this Period Date of Receipt Transaction ID: 26520710 Amount of Each Receipt this Period Transaction ID: 26520712 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Paramy General Date of Receipt Transaction ID: 26520712 Amount of Each Receipt this Period Transaction ID: 26520712 Amount of Each Receipt this Period Transaction ID: 26520712 Amount of Each Receipt this Period City State Zip Code Transaction ID: 26520712 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: 26520712 Amount of Each Receipt this Period Transaction ID: 26520712 Amount of Each Receipt this Period Transaction ID: 26520712 Amount of Each Receipt this Period Transaction ID: 26520712 Transaction ID: 2652	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee to	solicit contributions from such committee.
City Name of Employer Self Em	Full Name (Last, First, Middle Initial) Dr. J Lockwood Ochsner, Jr, MD		Date of Receipt
Second Contributing federal political committee.	-	'	Transaction ID: 26520701
Receipt For:		C	500.00
Dr. Frederick F Fakharzadeh, MD Mailing Address 22 Madison Ave City State Zip Code Paramus NJ 07652-2734 FEC ID number of contributing federal political committee. Name of Employer Self Employed Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: 26520710 Amount of Each Receipt this Period Dr. Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Wagdy S Rizk, MD Mailing Address 7955 Doral Dr City State Zip Code TX 77707-5446 FEC ID number of contributing federal political committee. Name of Employer Beaumont Bone & Joint Institute Receipt For: Primary General Orthopaedic Surgeon Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 26520712 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Stool.00	Receipt For: Primary General	Orthopaedic Surgeon Aggregate Year-to-Date ▼	
City State Zip Code NJ 07652-2734 FEC ID number of contributing federal political committee. Name of Employer Self Employer Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Wagdy S Rizk, MD Mailing Address 7955 Doral Dr City State Zip Code TX 77707-5446 FEC ID number of contributing federal political committee. C State Zip Code TX 77707-5446 FEC ID number of contributing federal political committee. C State Zip Code TX 77707-5446 FEC ID number of contributing federal political committee. C Scooper Self Employer Beaumont Bone & Joint Institute Receipt For: Primary General Other (specify) ▼ Stool Other (sp	Dr. Frederick F Fakharzadeh, , MD		M " M / D " D / Y " Y " Y " Y
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Wagdy S Rizk, MD Mailing Address 7955 Doral Dr City State Zip Code TX 77707-5446 FEC ID number of contributing federal political committee. Name of Employer Beaumont Bone & Joint Institute Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Name of Employer State Zip Code Transaction ID: 26520712 Amount of Each Receipt this Period C Sougation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Other (specify) ▼	City	State Zip Code	
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Wagdy S Rizk, MD Mailing Address 7955 Doral Dr City State Zip Code Beaumont FEC ID number of contributing federal political committee. Name of Employer Beaumont Bone & Joint Institute Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: 26520712 Amount of Each Receipt this Period Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ State Zip Code Transaction ID: 26520712 Amount of Each Receipt this Period State Zip Code Transaction ID: 26520712 Amount of Each Receipt this Period State Zip Code Transaction ID: 26520712 Amount of Each Receipt this Period State Zip Code Transaction ID: 26520712 Amount of Each Receipt this Period State Zip Code Transaction ID: 26520712 Amount of Each Receipt this Period State Zip Code Transaction ID: 26520712 Amount of Each Receipt this Period State Zip Code Transaction ID: 26520712 Amount of Each Receipt this Period State Zip Code Transaction ID: 26520712 Amount of Each Receipt this Period State Zip Code Transaction ID: 26520712 Amount of Each Receipt this Period State Zip Code Transaction ID: 26520712 Transaction ID: 26520712 Amount of Each Receipt this Period State Zip Code Transaction ID: 26520712 Amount of Each Receipt this Period State Zip Code Transaction ID: 26520712 Amount of Each Receipt this Period State Zip Code Transaction ID: 26520712 Amount of Each Receipt this Period State Zip Code Transaction ID: 26520712 Amount of Each Receipt this Period State Zip Code Transaction ID: 26520712 Amount of Each Receipt this Period State Zip Code Transaction ID: 26520712 Amount of Each Receipt this Period	Paramus	NJ 07652-2734	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Wagdy S Rizk, , MD Mailing Address 7955 Doral Dr City State Zip Code TX 77707-5446 FEC ID number of contributing federal political committee. Name of Employer Beaumont Bone & Joint Institute Receipt For: Primary General Other (specify) ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 26520712 Amount of Each Receipt this Period Octhopaedic Surgeon Aggregate Year-to-Date ▼ State Zip Code Transaction ID: 26520712 Amount of Each Receipt this Period Tothopaedic Surgeon Aggregate Year-to-Date ▼ State Zip Code Transaction ID: 26520712 Amount of Each Receipt this Period Tothopaedic Surgeon Aggregate Year-to-Date ▼ State Zip Code Transaction ID: 26520712 Amount of Each Receipt this Period Tothopaedic Surgeon Aggregate Year-to-Date ▼ State Zip Code Transaction ID: 26520712 Transaction ID: 26520712 Amount of Each Receipt this Period Tothopaedic Surgeon Aggregate Year-to-Date ▼ State Zip Code Transaction ID: 26520712 Transaction ID: 26520712 Amount of Each Receipt this Period Tothopaedic Surgeon		C	250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Wagdy S Rizk, , MD Mailing Address 7955 Doral Dr City Beaumont FEC ID number of contributing federal political committee. Name of Employer Beaumont Bone & Joint Institute Receipt For: Primary General Other (specify) ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ State Zip Code Transaction ID: 26520712 Amount of Each Receipt this Period 500.00	Name of Employer Self Employed		
Dr. Wagdy Ś Rizk, , MD Mailing Address 7955 Doral Dr City State Zip Code TX 77707-5446 FEC ID number of contributing federal political committee. Name of Employer Beaumont Bone & Joint Institute Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M O D D / 2 0 0 7 Transaction ID: 26520712 Amount of Each Receipt this Period C Soupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Primary General		
City Beaumont TX 77707-5446 FEC ID number of contributing federal political committee. Name of Employer Beaumont Bone & Joint Institute Receipt For: Primary Other (specify) ▼ State Zip Code TX 77707-5446 C C C C State Zip Code TX 77707-5446 C C Amount of Each Receipt this Period C Soundation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00			Date of Receipt
Beaumont TX 77707-5446 Amount of Each Receipt this Period C Name of Employer Beaumont Bone & Joint Institute Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period C Soundation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00			09 11 2007
Name of Employer Beaumont Bone & Joint Institute Receipt For: Primary Other (specify) ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	•	•	
Beaumont Boné & Joint Institute Receipt For: Primary Other (specify) ▼ Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00		C	500.00
Other (specify) ▼ 500.00	titute Receipt For:	Orthopaedic Surgeon	
4050.0		500.00	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)	•	1250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 328 (check only one) X
Ar or	ny information copied from such Reports and for commercial purposes, other than using the	Statements mand and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surge	ons
<u></u>	Full Name (Last, First, Middle Initial) Dr. Fred G McQueary, , MD			Date of Receipt
	Mailing Address 1229 E Seminole St	Ste 230		09 11 2007
	City Springfield	State MO	Zip Code 65804-2227	Transaction ID: 26520713 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	000012227	1000.00
	Name of Employer St John's Clinic	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2000.00	
_	Full Name (Last, First, Middle Initial) Dr. Kurt W Rathjen, , MD			Date of Receipt
	Mailing Address 411 N Washington S	te 7500		09 11 2007
	City	State	Zip Code	Transaction ID: 26520714
	Dallas	TX	75246-1737	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		450.00	
	Full Name (Last, First, Middle Initial) Dr. J Bohannon Mason, , MD			Date of Receipt
	Mailing Address OrthoCarolina 1915 Randolph Rd			0 9 1 1 2 0 0 7
	City Charlotte	State NC	Zip Code 28207-1101	Transaction ID: 26520715
	FEC ID number of contributing federal political committee.	C	20207-1101	Amount of Each Receipt this Period 500.00
	Name of Employer OrthoCarolina	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
				1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 328 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee to merican Association of Orthopaedic Surgeon	
Full Name (Last, First, Middle Initial) Dr. William G Hamilton, , MD Mailing Address 8299 Glen Cove Ct City Alexandria FEC ID number of contributing federal political committee. Name of Employer Anderson Clinic Receipt For: Primary General Other (specify)	State Zip Code VA 22308-1657 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26520716 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Gary Worthington Bradley, , MD Mailing Address 511 Bath St City Santa Barbara FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CA 93101-3403 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26520717 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. James J Purtill, , MD Mailing Address The Rothman Institute 925 Chestnut St 5th City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Rothman Institute Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26520718 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional	l)	2000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ai	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Ame	rican Associ	ation of Orthopaedic Surged	ons
Α.	Full Name (Last, First, Middle Initial) Dr. James C Karegeannes, , MD			Date of Receipt
	Mailing Address 123 Skyview Dr			09 / 11 / 2007
	City Asheville	State NC	Zip Code 28804-2720	Transaction ID: 26520719 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Anthony S Unger, , MD Mailing Address 2021 K St NW 4th FI			Date of Receipt
				09 11 2007
	City Washington	State DC	Zip Code 20006-1000	Transaction ID: 26520720 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
— D.	Full Name (Last, First, Middle Initial) Dr. Richard H Rothman, , MD	1		Date of Receipt
	Mailing Address Dept of Ortho Surg 925 Chestnut St 5th Fl			09 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Philadelphia	State PA	Zip Code 19107-4206	Transaction ID: 26520721 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
s	SUBTOTAL of Receipts This Page (optional)	1		2000.00
	OTAL This Period (last page this line number			

	EDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any int	formation copied from such Reports and St commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) litical Action Committee of the Amer	ican Assoc	iation of Orthopaedic Surgeo	ons
A. <u>Dr.</u>	l Name (Last, First, Middle Initial) Chitranjan S Ranawat, , MD			Date of Receipt
Mai	iling Address Lenox Hill Hosp-W Blace 130 E 77th St 11th Fl	ck Hall		09 11 2007
City		State	Zip Code	Transaction ID: 26520722
	ew York	NY	10075-1851	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		1000.00
Nar Ler	me of Employer nox Hill Hospital	Occupatio Orthopae	n edic Surgeon	
Red	ceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
	I Name (Last, First, Middle Initial) Kenneth F Hill, , MD			Date of Receipt
Mai ——	iling Address Clinch Valley Medical F 2951 W Front St Ste 38			09 / 20 / Y Y Y Y Y
City		State	Zip Code	Transaction ID: 26567239
	chlands C ID number of contributing	VA	24641	Amount of Each Receipt this Period
	eral political committee.	C		250.00
Nar Ort ia	me of Employer thopaedics of SW Virgin-	Occupatio Orthopae	n edic Surgeon	
	ceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	l Name (Last, First, Middle Initial) William L Healy, , MD			Date of Receipt
Mai	iling Address Lahey Clinic 41 Mall Rd			09 20 7 2007
City		State	Zip Code	Transaction ID: 26567240
	<u>Irlington</u>	MA	01805-0001	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		200.00
Nar Sel	me of Employer If Employed	Occupatio Orthopae	n edic Surgeon	
Red	ceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		450.00	
SUBT	IOTAL of Receipts This Page (optional)			1450.00
	AL This Period (last page this line number of		<u> </u>	

SCHEDULE A (FEC For ITEMIZED RECEIPTS	M 3X) Use separate schedule for each category of the Detailed Summary Page	le Check only one)
NAME OF COMMITTEE (In Full)	oorts and Statements may not be sold or used by ar n using the name and address of any political comm the American Association of Orthopaedic S	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee. Surgeons
Full Name (Last, First, Middle Inition Dr. Howard L Berg, , MD Mailing Address 13 Medical D City Amarillo FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26567241 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial Dr. Scott Philip Worrell, , MD Mailing Address Robinwood N	,	Date of Receipt M M M / D D / Y Y Y Y Y 0 9 2 0 2 0 0 7 Transaction ID: 26567242 Amount of Each Receipt this Period 500.00
Name of Employer Robinwood Orthopaedic Specialists Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.	.00
Full Name (Last, First, Middle Inition Dr. Angelo J Lopano, , MD Mailing Address 279 3rd Ave City Long Branch FEC ID number of contributing federal political committee.	,	Date of Receipt M M M
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	.00
SUBTOTAL of Receipts This Page	optional)	2000.00

City State Zip Code Willmington NC 28412-2489 FEC ID number of contributing federal political committee. Name of Employer Occupation Orthopaedic Surgeon Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Paul T Alkenson, MD Mailing Address 14640 John Humphrey Dr City State Zip Code Orland Park IL 60462-2698 FEC ID number of contributing federal political committee. Name of Employer State Zip Code Orland Park IL 60462-2698 FEC ID number of contributing federal political committee. Name of Employer Occupation Orthopaedic Surgeon ND Amount of Each Receipt this Pe Transaction ID: 26567249 Amount of Each Receipt this Pe Transaction ID: 26567249 Transaction ID: 26567249 Amount of Each Receipt this Pe Transaction ID: 26567250 Amount of Each Receipt this Pe Transaction ID: 26567250 Amount of Each Receipt this Pe Transaction ID: 26567250 Transaction ID: 26567250 Amount of Each Receipt this Pe Transaction ID: 26567250 Transaction ID: 26567250 Amount of Each Receipt this Pe	A (FEC Form 3X) ECEIPTS	FOR LINE NUMBER: PAGE 54 / 3; (check only one) X 11a	28
Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 2716 Ashton Dr	ourposes, other than using the name an	on for the purpose of soliciting contributions o solicit contributions from such committee.	i
A. Dr. James D Hundley, MD Mailing Address 2716 Ashton Dr City State Zip Code Willmington NC 28412-2489 FEC ID number of contributing federal political committee. Name of Employer Other (specify) ▼ State Zip Code Will Name (Last, First, Middle Initial) Dr. Paul T Alkenson, MD Mailing Address 14640 John Humphrey Dr City State Zip Code Orthopaedic Surgeon Aggregate Year-to-Date ▼ Transaction ID: 26567248 Amount of Each Receipt this Pe Date of Receipt Transaction ID: 26567249 Date of Receipt Transaction ID: 26567249 Amount of Each Receipt this Pe Date of Receipt Transaction ID: 26567249 Amount of Each Receipt this Pe Transaction ID: 26567249 Amount of Each Receipt this Pe Transaction ID: 26567249 Amount of Each Receipt this Pe Transaction ID: 26567249 Amount of Each Receipt this Pe Transaction ID: 26567249 Amount of Each Receipt this Pe Transaction ID: 26567250 Transaction ID: 26567250 Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 26567250 Transaction ID: 26567250 Amount of Each Receipt this Pe Transaction ID: 26567250 Amount of Each Receipt this Pe Transaction ID: 26567250 Transaction ID: 26567250 Amount of Each Receipt this Pe Transaction ID: 26567250 Amount of Each Receipt this Pe Transaction ID: 26567250 Transaction ID: 26567250 Amount of Each Receipt this Pe Transaction ID: 26567250 Transaction ID: 26567250 Transaction ID: 26567250 Transaction ID: 26567250 Amount of Each Receipt this Pe Transaction ID: 26567250 T	, ,	ons	
City State Zip Code NC 29412-2489 Wilmington NC 29412-2489 Amount of Each Receipt this Perfect in Cortination (Coupation Orthopaedic Group Receipt For: Primary	ndley, , MD		
Wilmington NC 28412-2489 Amount of Each Receipt this Pe FEC ID number of contributing federal political committee. Name of Employer Wilmington Orthopaedic Group Opposition (City Orthopaedic Surgeon) Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Paul T Atkenson, MD Mailing Address 14640 John Humphrey Dr City State Zip Code Orthopaedic Surgeon Name of Employer Self Employer Self Employed Orthopaedic Surgeon Receipt To: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Nicholas E Rose, MD Mailing Address 360 San Miguel Dr Ste 701 City State Zip Code Orthopaedic Surgeon Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt To: 1000.00 Date of Receipt To: Name of Employer Self Employer Primary General Aggregate Year-to-Date ▼ Self Employer Self Em		09 20 2007	
FEC ID number of contributing federal political committee. Name of Employer Wilmington Orthopaedic Group Primary General Other (specify) ▼			
oup Receipt For:	of contributing	500.0	0
Receipt For:	yer Occu nopaedic Gr- Orth		
Dr. Paul T Atkenson, MD Mailing Address 14640 John Humphrey Dr City State Zip Code	General		
City Orland Park FEC ID number of contributing federal political committee. Name of Employer Self Employed Other (specify) Tull Name (Last, First, Middle Initial) Dr. Nicholas E Rose, MD Mailing Address 360 San Miguel Dr Ste 701 City State Zip Code Orthopaedic Surgeon Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Dr. Nicholas E Rose, MD Mailing Address 360 San Miguel Dr Ste 701 City State Zip Code CA 92660-5927 FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employer Self Employer Primary General Occupation Orthopaedic Surgeon Aggregate Year-to-Date Aggregate Year-to-Date Transaction ID: 26567250 Amount of Each Receipt this Pe 500 Transaction ID: 26567250 Amount of Each Receipt this Pe 500 Transaction ID: 26567250 Amount of Each Receipt this Pe 500 Transaction ID: 26567250 Amount of Each Receipt this Pe 500 Transaction ID: 26567250 Amount of Each Receipt this Pe 500 Transaction ID: 26567250 Amount of Each Receipt this Pe 500 Transaction ID: 26567250 Amount of Each Receipt this Pe 500 Transaction ID: 26567250 Amount of Each Receipt this Pe 500 Transaction ID: 26567250 Amount of Each Receipt this Pe 500 Transaction ID: 26567250 Amount of Each Receipt this Pe 500 Transaction ID: 26567250 Amount of Each Receipt this Pe 500 Transaction ID: 26567250 Amount of Each Receipt this Pe 500 Transaction ID: 26567250 Amount of Each Receipt this Pe 500 Transaction ID: 26567250 Transaction ID: 26567250 Amount of Each Receipt this Pe 500 Transaction ID: 26567250 Transaction ID:	son, , MD	Date of Receipt	
Orland Park IL 60462-2698 Amount of Each Receipt this Pe FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Nicholas E Rose, MD Mailing Address 360 San Miguel Dr Ste 701 City State Zip Code Newport Beach FEC ID number of contributing federal political committee. Name of Employer Self Employer S	14640 John Humphrey Dr		
FEC ID number of contributing federal political committee. Name of Employer Self Employed Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Nicholas E Rose, , MD Mailing Address 360 San Miguel Dr Ste 701 City State Zip Code Transaction ID: 26567250 Newport Beach CA 92660-5927 FEC ID number of contributing federal political committee. Name of Employer Self Employed Orthopaedic Surgeon Receipt For: Primary General Aggregate Year-to-Date ▼			
Receipt For: Primary	of contributing	Amount of Each Receipt this Period	0
Primary General Other (specify) ▼ Date of Receipt			
Dr. Nicholas E Rose, , MD Mailing Address 360 San Miguel Dr Ste 701 City State Zip Code Newport Beach CA 92660-5927 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Date of Receipt Transaction ID: 26567250 Amount of Each Receipt this Pe	General		
City State Zip Code Newport Beach CA 92660-5927 FEC ID number of contributing federal political committee. Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General		Date of Receipt	
Newport Beach FEC ID number of contributing federal political committee. C Name of Employer Self Employed Receipt For: Primary General C Amount of Each Receipt this Pe C Amount of Each Receipt this Pe 50 Agregate Year-to-Date FOO CO	360 San Miguel Dr Ste 701		
FEC ID number of contributing federal political committee. Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: Primary General Aggregate Year-to-Date ▼			
Receipt For: Primary General Aggregate Year-to-Date Face on	of contributing	500.0	0
Primary General 500.00	yer Occu Orth		
	General		
SUBTOTAL of Receipts This Page (optional)	eceipts This Page (optional)	2000.0	0

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 328 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee to erican Association of Orthopaedic Surger	
Full Name (Last, First, Middle Initial) Dr. John P Nash, , MD Mailing Address 1809 Gunbarrel Rd S City Chattanooga FEC ID number of contributing federal political committee. Name of Employer Chattanooga Bone & Joint Center Receipt For: Primary General Other (specify)	te 101 State Zip Code TN 37421-7185 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 26567251 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Richard Iorio, , MD Mailing Address Lahey Clinic 41 Mall Rd City Burlington FEC ID number of contributing federal political committee. Name of Employer Lahey Clinic Receipt For: Primary General Other (specify)	State Zip Code MA 01805-0001 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 550.00	Date of Receipt M M M / D D / 2 1 2 0 0 7 Transaction ID: 26567259 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Dr. Lawrence A Feiwell, , MD Mailing Address 3771 Katella Ave Ste City Los Alamitos FEC ID number of contributing federal political committee. Name of Employer Greater Long Beach Ortho Surg & Med Ct Receipt For: Primary General Other (specify)	State Zip Code CA 90720-3115 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)	·····	800.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to nerican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Gerald W King, , MD Mailing Address 600 Hospital Dr Ste City Clyde FEC ID number of contributing	State Zip Code NC 28721-8046	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	1000.00
Full Name (Last, First, Middle Initial) Dr. Toby B Husserl, , MD Mailing Address Orthopaedic Inst 226 Route 37 West City Toms River FEC ID number of contributing federal political committee. Name of Employer Ortho Institute of Central Jersey Receipt For: Primary General Other (specify)	State Zip Code NJ 08755-8047 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26567262 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Marshall Paul Allegra, , MD Mailing Address 879 Poole Ave City Hazlet FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NJ 07730-2041 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	0 0 0 0 0 0 0 0	2000.00

	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to merican Association of Orthopaedic Surger	
Full Name (Last, First, Middle Initial) Dr. Norman Sveilich, , DO Mailing Address Peninsula Hospital Ortho Residency Tr. City Far Rockaway		Date of Receipt M M
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Peninsula Hospital Center Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Gregory Montalbano, , MD Mailing Address 32 Lamberts Ln		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Staten Island FEC ID number of contributing federal political committee.	State Zip Code NY 10314-7207	Transaction ID: 26567266 Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Ray Payne, , MD Mailing Address Vann Virginia Cente		Date of Receipt 0 9 2 1 2 0 0 7
City	State Zip Code	Transaction ID: 26567310
Virginia Beach FEC ID number of contributing federal political committee.	VA 23462-1832	Amount of Each Receipt this Period 1000.00
Name of Employer Atlantic Orthopedic Speci- alists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	2250.00

or for commercial purpose NAME OF COMMITTI Political Action Con Full Name (Last, First, Dr. Steven L Barnett, , N Mailing Address 280 City Orange FEC ID number of confederal political commit Name of Employer Self Employed Receipt For: Primary Other (specify) Full Name (Last, First, Dr. Sean J O'Donnell, , I Mailing Address Mic	es, other than using the name and set (In Full) mmittee of the American Associated Middle Initial) ID O S Main St Ste 200 State CA tributing ttee. Occupa Orthop	address of any political committee to ociation of Orthopaedic Surgeo	Date of Receipt Date of Receipt 2 1 2 0 0 7 Transaction ID: 26567311 Amount of Each Receipt this Period
Full Name (Last, First, Dr. Steven L Barnett, , N Mailing Address 280 City Orange FEC ID number of confederal political commit Name of Employer Self Employed Receipt For: Primary Other (specify) Full Name (Last, First, Dr. Sean J O'Donnell, , 1 Mailing Address Mic 410 City Middletown FEC ID number of confederal political commit	Middle Initial) D S Main St Ste 200 State CA tributing ttee. Occupa Orthop Aggreg	Zip Code 92868-3852	Date of Receipt M M / D D / Y Y Y Y Y O 9
Dr. Steven L Barnett, , M Mailing Address 28(City Orange FEC ID number of confederal political commit Name of Employer Self Employed Receipt For: Primary Other (specify) Full Name (Last, First, Dr. Sean J O'Donnell, , 1 Mailing Address Mic 410 City Middletown FEC ID number of confederal political commit	State CA tributing ttee. Occupa Orthop Aggreg	92868-3852 tion	Transaction ID: 26567311 Amount of Each Receipt this Period
City Orange FEC ID number of confederal political comminum of Employer Self Employed Receipt For: Primary Other (specify) Full Name (Last, First, Dr. Sean J O'Donnell, , I Mailing Address Michael City Middletown FEC ID number of confederations	State CA tributing ttee. Occupa Orthop Aggreg	92868-3852 tion	Transaction ID: 26567311 Amount of Each Receipt this Period
Orange FEC ID number of confederal political commit Name of Employer Self Employed Receipt For: Primary Other (specify) Full Name (Last, First, Dr. Sean J O'Donnell,, I Mailing Address Mic 410 City Middletown FEC ID number of confederal political committees and committees are confederated.	tributing ttee. CA C Occupa Orthop Aggreg	92868-3852 tion	Amount of Each Receipt this Period
FEC ID number of confederal political commit Name of Employer Self Employed Receipt For: Primary Other (specify) Full Name (Last, First, Dr. Sean J O'Donnell, , I Mailing Address Mic 410 City Middletown FEC ID number of confederal political committed in the committee of th	tributing ttee. C Occupa Orthop Aggreg	tion	
Receipt For: Primary Other (specify) Full Name (Last, First, Dr. Sean J O'Donnell, , I Mailing Address Mic 410 City Middletown FEC ID number of con	Orthop Aggreg		-
Full Name (Last, First, Dr. Sean J O'Donnell, , I Mailing Address Mic 410 City Middletown FEC ID number of con			
Dr. Sean J O'Donnell, , I Mailing Address Mic 410 City Middletown FEC ID number of con		ate Year-to-Date ▼ 250.00	
City Middletown FEC ID number of con	MD		Date of Receipt
Middletown FEC ID number of con	Idlesex Ortho Surgeons Saybrook Rd Ste 100		09 21 7 2007
FEC ID number of con	State CT	Zip Code	Transaction ID: 26567313
rederal political commi	tributing	06457-4780	Amount of Each Receipt this Period 1000.00
Name of Employer Middlesex Ortho Surg.	PC Occupa	tion paedic Surgeon	7
Receipt For: Primary Other (specify)	General	ate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Dr. Stephen L Brenneke	,		Date of Receipt
Mailing Address 351	0 NE 122nd Ste 103		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26567314
Portland FEC ID number of confederal political commit		97230-1500	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupa Orthop	tion paedic Surgeon	
Receipt For: Primary Other (specify)	General	ate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts			1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Norman R Kaplan, , MD Mailing Address 2408 Whitney Ave City Hamden FEC ID number of contributing federal political committee. Name of Employer CT Orthopaedics Receipt For: Primary General	State Zip Code CT 06518-3209 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 9 2 1 2 0 0 7 Transaction ID: 26567316 Amount of Each Receipt this Period 1500.00
Full Name (Last, First, Middle Initial) Dr. John Duncan McKeever, , MD Mailing Address 2601 Hospital Blvd City Corpus Christi FEC ID number of contributing federal political committee. Name of Employer Christi Hospital System		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Eric Martin Boyden, , MD Mailing Address 555 N Arlington Av City	Aggregate Year-to-Date ▼ 500.00	Date of Receipt M
Reno FEC ID number of contributing federal political committee. Name of Employer Reno Orthopedic Clinic Receipt For: Primary General Other (specify)	NV 89503-4723 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 2000.00	Amount of Each Receipt this Period 1000.00
	al)	3000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to	solicit contributions from such committee.
Political Action Committee of the Ar	merican Association of Orthopaedic Surgeo	ins
Full Name (Last, First, Middle Initial) Dr. Michael Champine, , MD Mailing Address 8210 Walnut Hill Ln		Date of Receipt
Ste 130, LB 11		09 21 2007
City Dallas	State Zip Code TX 75231-4405	Transaction ID: 26567321
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Texas Orthopaedic Associa- tes, LLP Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Patrick McNulty, , MD Mailing Address 10981 Keymar Dr	•	Date of Receipt
		09 27 2007
City Las Vegas	State Zip Code NV 89135-1718	Transaction ID: 26616540
FEC ID number of contributing federal political committee.	C 69133-1716	Amount of Each Receipt this Period 2000.00
Name of Employer Nevada Ortho & Spine	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Dr. Kenneth N Adatto, , MD		Date of Receipt
Mailing Address Orleans Ortho Asso 3715 Prytania St Ste		09 27 2007
City New Orleans	State Zip Code LA 70115-3750	Transaction ID: 26616541
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	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line numb	·	

	for each category of the Detailed Summary Page	(check only one) X 11a
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any personal the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Robert H Bell, , MD	J	Date of Receipt
Mailing Address 3975 Embassy Pkv		09 / 27 / Y Y Y Y Y Y Y
City <u>Akron</u>	State Zip Code OH 44333-8335	Transaction ID: 26616542 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. F Thomas Davies Kaplan, , MD		Date of Receipt
Mailing Address 8501 Harcourt Rd Indiana Hand Cente	er	09 27 2007
City	State Zip Code	Transaction ID: 26616543
Indianapolis FEC ID number of contributing federal political committee.	IN 46260-2046	Amount of Each Receipt this Period 500.00
Name of Employer Indiana Hand Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Barry J Snyder, , MD		Date of Receipt
Mailing Address 1609 Woodbourne	Rd Ste 301	09 27 2007
City	State Zip Code	Transaction ID: 26616544
Levittown	PA 19057-1521	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	J)	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 62 / 328 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Jonathan P Garino, , MD Mailing Address 835 Stoke Rd City Villanova FEC ID number of contributing federal political committee. Name of Employer University of Pennsylvania Receipt For:	State Zip Code PA 19085-2031 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. William Richard Cimino, , MD Mailing Address Kaiser Permanente	2000.00	Date of Receipt
Dept of Orthopaedic City Walnut Creek FEC ID number of contributing federal political committee. Name of Employer Kaiser Permanente Receipt For: Primary General	State Zip Code CA 94598-3000 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Transaction ID: 26616577 Amount of Each Receipt this Period 250.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. lan D Crabb, , MD Mailing Address 2725 S 144th St Ste City Omaha	9 212 State Zip Code NE 68144-5253	Date of Receipt 0 9 2 7 2 0 0 7 Transaction ID: 26616578 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Ortho West Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	500.00
SUBTOTAL of Receipts This Page (optional	l)	1750.00

ITEMIZED RECEIPTS	A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 328 (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Associ	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Daniel Ernest Tvedten, , MD			Date of Receipt
Mailing Address 444 E Timber Dr			09 27 2007
City Rhinelander	State WI	Zip Code 54501-2852	Transaction ID: 26616579 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Northland Ortho	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Seth M Silver, , MD			Date of Receipt
Mailing Address 47 Doughty Ln			0 9 2 7 2 0 0 7
City Millville	State NJ	Zip Code	Transaction ID: 26616580
FEC ID number of contributing federal political committee.	C	08332-8836	Amount of Each Receipt this Period 250.00
Name of Employer South Jersey Ctr for Ortho	Occupation Orthopae	n edic Surgeon	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Dr. William W Faloon, Jr, MD			Date of Receipt
Mailing Address 400 E 5th Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26616581
Spokane FEC ID number of contributing federal political committee.	C	99202-1334	Amount of Each Receipt this Period 250.00
Name of Employer Rockwood Clinic	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	al)		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 64 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any pe g the name and address of any political committee American Association of Orthopaedic Surg	
Full Name (Last, First, Middle Initial) Dr. James Eldon Crouse, , MD Mailing Address 1753 W Ridgeway City	Ave Ste 103B State Zip Code	Date of Receipt M M
Waterloo FEC ID number of contributing federal political committee.	IA 50701-4521	Amount of Each Receipt this Period 250.00
Name of Employer Cedar Valley Ortho Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Guy Rutledge Fogel, , MD Mailing Address 9150 Huebner Ste	350	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26616583
San Antonio	TX 78240-1305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer South Texas Ortho Spine Surgery Receipt For: Primary General	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Theodore H Gertel, , MD Mailing Address 1218 W Kilbourn A	Luc Che COd	Date of Receipt
		09 27 2007
City Milwaukee	State Zip Code WI 53233-1325	Transaction ID: 26616584 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Milwaukee Ortho Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65/328 (check only one) X 11a
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Steven E Chamberlain, , MD			Date of Receipt
Mailing Address 2780 E Barnett Rd	Ste 200		0 9 2 7 2 0 0 7
City Medford	State OR	Zip Code 97504-8674	Transaction ID: 26616585 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Southern Oregon Orthopaed- ics	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Scott Mendenhall Smith, , MD			Date of Receipt
Mailing Address 323 N Painted Hills	s Dr		0 9 2 7 2 0 0 7
City	State	Zip Code	Transaction ID: 26616586
Ivins	UT	84738-6082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Dixie Ortho	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. James R Whatley, , MD			Date of Receipt
Mailing Address 121 N 20th St Ste	18		0 9 2 7 2 0 0 7
City Opelika	State AL	Zip Code	Transaction ID: 26616587
FEC ID number of contributing federal political committee.	C	36801-5457	Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Clinic	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	-1		2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 328 (check only one) X 11a
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. David S Rondon, , MD Mailing Address 1411 N Flagler Dr S	Ste 5600	Date of Receipt
City West Palm Beach	State Zip Code FL 33401-3412	Transaction ID: 26616588 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	1
Full Name (Last, First, Middle Initial) Dr. Robert E Coles, , MD Mailing Address 3714 Guardian Ave		Date of Receipt
City	State Zip Code	0 9 2 7 2 0 0 7 Transaction ID: 26616591
Morehead City FEC ID number of contributing federal political committee.	NC 28557-4322	Amount of Each Receipt this Period 1000.00
Name of Employer Carteret Surgical Associa- tes	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Russell G Tigges, , MD Mailing Address 1 Webster Ave Ste	400	Date of Receipt
City	State Zip Code	1 0 0 2 2 0 0 7 Transaction ID: 26640153
<u>Poughkeepsie</u>	NY 12601-1363	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Orthopedic Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
CURTOTAL of Descints This Days (artises	al)	2000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 328 (check only one) X 11a
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) P Political Action Committee of the Am	e name and ad	dress of any political committee to	o solicit contributions from such committee.
∠	Full Name (Last, First, Middle Initial) Dr. Joel Wolfe, , MD Mailing Address 370 N 120th Ste 20			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Holland FEC ID number of contributing	State MI	Zip Code 49424-2196	Transaction ID: 26640154 Amount of Each Receipt this Period 250.00
	Name of Employer Shoreline Ortho & Sports Med Receipt For: Primary Other (specify)	Occupation Orthopae	edic Surgeon e Year-to-Date 250.00]
	Full Name (Last, First, Middle Initial) Dr. Michael Lee Granberry, , MD Mailing Address 3610 Springhill Memo	orial Dr N		Date of Receipt 1 0 0 2 2 0 0 7
	City	State	Zip Code	Transaction ID: 26640155
	Mobile	AL	36608-1162	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Alabama Orthopaedic Clini- cs. PC	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 3000.00	
	Full Name (Last, First, Middle Initial) Dr. Terry A Clyburn, , MD Mailing Address 5420 W Loop South S	Ste 2400		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26640156
	Bellaire FEC ID number of contributing federal political committee.	C	77401-2118	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1500.00	
	SUBTOTAL of Receipts This Page (optional)			2250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 328 (check only one) X 11a
Ai	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Amer			
<u>∠</u> A .	Full Name (Last, First, Middle Initial) Dr. James R Dyreby, , MD Mailing Address Northland Orthopaedic 444 E Timber Dr City	Assoc, S C	Zip Code	Date of Receipt M M
	Rhinelander	WI	54501-2852	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	34301 2032	1000.00
	Name of Employer Northland Orthopaedics Receipt For: Primary General		edic Surgeon e Year-to-Date ▼ 1000.00	
	Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Sameer B Shammas, , MD Mailing Address 10905 Ft Washington I	Rd Ste 1516		Date of Receipt
	City	Stata	Zip Code	10 02 2007
	Fort Washington	State MD	20744-5843	Transaction ID: 26640158 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20/44-3043	1000.00
	Name of Employer Self Employed	Occupation Orthopae	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Dr. Caren R Ires, , MD			Date of Receipt
	Mailing Address 13215 Valle Verde Ter			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26640159
	Poway	CA	92064-1619	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Kaiser	Occupation Orthopae	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
S	SUBTOTAL of Receipts This Page (optional)			2250.00
ļ,	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69/328 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. James C McIntosh, Jr, MD			Date of Receipt
Mailing Address Lexington Orthopae 110 East Medical Lr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City West Columbia	State SC	Zip Code 29169-4814	Transaction ID: 26640160 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25105-4014	1000.00
Name of Employer Lexington Orthopaedics	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	 · _ · _ · _ 	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. William N Capello, , MD			Date of Receipt
Mailing Address Indiana University 541 Clinical Dr Rm	CL600		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Indianapolis	State IN	Zip Code 46202-5233	Transaction ID: 26640161
FEC ID number of contributing federal political committee.	C	40202-3233	Amount of Each Receipt this Period 500.00
Name of Employer Indiana University	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Michael F O'Brien, , MD			Date of Receipt
Mailing Address 3100 SW 62nd Ave			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City Miami	State FL	Zip Code 33155-3009	Transaction ID: 26640162
FEC ID number of contributing federal political committee.	C	33133-3009	Amount of Each Receipt this Period 1000.00
Name of Employer Miami Children's Hospital	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		2500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Richard M Hoblitzell, , MD Mailing Address 506 South Loop F		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Edgewood FEC ID number of contributing	State Zip Code KY 41017-3405	Transaction ID: 26640163 Amount of Each Receipt this Period 500.00
Name of Employer Commonwealth Orthopaedics Receipt For: Primary General	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. Donald R Willers, Jr, MD Mailing Address 655 Jesse Jewell Attention: Kathy E		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26640164
Gainesville	GA 30501-3854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James Reid Watson, , MD Mailing Address 259 Terracina Blv	d	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26640174
Redlands FEC ID number of contributing federal political committee.	CA 92373-4847	Amount of Each Receipt this Period 1000.00
Name of Employer Beaver Medical	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optio	nal)	1750.00

SCHEDULE A (F	· · · · · · · · · · · · · · · · · · ·	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 328 (check only one) X
Any information copied from for commercial purpose	om such Reports and Statements mes, other than using the name and a	nay not be sold or used by any persaddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITT Political Action Co	EE (In Full) mmittee of the American Asso	ociation of Orthopaedic Surge	ons
Full Name (Last, First, Dr. Allen W Jackson, , N			Date of Receipt
Mailing Address 103	330 Meridian Ave Ste 270		10 02 2007
City	State	Zip Code	Transaction ID: 26640175
Seattle FEC ID number of cor federal political commi		98133-9495	Amount of Each Receipt this Period 500.00
Name of Employer Proliance Surgeons	Occupa		
Receipt For:	<u>_ </u>	aedic Surgeon ate Year-to-Date ▼	
Primary Other (specify)	General	500.00	
Full Name (Last, First, Dr. Viet N Tran, , MD	Middle Initial)		Date of Receipt
Mailing Address 71	18 Black Rock Bend		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 26640176
Round Rock	TX	78681-3450	Amount of Each Receipt this Period
FEC ID number of cor federal political commi			300.00
Name of Employer Spine & Rehab Cente	Occupar Orthop	tion aedic Surgeon	
Receipt For:		ate Year-to-Date	
Other (specify)	General	300.00	
Full Name (Last, First, Dr. Charles R Kershner	,		Date of Receipt
Mailing Address 70	7 River Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26640177
<u>Marion</u>	IN	46952-2765	Amount of Each Receipt this Period
FEC ID number of cor federal political commi			500.00
Name of Employer Ortho Specialists	Occupa Orthop	tion aedic Surgeon	
Receipt For: Primary	Aggrega General	ate Year-to-Date ▼	_
Other (specify)		500.00	
SUBTOTAL of Receipts	This Page (optional)		1300.00
	t page this line number only)	<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Frank P Giammattei, , MD			Date of Receipt
Mailing Address Crozer-Chester Me Professional Office			10 02 2007
City	State	Zip Code	Transaction ID: 26640178
Upland FEC ID number of contributing federal political committee.	C	19013	Amount of Each Receipt this Period 83.33
Name of Employer Premier Orthopaedics	Occupation Orthopae	n edic Surgeon	7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.34	
Full Name (Last, First, Middle Initial) Dr. Van W Johnson, , MD			Date of Receipt
Mailing Address 103 W Saint Clair S	St		M M / D D / Y Y Y Y Y Y 1 1 0 2 2 0 0 7
City	State	Zip Code	Transaction ID: 26640179
Warren	PA	16365-2197	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 833.34]
Full Name (Last, First, Middle Initial) Dr. Robert E Van Demark, Jr, MD			Date of Receipt
Mailing Address Van Demark Ortho 1210 W 18th Ste G		sts	10 02 7 9 9 9
City	State	Zip Code	Transaction ID: 26640180
Sioux Falls	SD	57104-4651	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self Employed		edic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	_
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional	al)		416.66

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Marcus V Duda, , MD Mailing Address 3 Dunaway Ct City Greensboro FEC ID number of contributing federal political committee. Name of Employer Piedmont Orthopaedics Receipt For: Primary General	State Zip Code NC 27408-3801 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26640181 Amount of Each Receipt this Period 500.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. William A Leone, , MD Mailing Address 3111 NE 27th Ave City	State Zip Code	Date of Receipt 10 02 2007 Transaction ID: 26640184
Lighthouse Point FEC ID number of contributing federal political committee. Name of Employer Holy Cross Hospital Receipt For: Primary General Other (specify)	FL 33064-8107 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Behrooz Broukhim, , MD Mailing Address 10640 Riverside Dr City North Hollywood FEC ID number of contributing federal political committee. Name of Employer	State Zip Code CA 91602-2319 C	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 2 2007 Transaction ID: 26640185 Amount of Each Receipt this Period 300.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date 300.00	
SUBTOTAL of Receipts This Page (optional)	1300.00

Falls Church FEC ID number of contributing federal political committee. Name of Employer Invar Fairfax Hospital Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Robert F Jones, , MD Mailing Address Longview Orthopaedics Inc 100 Hospital Rd Ste 3C City State Zip Code Leominster Name of Employer Self Employed Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Robert F Jones, , MD Name of Employer Self Employed Primary General Other (specify) ▼ Date of Receipt Thruston Inc. 2670085 Date of Receipt Thruston Inc. 2670085 Transaction ID: 2670085	GE 74/328 12 16	\vdash \vdash \vdash	Use separate schedule(s) for each category of the Detailed Summary Page	n 3X)	SCHEDULE A (FEC Form 3 TEMIZED RECEIPTS	
Full Name (Last, First, Middle Initial) Dr. Robert HymesMb Mailing Address 7282 Highland Estates PI City State Zip Code Falls Church VA 22043-3008 FEC ID number of contributing federal political committee. Name of Employer Invox Faritx, Middle Initial) Dr. Robert F Jones, MD Mailing Address Longyview Orthopaedics Inc 100 Hospital Rd Ste 3C City State Zip Code Leominster MA 01453-2253 FEC ID number of contributing federal political committee. Name of Employer Self Employer Griphopaedic Surgeon Receipt For: Primary General Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Transaction ID: 2670083 Amount of Each Receipt in 100 Hospital Rd Ste 3C Transaction ID: 2670083 Amount of Each Receipt in 100 Hospital Rd Ste 3C Transaction ID: 2670083 Amount of Each Receipt in 100 Hospital Rd Ste 3C Transaction ID: 2670083 Amount of Each Receipt in 100 Hospital Rd Ste 3C Transaction ID: 2670083 Amount of Each Receipt in 100 Hospital Rd Ste 3C Transaction ID: 2670083 Amount of Each Receipt in 100 Hospital Rd Ste 3C Transaction ID: 2670083 Amount of Each Receipt in 100 Hospital Rd Ste 3C Transaction ID: 2670083 Transaction ID: 2670083 Amount of Each Receipt in 100 Hospital Rd Ste 3C Transaction ID: 2670083 Transaction ID: 2670083 Amount of Each Receipt in 100 Hospital Rd Ste 3C Transaction ID: 2670085 Tr	ntributions ommittee.	olicit contributions from such committee.	lress of any political committee to	using the name and add	or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	or f
City	Y Y Y Y	M M / D D / Y Y Y			Dr. Robert Hymes, , MD	۸. ِ
Name of Employer C		Transaction ID: 26640187 Amount of Each Receipt this Period	•		Falls Church	
Receipt For:	500.00	500.00			federal political committee.	
Date of Receipt Mailing Address Longview Orthopaedics Inc 100 Hospital Rd Ste 3C City State Zip Code Leominster MA 01453-2253 FEC ID number of contributing federal political committee. Name of Employer Self Employed Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Frank X Pedlow, Jr, MD Mailing Address Boston Ortho & Spine Specialists 101 Merrimac St Ste 250 City State Zip Code MA 01453-2253 Amount of Each Receipt th Date of Receipt Transaction ID: 2670083 Amount of Each Receipt th Date of Receipt Transaction ID: 2670083 Amount of Each Receipt th Date of Receipt Transaction ID: 2670083 Amount of Each Receipt th Date of Receipt Transaction ID: 2670085 Amount of Each Receipt th C Transaction ID: 2670085 Amount of Each Receipt th C Name of Employer Self Employer Self Employed Orthopaedic Surgeon Receipt For: Primary General Aggregate Year-to-Date ▼ Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼			dic Surgeon Year-to-Date ▼	Orthopae	Receipt For: Primary General	
City State Zip Code Transaction ID: 2670083 Leominster MA 01453-2253 Amount of Each Receipt th FEC ID number of contributing federal political committee. Name of Employer Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Frank X Pedlow, Jr, MD Mailing Address Boston Ortho & Spine Specialists 101 Merrimac St Ste 250 City State Zip Code MA 02114-4799 FEC ID number of contributing federal political committee. Name of Employer Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼	Y Y Y Y 2 0 0 7	M M / D D / Y Y Y		opaedics Inc	Dr. Robert F Jones, , MD Mailing Address Longview Orthopa	3.
FEC ID number of contributing federal political committee. Name of Employer Self Employed Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ City State Zip Code Transaction ID: 2670085 Boston MA 02114-4799 Receipt For: Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ 1000.00 Date of Receipt Transaction ID: 2670085 Amount of Each Receipt the Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼		Transaction ID: 26700834	Zip Code	State	City	
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Frank X Pedlow, Jr, MD Mailing Address Boston Ortho & Spine Specialists 101 Merrimac St Ste 250 City State Zip Code Boston MA 02114-4799 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Orthopaedic Surgeon Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	is Period 1000.00	Amount of Each Receipt this Period	01453-2253		FEC ID number of contributing	•
Receipt For: Primary General 1000.00				'	Name of Employer Self Employed	
Dr. Frank X Pedlow, Jr, MD Mailing Address Boston Ortho & Spine Specialists 101 Merrimac St Ste 250 City State Zip Code Boston MA 02114-4799 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Date of Receipt M M / D D D / Y 1 0 0 8 Transaction ID: 2670085 Amount of Each Receipt th			Year-to-Date ▼		Primary General	-
Transaction ID: 2670085 Boston MA O2114-4799 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General O 0 8 Transaction ID: 2670085 Amount of Each Receipt th	YYYY	†			Dr. Frank X Pedlow, Jr, MD	. .
Boston MA 02114-4799 FEC ID number of contributing federal political committee. Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: Primary General Amount of Each Receipt th	2007	10 08 2007	7in Codo	St Šte 250	101 Merrimac St S	
Federal political committee. Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: Primary General Occupation Orthopaedic V		Amount of Each Receipt this Period	•		·	
Receipt For: Primary General Aggregate Year-to-Date 750.00	250.00	250.00		C		
Primary General				· ·	Name of Employer Self Employed	
				Aggregate	Primary General	
SUBTOTAL of Receipts This Page (optional)	1750.00	1750.00	·····	ptional)	SUBTOTAL of Receipts This Page (option	SU

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	nerican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Jeffrey Meisles, , MD		Date of Receipt
Mailing Address Ortho Specialists 305 N York Rd		10 08 2007
City	State Zip Code	Transaction ID: 26700854
Elmhurst	IL 60126-2317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Robert Dean Lolley, , MD	•	Date of Receipt
Mailing Address 200 Springoaks Wa	/	10 08 7 2007
City	State Zip Code	Transaction ID: 26700855
Dothan	AL 36305-6898	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Southern Bone & Joint	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Peter R Silvero, , MD		Date of Receipt
Mailing Address PO Box 1495		10 08 7 9 9 9
City	State Zip Code	Transaction ID: 26700856
Travis Afb	CA 94535-0495	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer USAF	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1750.00
TOTAL This Period (last page this line numb	·	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
(Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Lee R Dorey, , MD			Date of Receipt
	Mailing Address Orthopaedic & Spinal 2100 N Waldron Ste 5			10 12 2007
	City	State	Zip Code	Transaction ID: 26700868
	Hutchinson	KS	67502-1176	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
– В.	Full Name (Last, First, Middle Initial) Dr. Alan H Wilde, , MD			Date of Receipt
	Mailing Address 8542 Windsor Way			10 12 2007
	City	State	Zip Code	Transaction ID: 26700869
	Broadview Heights	ОН	44147-1790	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Lutheran Hospital	- · · · · · ·	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		900.00	
_ C.	Full Name (Last, First, Middle Initial) Dr. Kevin P Speer, , MD			Date of Receipt
	Mailing Address Southeastern Orthopa 3404 Wake Forest Rd	Ste 201		10 12 2007
	City Raleigh	State NC	Zip Code 27609-7341	Transaction ID: 26700871 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	27003-7341	500.00
	Name of Employer Southeastern Orthopaedic	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional) .	1		1800.00
T	TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 328 (check only one) X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Jon C Driscoll, , MD Mailing Address 56R Sycamore Dr City Durham FEC ID number of contributing federal political committee. Name of Employer Comprehensive Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code CT 06422-1924 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. James W Gallentine, , MD Mailing Address 3121 Sheridan Blv City Lincoln FEC ID number of contributing federal political committee. Name of Employer Nebraska Ortho & Sports Med Receipt For: Primary General	State Zip Code NE 68502-5232 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Andrew H Glassman, , MD Mailing Address 4882 E Main St St City Columbus FEC ID number of contributing federal political committee. Name of Employer American Health Network Receipt For: Primary General	State Zip Code OH 43213-3189 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 300.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ SUBTOTAL of Receipts This Page (option	nal)	700.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 328 (check only one) X
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	ierican Assoc	iation of Orthopaedic Surgeo	ons
	Full Name (Last, First, Middle Initial) Dr. Alan R McCall, , MD			Date of Receipt
	Mailing Address 7447 W Talcott Ave	Ste 500		10 12 2007
	City	State	Zip Code	Transaction ID: 26700876
	Chicago	IL	60631-3716	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopa	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. David L Nelson, , MD			Date of Receipt
	Mailing Address 1363 S Eliseo Dr Ste	• B		10 12 7 2007
	City	State	Zip Code	Transaction ID: 26700878
	Greenbrae	CA	94904-2012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
	Full Name (Last, First, Middle Initial) Dr. Joseph I Bernstein, , MD			Date of Receipt
	Mailing Address 17 San Andreas Way	/		10 12 2007
	City	State	Zip Code	Transaction ID: 26700879
	San Francisco	CA	94127-2027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Retired	 · _ · _ · _ 	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		375.00	
Г	SUBTOTAL of Receipts This Page (optional)	l		875.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 328 (check only one) X
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surged	ons
۱.	Full Name (Last, First, Middle Initial) Dr. Jeffrey T Adams, , MD Mailing Address 1223 1/2 Trotwood A			Date of Receipt
		ve		10 12 2007
	City <u>Columbia</u>	State TN	Zip Code	Transaction ID: 26700880
	FEC ID number of contributing federal political committee.	C	38401-6430	Amount of Each Receipt this Period 1000.00
	Name of Employer Middle Tenn Ortho	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Gregory Lauro, , MD Mailing Address 5840 Rte 981 Ste 10	1		Date of Receipt
		1		10 12 2007
	City	State	Zip Code	Transaction ID: 26700881
	Latrobe FEC ID number of contributing federal political committee.	C	15650-5398	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
. –	Full Name (Last, First, Middle Initial) Dr. Peter J Stern, , MD			Date of Receipt
	Mailing Address 231 Albert Sabin Way 5502 Medical Science	e Bldg	7:2 Onde	10 12 2007
	City <u>Cincinnati</u>	State OH	Zip Code 45267-0001	Transaction ID: 26700882 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Univ of Cincinnati College of Medicine		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		1750.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 328 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
` '	nerican Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. William C Schroer, , MD		Date of Receipt
Mailing Address 12266 Depaul Dr Ste		10 12 2007
City	State Zip Code	Transaction ID: 26700957
Saint Louis	MO 63044	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. John R Denton, , MD		Date of Receipt
Mailing Address 152-11 89th Ave Dept of Ortho Surg		10 12 2007
City	State Zip Code	Transaction ID: 26700958
<u>Jamaica</u>	NY 11432-3730	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer St. Vincent's Catholic Me- dical Center.	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. David Matthew Beard, . MD		Date of Receipt
Mailing Address 3270 20 St South		10 12 2007
City	State Zip Code	Transaction ID: 26700959
<u>Fargo</u>	ND 58104-5917	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1000.00	7
Other (specify) ▼	1000.00	1
OUDTOTAL of Descripts This Descripts (self-see)		2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 328 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Aaron M K Butler, , MD Mailing Address 4142 Beverly Dr City Onalaska FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code WI 54650-8428 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Gurmukh Singh Walha, , MD Mailing Address 542 White Oak St City Asheboro FEC ID number of contributing	State Zip Code NC 27203-4710	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Asheboro Orthopedic Clinic Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	1000.00
Full Name (Last, First, Middle Initial) Dr. Elizabeth A Ouellette, , MD Mailing Address Miami International North Park Profess City North Miami Beach FEC ID number of contributing federal political committee.	onal Building State Zip Code FL 33169	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 535.00	
SUBTOTAL of Receipts This Page (optional	l) >	2035.00

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Am Full Name (Last, First, Middle Initial) Dr. E Burke Evans, , MD Mailing Address Univ of Texas Med B	erican Assoc		
Dr. E Burke Evans, , MD	ranch		
IVIAIIITIU AUGITESS I INIV OT LEXAS MIEG R	rancn		Date of Receipt
301 University Blvd			10 12 2007
City	State	Zip Code	Transaction ID: 26700963
Galveston FEC ID number of contributing federal political committee.	C	77555-0001	Amount of Each Receipt this Period 500.00
Name of Employer Univ of Texas	 · _ · _	n edic Surgeon e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Dr. Shelton C Simmons, III, MD			Date of Receipt
Mailing Address 3001 S Hanover St Gruehn Bldg Ste 502			10 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Baltimore	State MD	Zip Code	Transaction ID: 26700966
FEC ID number of contributing federal political committee.	C	21225-1233	Amount of Each Receipt this Period 250.00
Name of Employer Medstar	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Stephen Gryzlo, , MD			Date of Receipt
Mailing Address 676 N Saint Clair 13t	h FL		10 12 2007
City	State	Zip Code	Transaction ID: 26700967
Chicago FEC ID number of contributing federal political committee.	C	60611-3060	Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)	1		1500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 328 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	rican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Robert L Barrack, , MD			Date of Receipt
	Mailing Address Washington Univ Scho 660 S Euclid Ave-Cam	ool of Med pus Box 82		10 12 7 2007
	City	State MO	Zip Code	Transaction ID: 26700968
	Saint Louis FEC ID number of contributing federal political committee.	C	63110	Amount of Each Receipt this Period 1000.00
	Name of Employer Washington University	Occupation	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Steven S Ratcliffe, , MD			Date of Receipt
	Mailing Address 2547 103rd Ave SE			10 12 2007
	City	State	Zip Code	Transaction ID: 26700982
	Bellevue	WA	98004-7203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Proliance Surgeons	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	1
– C.	Full Name (Last, First, Middle Initial) Dr. Steven Tradonsky, , MD			Date of Receipt
O .	Mailing Address 6719 Alvarado Rd Ste	200		M M / D D / Y Y Y Y Y 1 Y 1 1 2 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 26700985
	San Diego	CA	92120-5256	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		1600.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
NAME OF COMMITTEE (In Full)	rts and Statements may not be sold or used by any person using the name and address of any political committee to the American Association of Orthopaedic Surgeo				
Full Name (Last, First, Middle Initial) Dr. John J Larkin, Jr, MD		Date of Receipt			
Mailing Address 320 Thomas Mo	oore Pkwy	10 12 2007			
City	State Zip Code	Transaction ID: 26700986			
Crestview Hills FEC ID number of contributing federal political committee.	KY 41017-3410	Amount of Each Receipt this Period 250.00			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]			
Full Name (Last, First, Middle Initial) Dr. Harry N Herkowitz, , MD		Date of Receipt			
	Mailing Address Medical Office Bldg 3535 W 13 Mile Rd Ste 744				
City	State Zip Code	Transaction ID: 26700987			
Royal Oak	MI 48073-6770	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00				
Full Name (Last, First, Middle Initial) Dr. Jeffrey L Lovallo, , MD		Date of Receipt			
Mailing Address 7025 Benjamin	St	10 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID: 26700994			
Mc Lean	VA 22101-1550	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00				
SUBTOTAL of Receipts This Page (op	itional)	1500.00			

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate for each cate Detailed Sum	gory of the
0	r for commercial purposes, other than using the	Statements may not be sold or use name and address of any politi	used by any person for the purpose of soliciting contributions ical committee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Association of Ortho	paedic Surgeons
۸.	Full Name (Last, First, Middle Initial) Dr. Michael A Parentis, , MD		Date of Receipt
	Mailing Address 6380 Heise Rd		10 12 2007
	City Clarence Center	State Zip Code NY 14032-9372	Transaction ID: 26700995 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer The Knee Center of WNY	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	400.00
	Full Name (Last, First, Middle Initial) Dr. Neal D Lintecum, , MD Mailing Address 1112 W 6th St Ste 12	4	Date of Receipt
		10 12 2007	
	City Lawrence	State Zip Code KS 66044-2249	Transaction ID: 26700996 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Lawrence Orthopaedics	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
_	Full Name (Last, First, Middle Initial) Dr. Robert J Bercik, , MD		Date of Receipt
	Mailing Address 1445 Raritan Rd		10 12 2007
	City Clark	State Zip Code NJ 07066-1230	Transaction ID: 26700997
	FEC ID number of contributing federal political committee.	NJ 07066-1230	O Amount of Each Receipt this Period 125.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	625.00
Г	SUBTOTAL of Receipts This Page (optional)	l	525.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 328 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers name and address of any political committee to	
NAME OF COMMITTEE (In Full) Political Action Committee of the Am	nerican Association of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial) Dr. Bertram Spetzler, , MD		Date of Receipt
Mailing Address 5783 McSpetz Ln		10 12 2007
City	State Zip Code VA 24018-7884	Transaction ID: 26700998
Roanoke FEC ID number of contributing federal political committee.	VA 24018-7884	Amount of Each Receipt this Period 500.00
Name of Employer Lewis Gale Physicians	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Michael G Kogan, , MD		Date of Receipt
Mailing Address 21908 Tall Oaks Dr		10 12 2007
City	State Zip Code	Transaction ID: 26701000
Kildeer FEC ID number of contributing federal political committee.	IL 60047-8325	Amount of Each Receipt this Period 100.00
Name of Employer Orthopedic & Spine Surgery Assoc	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. George R Bradbury, III, MD		Date of Receipt
Mailing Address 150 N Avenida de Sa	an Ramon	10 12 2007
City	State Zip Code	Transaction ID: 26701001
Tucson FEC ID number of contributing federal political committee.	AZ 85710-2112	Amount of Each Receipt this Period 500.00
Name of Employer Premier Care Orthopedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
CURTOTAL of Descripts This Days (settings)		1100.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 328 (check only one) X	
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	the name and add	dress of any political committee to	solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Dr. Fredric M Gerard, , MD Mailing Address 7225 N University [Or Ste 202		Date of Receipt	
City Tamarac	State FL	Zip Code 33321-2908	Transaction ID: 26701002 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		125.00	
Name of Employer Self Employed Receipt For: Primary Other (specify) ▼		n edic Surgeon Year-to-Date ▼ 375.00		
Full Name (Last, First, Middle Initial) Dr. Charles Francis Mess, Jr, MD Mailing Address 12470 Petrillo Dr	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	City State Zip Code			
<u>Highland</u>	MD	20777-9567	Transaction ID: 26701003 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer Self Employed		edic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. Lawrence Berson, , MD	1		Date of Receipt	
Mailing Address 410 Saybrook Rd S	10 12 2007			
City	State	Zip Code	Transaction ID: 26701004	
Middletown	CT	06457-4780	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer Self Employed		edic Surgeon		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00		
SUBTOTAL of Receipts This Page (optional	al)		625.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 328 (check only one)		
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Assoc	iation of Orthopaedic Surgeo	ons		
Full Name (Last, First, Middle Initial) Dr. Joseph G Thometz, , MD			Date of Receipt		
Mailing Address 10500 Capistrano					
City Orland Park	State IL	Zip Code 60467-8245	Transaction ID: 26701006 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		1000.00		
Name of Employer Bone & Joint Specialists	Occupatio Orthopae	n edic Surgeon			
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Dr. Robert S Kramer, , MD			Date of Receipt		
Mailing Address 8 Vouga Ln	10 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State	Zip Code	Transaction ID: 26701007		
Saint Louis FEC ID number of contributing federal political committee.	C	63131-2628	Amount of Each Receipt this Period 500.00		
Name of Employer Metropolitan Orthopedics LTD	Occupatio Orthopae	n edic Surgeon			
Receipt For:		e Year-to-Date ▼			
Primary General Other (specify) ▼	0 0	1000.00			
Full Name (Last, First, Middle Initial) Dr. Jeffrey G Mokris, , MD			Date of Receipt		
Mailing Address 1025 Morehead Me	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State	Zip Code	Transaction ID: 26701021		
Charlotte	NC	28204-2966	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer Ortho Carolina	Occupatio Orthopae	n edic Surgeon			
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼		500.00			
			2000.00		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 328 (check only one) X
A 0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements mane name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	ıerican Assoc	iation of Orthopaedic Surged	ons
۷.	Full Name (Last, First, Middle Initial) Dr. John S Place, , MD			Date of Receipt
	Mailing Address 3907 Creekside Loop	Ste 100		10 12 2007
	City Yakima	State WA	Zip Code 98902-4879	Transaction ID: 26701022 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 2000.00	
	Full Name (Last, First, Middle Initial) Dr. John H Mahon, , MD			Date of Receipt
	Mailing Address 8602 N Cardinal Dr			10 12 2007
	City Phoenix	State AZ	Zip Code 85028-6102	Transaction ID: 26701023
	FEC ID number of contributing federal political committee.	C	05020-0102	Amount of Each Receipt this Period 500.00
	Name of Employer Scottsdale Orthopaedic Su- rgeons	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
 :.	Full Name (Last, First, Middle Initial) Dr. Jacqueline J Krumrey, , MD			Date of Receipt
	Mailing Address Good Samaritan Reg 3640 NW Samaritan	10 12 7 9 9 9		
	City Corvallis	State OR	Zip Code 97330-3784	Transaction ID: 26701027 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	07000 0704	500.00
	Name of Employer Good Samaritan Regional Med Ctr		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1		2000.00

Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pre name and address of any political committee	orage for the propose of policities as established			
Political Action Committee of the An	nerican Association of Orthopaedic Sur				
Full Name (Last, First, Middle Initial) Dr. Andre F Wolanin, , MD Mailing Address Southwest Orthopae		Date of Receipt 10 12 2007			
6115 Powers Blvd St	e 100 State Zip Code	Transaction ID: 26701028			
<u>Parma</u>	OH 44129-5469	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer Southwest Orthopaedics Inc	Occupation Orthopaedic Surgeon				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) Dr. Edward M Crosland, , MD		Date of Receipt			
Mailing Address Augusta Orthopaedic	10 12 2007				
City Augusta	State Zip Code GA 30904-4821	Transaction ID: 26701029 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C 30904-4021	1000.00			
Name of Employer Augusta Orthopedic Clinic	Occupation Orthopaedic Surgeon				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
Full Name (Last, First, Middle Initial) Dr. Stephen S Hurst, , MD		Date of Receipt			
Mailing Address 77 N San Mateo Dr	Mailing Address 77 N San Mateo Dr				
City	State Zip Code	1 0 1 2 2 0 0 7 Transaction ID: 26701030			
San Mateo	CA 94401-2889	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer San Mateo Orthopaedic Gro- up	Occupation Orthopaedic Surgeon				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
SUBTOTAL of Receipts This Page (optional)		2000.00			

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 328 (check only one) X 11a
or for cor	mation copied from such Reports and S mmercial purposes, other than using the E OF COMMITTEE (In Full) ical Action Committee of the Ame	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr. Jo	lame (Last, First, Middle Initial) seph P Walls, , MD g Address 755 N Roop St Ste 101	I		Date of Receipt 10 12 2007
City		State	Zip Code	Transaction ID: 26701032
<u>Cars</u>	on City	NV	89701-3107	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		250.00
Name Capit	of Employer of Orthopedics	Occupation Orthopae	n edic Surgeon	
	pt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Dr. Th	lame (Last, First, Middle Initial) nomas P Gross, , MD			Date of Receipt
	g Address Midlands Orthopaedics 1910 Blanding St		7: 0.1.	10 12 2007
City	mbia	State SC	Zip Code 29201-3520	Transaction ID: 26701033 Amount of Each Receipt this Period
FEC	ID number of contributing al political committee.	C	23201-3320	1000.00
Name Midla	e of Employer nds Orthopedics	Occupation Orthopae	n edic Surgeon	
Recei	pt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Dr. Do	lame (Last, First, Middle Initial) ouglas A Dennis, , MD og Address Colorado Joint Replace 2535 S Downing St Ste			Date of Receipt 1 0 1 2 2 0 0 7
City	222 2 = 3g 31 31	State	Zip Code	Transaction ID: 26701039
<u>Denv</u>	/er	CO	80210-5848	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		1000.00
Color	e of Employer ado Joint Replacement	. '	edic Surgeon	
	pt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTO	TAL of Receipts This Page (optional)			2250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92 / 328 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	Statements may not be sold or used by any perse name and address of any political committee to erican Association of Orthopaedic Surger	
Full Name (Last, First, Middle Initial) Dr. E Michael Okin, , MD Mailing Address 9140 A Academy Rd City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code PA 19114-2853 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 350.00	Date of Receipt 10 12 2007 Transaction ID: 26701040 Amount of Each Receipt this Period 350.00
Full Name (Last, First, Middle Initial) Dr. Mark E Friedland, , MD Mailing Address 501 S Maple City Waconia FEC ID number of contributing federal political committee. Name of Employer Twin Cities Orthopaedics Receipt For:	State Zip Code MN 55387-1715 C Occupation Orthopaedic Surgeon	Date of Receipt 10 12 2007 Transaction ID: 26701042 Amount of Each Receipt this Period 750.00
Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Gary E Friedlaender, , MD Mailing Address Yale Univ School of M 800 Howard Ave City New Haven FEC ID number of contributing federal political committee.	State Zip Code CT 06519-1369	Date of Receipt 10 12 2007 Transaction ID: 26701044 Amount of Each Receipt this Period 500.00
Name of Employer Yale University Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional)	I	1600.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any persone name and address of any political committee t	
NAME OF COMMITTEE (In Full) Political Action Committee of the Am	nerican Association of Orthopaedic Surge	eons
Full Name (Last, First, Middle Initial) Dr. David M Kruger, , MD		Date of Receipt
Mailing Address 1000 Asylum Ave St	e 2126	10 12 Y Y Y Y Y Y Y
City Hartford	State Zip Code CT 06105-1719	Transaction ID: 26701045 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer Greater Hartford Orthopae- dics Receipt For: Primary General	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Other (specify)	600.00	
Full Name (Last, First, Middle Initial) Dr. John Charles Kofoed, , MD Mailing Address 2619 Seminole Ct		Date of Receipt
City	State Zip Code	Transaction ID: 26707229
<u>Fairfield</u>	CA 94534-7871	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial) Dr. Robert M Dimick, , MD		Date of Receipt
Mailing Address Premier Orthopaedic 5651 Frist Blvd Ste 5	00	10 16 2007
City <u>Hermitage</u>	State Zip Code TN 37076-2059	Transaction ID: 26707230 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Premier Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
CURTOTAL of Descripts This Descriptional		2100.00

A.

В.

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 328 (check only one) X	
Any information copied from such Reports and St or for commercial purposes, other than using the	name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	rican Associ	ation of Orthopaedic Surgeo	ns	
Full Name (Last, First, Middle Initial) Dr. Mohamed-Tarek Al-Fahl, , MD			Date of Receipt	
Mailing Address 604 Reinerman St			10 16 2007	
City	State	Zip Code	Transaction ID: 26707231	
Houston	TX	77007-5235	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer Texas Orthopaedic & Sports Medicine Receipt For: Primary General Other (specify) ▼	 	edic Surgeon Year-to-Date 500.00		
Full Name (Last, First, Middle Initial) Dr. Delwin E Quenzer, , MD Mailing Address 5604 Glen Oaks Pointe			Date of Receipt	
- John Garding Floring			10 16 2007	
City	State	Zip Code	Transaction ID: 26707232	
West Des Moines FEC ID number of contributing federal political committee.	C	50266	Amount of Each Receipt this Period 1000.00	
Name of Employer Des Moines Orthopaedic Su- rgeons,PC Receipt For: Primary General Other (specify) ▼	 	n edic Surgeon Year-to-Date ▼		
Full Name (Last, First, Middle Initial) Dr. Robert T Semba, , MD			Date of Receipt	
Mailing Address 7600 W College Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City <u>Palos Heights</u>	State IL	Zip Code 60463-1001	Transaction ID: 26707233 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		150.00	
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00		
SUBTOTAL of Receipts This Page (optional)			1400.00	

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 328 (check only one) X
Ar or	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons
	Full Name (Last, First, Middle Initial) Dr. Patrick B Leach, , MD Mailing Address Orthopedic Specialist	to of Courthwe		Date of Receipt
	2531 Cleveland Ave		25	10 16 2007
	City	State	Zip Code	Transaction ID: 26707234
	Fort Myers	FL	33901-4900	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Orthopaedic Specialists	Occupatio	n edic Surgeon	
	of Southwest F Receipt For:		e Year-to-Date	
	Primary General Other (specify) ▼	Aggregate	375.00	
	Full Name (Last, First, Middle Initial) Dr. Tracy Marie Wolf, , MD	1		Date of Receipt
	Mailing Address 8550 W 38th Ave Ste	10 16 2007		
	City	State	Zip Code	Transaction ID: 26707235
	Wheat Ridge	CO	80033-4341	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer Hand Specialists PC	Occupation Orthopa	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		250.00]
	Full Name (Last, First, Middle Initial) Dr. Mark C Senese, , MD			Date of Receipt
	Mailing Address 6352 N Pinnacle Rido	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 26707236
	Tucson	AZ	85718-3535	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		375.00]
	UBTOTAL of Receipts This Page (optional)			500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 328 (check only one) X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
۸.	Full Name (Last, First, Middle Initial) Dr. Humberto A Galleno, , MD			Date of Receipt
	Mailing Address Inter-Community Prof 315 N 3rd Ave Ste 302			10 16 2007
	City	State	Zip Code	Transaction ID: 26707237
	Covina	CA	91723-1916	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
. –	Full Name (Last, First, Middle Initial) Dr. Mark D Visk, , MD			Date of Receipt
	Mailing Address 303 E Wood St Attn: KAREN BARNES	10 16 2007		
	City	State	Zip Code	Transaction ID: 26707239
	Spartanburg	SC	29303-3020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			1000.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2000.00	
	Full Name (Last, First, Middle Initial) Dr. George F Chimento, , MD			Date of Receipt
	Mailing Address 2405 Chester St			10 16 2007
	City	State	Zip Code	Transaction ID: 26707240
	Metairie	LA	70001-3029	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		250.00	
Г	SUBTOTAL of Receipts This Page (optional) .	1		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 97 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. James R Santangelo, , MD Mailing Address 355 Edinburgh Dr City Fayetteville FEC ID number of contributing federal political committee. Name of Employer U.S. Government Receipt For: Primary General	State Zip Code NC 28303-5115 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26707241 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Vincent J Russo, , MD Mailing Address 10290 N 92nd St St City Scottsdale FEC ID number of contributing		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. James C Binski, , MD Mailing Address 1786 Kylemore Ct City Dayton FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip Code OH 45459-1465 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	1000.00	1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. James M Loddengaard, , MD			Date of Receipt
Mailing Address 23456 Hawthorne I	Blvd Ste 300		M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
City Torrance	State CA	Zip Code 90505-4716	Transaction ID: 26707244 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30000 47 10	250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Mark T Wichman, , MD			Date of Receipt
Mailing Address Milwaukee Ortho S 1575 N Rivercenter			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Milwaukee	State WI	Zip Code	Transaction ID: 26707245
FEC ID number of contributing federal political committee.	C	53212-3965	Amount of Each Receipt this Period 250.00
Name of Employer Milwaukee Orthopaedic Spe-	Occupation	n edic Surgeon	
cialists Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Lloyd E Witham, , MD			Date of Receipt
Mailing Address 1107 Ironwood Dr			10 16 2007
City Coeur D Alene	State ID	Zip Code	Transaction ID: 26707247
FEC ID number of contributing federal political committee.	C	83814-2604	Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
SUBTOTAL of Receipts This Page (options	al)		600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Melburn K Huebner, , MD		Date of Receipt
Mailing Address 1901 Medi Park Di		10 16 7 2007
City	State Zip Code	Transaction ID: 26707249
Amarillo FEC ID number of contributing federal political committee.	TX 79106-2105	Amount of Each Receipt this Period 125.00
Name of Employer Self Employed	Occupation October 2015 Occupation	_
Receipt For:	Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) Dr. Alfredo L Axtmayer, , MD		Date of Receipt
Mailing Address 8 Research Pkwy		10 16 2007
City	State Zip Code	Transaction ID: 26707250
Wallingford	CT 06492-1929	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Paul R Miller, , MD		Date of Receipt
Mailing Address 17670 St James R	d	10 16 YYYY 10 16 2007
City	State Zip Code	Transaction ID: 26707251
Brookfield	WI 53045-2061	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Advanced Healthcare	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (option	al)	875.00
	nber only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 328 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Craig H Rosen, , MD Mailing Address 1802 Champlain Dr City Voorhees FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NJ 08043-2870 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: 26707253 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. William A Junglas, , MD Mailing Address 820 Los Molinos Wa City Sacramento FEC ID number of contributing federal political committee. Name of Employer Medclinic Med Group Receipt For: Primary General	State Zip Code CA 95864-5252 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Paul Dominic Saadi, , MD Mailing Address 8126 Tory Sound Dr. City Dallas FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code TX 75231-1519 C Occupation Orthopaedic Surgeon	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	850.00

ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Am	nerican Assoc	iation of Orthopaedic Surged	ons
Full Name (Last, First, Middle Initial) Dr. Thomas M Florack, , MD			Date of Receipt
Mailing Address Prevea Clinic 900 S Webster Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Green Bay	State WI	Zip Code 54301-3508	Transaction ID: 26707257 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	34301-3300	500.00
Name of Employer Prevea Clinic	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. David J Flesher, , MD			Date of Receipt
Mailing Address 3301 NW 50th St			10 16 YYYYY 10 16 2007
City	State OK	Zip Code	Transaction ID: 26707259
Oklahoma City FEC ID number of contributing federal political committee.	C	73112-5627	Amount of Each Receipt this Period 500.00
Name of Employer Orthopedic Associates, In-	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. John J Jiganti, , MD			Date of Receipt
Mailing Address 2420 S Union Ste 30	0		10 16 2007
City Tacoma	State WA	Zip Code	Transaction ID: 26707260
FEC ID number of contributing federal political committee.	C	98405-1387	Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)	1		1400.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	e (check only one)
Ar	ny information copied from such Reports and for commercial purposes, other than using th NAME OF COMMITTEE (In Full) Political Action Committee of the Ame		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee. Surgeons
<u>/_</u> A.	Full Name (Last, First, Middle Initial) Dr. Daniel A Caligiuri, , MD Mailing Address 16 Hickory Rd City New Hyde Park	State Zip Code NY 11040-2326	Date of Receipt 10 16 2007 Transaction ID: 26707261 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 300.	00
3.	Full Name (Last, First, Middle Initial) Dr. Marshall L Cook, , MD Mailing Address 4521 E Pepper Tree L	n	Date of Receipt
	City	State Zip Code	Transaction ID: 26707263
	Paradise Valley FEC ID number of contributing federal political committee.	AZ 85253-3250	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.	00
	Full Name (Last, First, Middle Initial) Dr. Stephane Mulligan, , MD Mailing Address 2 Darin Ave	1	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 26707265
	Morrisonville FEC ID number of contributing federal political committee.	NY 12962-9649	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.	00
s	UBTOTAL of Receipts This Page (optional) .	1	600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 328 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to perican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. David M Woodbury, , MD Mailing Address 50 E. Hospital St Ste City Manning FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code SC 29102-3149 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26707266 Amount of Each Receipt this Period 200.00
Full Name (Last, First, Middle Initial) Dr. Timothy J Flock, , MD Mailing Address 320 Warner Dr Lewiston Orthopedic City Lewiston FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code ID 83501-4441 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Yram Jan Groff, , MD Mailing Address 4815 Liberty Ave Ste City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer Self Employed	250 State Zip Code PA 15224-2156 C Occupation Orthopaedic Surgeon	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 500.00	700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 328 (check only one) X 11a
NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any pers he name and address of any political committee to nerican Association of Orthopaedic Surge	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Saint Elmo Newton, III, MD Mailing Address 801 Broadway 10th I City Seattle FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code WA 98122-4396 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 625.00	Date of Receipt M M M 1 D D 2 0 0 7 Transaction ID: 26707270 Amount of Each Receipt this Period 125.00
Full Name (Last, First, Middle Initial) Dr. Hector M Pedraza, , MD Mailing Address 2808 McLamb PI City Goldsboro FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NC 27534-1600 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26707271 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. David Brokaw, , MD Mailing Address 1801 N Senate Blvd City Indianapolis FEC ID number of contributing federal political committee. Name of Employer Ortho Indy Receipt For: Primary General Other (specify)	State Zip Code IN 46202-1243 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 750.00	Date of Receipt M M M 1 D D 2 0 0 7 Transaction ID: 26707272 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		875.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 328 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Burt F Taylor, Jr, MD Mailing Address PO Box 86144 City Mobile FEC ID number of contributing federal political committee. Name of Employer The Orthopedic Group Receipt For: Primary General	State Zip Code AL 36689-6144 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26707273 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. W John Bruder, , MD Mailing Address 4045 W Royal Dr City Traverse City FEC ID number of contributing federal political committee.	State Zip Code MI 49684-8965	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Great Lakes Orthopaedic Center Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 400.00	
Full Name (Last, First, Middle Initial) Dr. James M McKenzie, , MD Mailing Address 2201 NW Vassar C City Bentonville FEC ID number of contributing federal political committee.	t State Zip Code AR 72712-8582	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 26707275 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1500.00	
SUBTOTAL of Receipts This Page (optional	l) >	900.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 328 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to merican Association of Orthopaedic Surger	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Edward L Cahill, , MD Mailing Address 2488 N California S	it	Date of Receipt
City Stockton	State Zip Code CA 95204-5508	Transaction ID: 26707277 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr. James M Beckley, , MD Mailing Address 1918 Britt Ln		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26707278
Rochester	MN 55902-3434	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Greg T Jones, , MD		Date of Receipt
Mailing Address 3501 W E Knight Di	r	10 16 YYYYY 10 16 2007
City	State Zip Code	Transaction ID: 26709380
Fort Smith	AR 72903-6248	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer River Valley Musculoskele- tal Center Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	•	550.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 328 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persolates of any political committee to	
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Jeffrey A Bash, , MD			Date of Receipt
Mailing Address 540 Saybrook Rd S	te 160		10 16 2007
City	State	Zip Code	Transaction ID: 26709381
Middletown	CT	06457-4711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:	 · _ · _ · _ 	Year-to-Date ▼	_
Primary General Other (specify) ▼	53. 534.0	1000.00	
Full Name (Last, First, Middle Initial) Dr. Mark Lucian Barba, , MD			Date of Receipt
Mailing Address 324 Roxbury Rd			10 16 2007
City	State	Zip Code	Transaction ID: 26709382
Rockford	IL	61107-5090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. James A Rydlewicz, , MD			Date of Receipt
Mailing Address 5233 W Morgan Av	е		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26709383
<u>Milwaukee</u>	WI	53220-1541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Milwaukee Clinic of Ortho- pedic Surgery	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional	1)		2000.00

TOTAL This Period (last page this line number only)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) Dr. Rick W Wright. MD Mailing Address Dept of Orthopaedic Surgery Site 11300 West Pavilion City Saint Louis Name of Employer Washington University Occupation Orthopaedic Surgeon Receipt For: Political Action Committee. C City State Zip Code Primary Other (specify) ▼ State Zip Code Plantation FEC ID number of contributing federal political committee. C City State Zip Code Plantation FEC ID number of contributing federal political committee. C Varne of Employer Self Employer Orthopaedic Surgeon Name of Employer Self Employed Orthopaedic Surgeon Receipt For: Other (specify) ▼ Occupation Orthopaedic Surgeon Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: 26709386 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Ca 95204-5508 For Imany Orthopaedic Surgeon Receipt For: Primary Orthopaedic Surgeon Aggregate Year-to-Date ▼ Transaction ID: 26709387 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Aggregate Year-to-Date ▼ Transaction ID: 26709386 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Aggregate Year-to-Date ▼ Transaction ID: 26709386 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Aggregate Year-to-Date ▼ Transaction ID: 26709386 Amount of Each Receipt this Period Transaction ID: 26709386 Amount of Eac	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 328 (check only one) X
Dr. Rick W Wright., MD Mailing Address Dept of Orthopaedic Surgery Ste 11300 West Pavilion City Saint Louis MO 63110 FEC ID number of contributing federal political committee. C C Cocupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Plantation FEC ID number of contributing federal political committee. C C Cocupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 10 16 725.00 Date of Receipt Transaction ID: 26709386 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: 26709386 Transaction ID: 26709386 Transaction ID: 26709386 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: 26709386 Date of Receipt Transaction ID: 26709386 Transaction ID: 26709386 Transaction ID: 26709387 Amount of Each Receipt this Period Transaction ID: 26709387 Transaction ID: 26709387 Amount of Each Receipt this Period Transaction ID: 26709387 Transactio	NAME OF COMMITTEE (In Full)			
Receipt For:	Dr. Rick W Wright, , MD Mailing Address Dept of Orthopaedic S Ste 11300 West Pavili City Saint Louis FEC ID number of contributing	on State MO	•	Transaction ID: 26709385 Amount of Each Receipt this Period
Dr. David Blum, MD Mailing Address 301 NW 84th Ave Ste 303 City State Zip Code Plantation FL 33324-1807 FEC ID number of contributing federal political committee. Name of Employer Self Employed Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ State Zip Code Orthopaedic Surgeon Full Name (Last, First, Middle Initial) Dr. Peter B Salamon, MD Mailing Address 2488 North California Street FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: 26709386 Amount of Each Receipt this Period Date of Receipt Transaction ID: 26709387 Amount of Each Receipt this Period Date of Receipt Aggregate Year-to-Date ▼ Transaction ID: 26709387 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	Receipt For: Primary General	Orthopae	edic Surgeon • Year-to-Date ▼ 250.00	
Plantation FL 33324-1807 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Prill Name (Last, First, Middle Initial) Dr. Peter B Salamon, MD Mailing Address 2488 North California Street PEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employer Self Employer Receipt For: Ca 95204-5508 Receipt For: Primary General Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	Dr. David Blum, , MD	303		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary	•		•	
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Peter B Salamon, , MD Mailing Address 2488 North California Street California Street Date of Receipt Mailing Address 2488 North California Street Date of Receipt Mailing Address 2488 North California Street Transaction ID: 26709387 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 750.00	FEC ID number of contributing federal political committee.	C		
Dr. Peter B Salamon, , MD Mailing Address 2488 North California Street City State Zip Code Stockton CA 95204-5508 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M 1 0 1 6 20 0 7 Transaction ID: 26709387 Amount of Each Receipt this Period 750.00	Receipt For: Primary General	Orthopae	edic Surgeon e Year-to-Date ▼	
City State Zip Code Stockton CA 95204-5508 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ 1 0 1 6 2 0 0 7 Transaction ID: 26709387 Amount of Each Receipt this Period 750.00 Aggregate Year-to-Date ▼ 750.00	Dr. Peter B Salamon, , MD			Date of Receipt
Stockton CA 95204-5508 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	Mailing Address 2488 North California	Street		
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Other (specify) Aggregate Year-to-Date 750.00	-		·	
Self Employed Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	FEC ID number of contributing		95204-5508	
Primary General Other (specify) ▼ 750.00	Name of Employer Self Employed			
1125.00	Primary General	Aggregate		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)			1125.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 109 / 328 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Political Action Committee of the A	g the name and address of a	ny political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Michael A Thorpe, , MD Mailing Address 2979 Squalicum P	kvany Sto 203		Date of Receipt
City	State Zip 0	Code	1 0 1 6 2 0 0 7 Transaction ID: 26709388
Bellingham FEC ID number of contributing federal political committee.	WA 9823	25-1813	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For:	Occupation Orthopaedic Surg		
Primary General Other (specify) ▼	Aggregate Tear to E	500.00	
Full Name (Last, First, Middle Initial) Dr. Donald J Zoltan, , MD Mailing Address 2025 W Oklahoma	a Ave Ste 100		Date of Receipt 10 16 200.7
City	State Zip (Code	1 0 1 6 2 0 0 7 Transaction ID: 26709389
<u>Milwaukee</u>	•	15-4455	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Self Employed	Occupation Orthopaedic Surg	geon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-E	Oate ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr. John G Birch, , MD			Date of Receipt
Mailing Address Texas Scottish Rit 2222 Welborn St	·		10 16 2007
City Dallas		Code	Transaction ID: 26709390
FEC ID number of contributing federal political committee.	C 732	19-3924	Amount of Each Receipt this Period 250.00
Name of Employer Texas Scottish Rite Hospi- tal Receipt For:	Occupation Orthopaedic Surg	•	
Primary General Other (specify) ▼	Aggregate Teal-10-L	750.00	
SUBTOTAL of Receipts This Page (option			875.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to the name and address of any political committee to the nerican Association of Orthopaedic Surgeon	
Full Name (Last, First, Middle Initial) Dr. Jeffrey C King, , MD Mailing Address 7665 Finnagen Dr City Mattawan	State Zip Code MI 49071-9541	Date of Receipt M M J D D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) Dr. Berton R Moed, , MD Mailing Address 801 S Skinker Apt 6 City	a State Zip Code	Date of Receipt M
Saint Louis FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	MO 63105-3228 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 250.00
Primary General Other (specify) Full Name (Last, First, Middle Initial) Daniel Kensinger, , MD Mailing Address 298 Inverness Trail	500.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
City <u>Dakota Dunes</u> FEC ID number of contributing federal political committee.	State Zip Code SD 57049-5291	Transaction ID: 26709394 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional		750.00

A.

В.

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 111 / 328 (check only one)
II LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Stor for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the Amer	ican Associ	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Allen F Anderson, , MD			Date of Receipt
Mailing Address 4230 Harding Rd Ste 10 St Thomas Medical Bld			10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26709395
Nashville	TN	37205-2098	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer TOA	Occupation Orthopae	n edic Surgeon	
Receipt For:	-	e Year-to-Date ▼	
Primary General	1	625.00	1
Other (specify)	0 0		1
Full Name (Last, First, Middle Initial) Dr. Lee Thomas Simon, , MD			Date of Receipt
Mailing Address 2222 Oak St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26709397
<u>Salem</u>	OH	44460-2520	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		375.00	
Full Name (Last, First, Middle Initial) Dr. Kyle R Blickenstaff, , MD			Date of Receipt
Mailing Address Searcy Med Ctr 2900 Hawkins Dr			10 16 2007
City	State	Zip Code	Transaction ID: 26709960
Searcy	AR	72143-4802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For:	· · · · · ·	e Year-to-Date ▼	
Primary General		250.00]
Other (specify) ▼			1
SUBTOTAL of Receipts This Page (optional)			500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Political Action Committee of the Am	erican Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. Kevin Charles Booth, , MD		Date of Receipt
Mailing Address Northern California S 5725 W Las Positas	Blvd Ste 200	10 16 2007
City Pleasanton	State Zip Code CA 94588-4007	Transaction ID: 26709963
FEC ID number of contributing federal political committee.	CA 94300-4007	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Richard H Cobden, , MD	101	Date of Receipt
Mailing Address 1275 Sadler Way Ste	9 101	10 16 7 2007
City	State Zip Code AK 99701-3175	Transaction ID: 26709965
Fairbanks FEC ID number of contributing federal political committee.	AK 99701-3175	Amount of Each Receipt this Period 1000.00
Name of Employer AMCA Medical	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Brian Jeffrey Bear, , MD		Date of Receipt
Mailing Address 324 Roxbury Rd		10 16 2007
City Rockford	State Zip Code IL 61107-5090	Transaction ID: 26709966
FEC ID number of contributing federal political committee.	C 61107-5090	Amount of Each Receipt this Period 500.00
Name of Employer Rockford Orthopedic Assoc- iates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	·	2000.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any per using the name and address of any political committee the American Association of Orthopaedic Surg	
Full Name (Last, First, Middle Initial Dr. David A Yngve, , MD Mailing Address Univ of Texas	Med Branch	Date of Receipt 1 0 1 6 2 0 0 7
301 University City	State Zip Code	Transaction ID: 26709968
Galveston	TX 77555-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial Dr. Craig William Roodbeen, , MD Mailing Address 1350 Kirts Blv		Date of Receipt
07	7'. 0. 4.	10 16 2007
City Trov	State Zip Code MI 48084-4852	Transaction ID: 26709969 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial Dr. Edward Adrian Connolly, , MD		Date of Receipt
Mailing Address 520 Valley Vie	w Dr	M M / D D / Y Y Y Y Y Y 1 1 0 1 6 2 0 0 7
City	State Zip Code	Transaction ID: 26709970
Moline	IL 61265-6152	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Orthopaedic & Rheumatology Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (c	ptional)	875.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 328 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person the name and address of any political committee to the name and address of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Peter J Mandell, , MD Mailing Address 1663 Rollins Rd City Burlingame FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CA 94010-2301 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26709972 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Eric B Arvidson, , MD Mailing Address 140 Haverhill St Ste City Andover FEC ID number of contributing federal political committee. Name of Employer Essex Orthopaedics Receipt For:	State Zip Code MA 01810-1504 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Crawford C Campbell, , MD Mailing Address 140 Haverhill St City Andover FEC ID number of contributing federal political committee.	State Zip Code MA 01810-1550 C	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Essex Orthopaedics Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	1900.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 328 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions solicit contributions from such committee.
Political Action Committee of the Ame	rican Assoc	iation of Orthopaedic Surged	ons
Full Name (Last, First, Middle Initial) Dr. Paul R Woody, , MD			Date of Receipt
Mailing Address 9850 Genesee Ave Ste	e 210		10 16 2007
City	State	Zip Code	Transaction ID: 26709976
<u>La Jolla</u>	CA	92037-1206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		375.00	
Full Name (Last, First, Middle Initial) Dr. Stephen W Shick, , MD	l		Date of Receipt
Mailing Address 14577 Faucet Ln			10 16 2007
City	State	Zip Code	Transaction ID: 26709977
Fortville	IN	46040-9476	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr. Thomas G Padanilam, , MD			Date of Receipt
Mailing Address 528 Forest Lake Dr			10 16 2007
City	State	Zip Code	Transaction ID: 26709979
<u>Holland</u>	OH	43528-9028	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Univ of Toledo	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1		750.00

TOTAL 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: PAGE 116 / 328 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. David A Carrier, , MD Mailing Address 10 Hagen Dr Ste 20 City Rochester FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	OLL State Zip Code NY 14625-2663 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26709980 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Samuel R Rosenfeld, , MD Mailing Address 1310 W Stewart Dr City Orange FEC ID number of contributing federal political committee.	Ste 508 State Zip Code CA 92868-3856 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer APOS Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Dennis Martin Walker, , MD Mailing Address 1717 Oak Park Blve City Lake Charles FEC ID number of contributing	d 3rd Fl State Zip Code LA 70601-8990	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1500.00	
SUBTOTAL of Receipts This Page (optional	J)	1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117 / 328 (check only one) X
or for commercial purposes, other than using	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. David Turner Jones, , MD		Date of Receipt
Mailing Address Bone and Joint Su 3410 Executive Dr		10 16 2007
City	State Zip Code	Transaction ID: 26710464
Raleigh	NC 27609-7457	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Sportsmedicine Ctr at Lak-	Occupation	
<u>eside Hospita</u> Receipt For:	Orthopaedic Surgeon	_
Primary General	Aggregate Year-to-Date ▼	1
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Anthony V Petrosini, , MD		Date of Receipt
Mailing Address 310 Passaic Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26710466
Spring Lake	NJ 07762-1341	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer Orthopaedic Institute of	Occupation Orthopaedic Surgeon	
Central Jerse Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify)	3000.00	
Full Name (Last, First, Middle Initial) Dr. John Sargent Rogerson, , MD	<u> </u>	Date of Receipt
Mailing Address 2 Science Ct		10 16 2007
City	State Zip Code	Transaction ID: 26710469
Madison	WI 53711-1088	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	2750.00	
Other (specify)		
	0 0 0 0 0 0 0 0 0	3000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 328 (check only one) X
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
. <u>/</u>	Full Name (Last, First, Middle Initial) Dr. Stewart Shanfield, , MD			Date of Receipt
	Mailing Address 101 Laguna Rd Ste A	Ctoto	7:a Cada	10 16 2007
	City Fullerton	State CA	Zip Code 92835-3635	Transaction ID: 26710470 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Fullerton Orthopedics	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. John T Livermore, , MD Mailing Address 2414 Kohler Memorial	Dr		Date of Receipt
				10 16 2007
	City	State	Zip Code	Transaction ID: 26710471
	Sheboygan FEC ID number of contributing federal political committee.	C	53081-3129	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. Allen Sanders Kent, , MD Mailing Address 800 12th Ave Ste 200			Date of Receipt 1 0 1 6 2 0 0 7
	City	State	Zip Code	Transaction ID: 26710472
	Fort Worth	TX	76104-2519	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Г		1		1800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Use separate so for each categor Detailed Summa Any information copied from such Reports and Statements may not be sold or use or for commercial purposes, other than using the name and address of any political NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopa Full Name (Last, First, Middle Initial) Dr. Anh X Le, MD Mailing Address 2488 N California St City State Zip Code CA 95204-5508 FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Stephen M Pearce, MD Mailing Address Plaza Saint Davids 1015 E 32nd St Ste 101 City State Zip Code Austin TX 78705-2700 FEC ID number of contributing federal political committee. Name of Employer Austin TX 78705-2700 FEC ID number of contributing federal political committee. Name of Employer Austin Bone & Joint Clinic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George V Russell, Jr, MD Mailing Address Univ of Mississispipi Med Ctr	gory of the mary Page X 11a 11b 11c 12 15 16 sed by any person for the purpose of soliciting contributions ical committee to solicit contributions from such committee. Date of Receipt
Any information copied from such Reports and Statements may not be sold or use or for commercial purposes, other than using the name and address of any political NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopa Full Name (Last, First, Middle Initial) Dr. Anh X Le, , MD Mailing Address 2488 N California St City State Zip Code CA 95204-5508 FEC ID number of contributing federal political committee. Name of Employer Self Employed Orthopaedic Surgeon Receipt For: Primary General Other (specify) Other (specify) Full Name (Last, First, Middle Initial) Dr. Stephen M Pearce, , MD Mailing Address Plaza Saint Davids 1015 E 32nd St Ste 101 City State Zip Code TX 78705-2700 FEC ID number of contributing federal political committee. Name of Employer Austin Bone & Joint Clinic Orthopaedic Surgeon Receipt For: Primary General Other (specify) Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Dr. George V Russell, Jr, MD	mary Page X 11a 11b 11c 12 15 16 sed by any person for the purpose of soliciting contributions ical committee to solicit contributions from such committee. Date of Receipt
NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopa Full Name (Last, First, Middle Initial) Dr. Anh X Le., MD Mailing Address 2488 N California St City State Zip Code Stockton CA 95204-5508 FEC ID number of contributing federal political committee. Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Stephen M Pearce, MD Mailing Address Plaza Saint Davids 1015 E 32nd St Ste 101 City State Zip Code Austin TX 78705-2700 FEC ID number of contributing federal political committee. Name of Employer Austin Bone & Joint Clinic Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George V Russell, Jr, MD	Date of Receipt M M M
NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopa Full Name (Last, First, Middle Initial) Dr. Anh X Le., MD Mailing Address 2488 N California St City State Zip Code Stockton CA 95204-5508 FEC ID number of contributing federal political committee. Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Stephen M Pearce, MD Mailing Address Plaza Saint Davids 1015 E 32nd St Ste 101 City State Zip Code Austin TX 78705-2700 FEC ID number of contributing federal political committee. Name of Employer Austin Bone & Joint Clinic Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George V Russell, Jr, MD	Date of Receipt M M M
NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopa Full Name (Last, First, Middle Initial) Dr. Anh X Le, , MD Mailing Address 2488 N California St City State Zip Code Stockton CA 95204-5508 FEC ID number of contributing federal political committee. Name of Employer Self Employed Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Stephen M Pearce, , MD Mailing Address Plaza Saint Davids 1015 E 32nd St Ste 101 City State Zip Code Austin TX 78705-2700 FEC ID number of contributing federal political committee. Name of Employer Austin Bone & Joint Clinic Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George V Russell, Jr, MD	Date of Receipt M M M
Political Action Committee of the American Association of Orthopa Full Name (Last, First, Middle Initial) Dr. Anh X Le., MD Mailing Address 2488 N California St City State Zip Code Stockton CA 95204-5508 FEC ID number of contributing federal political committee. Name of Employer Self Employed Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Stephen M Pearce, MD Mailing Address Plaza Saint Davids 1015 E 32nd St Ste 101 City State Zip Code Austin TX 78705-2700 FEC ID number of contributing federal political committee. Name of Employer Austin Bone & Joint Clinic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Orthopaedic Surgeon Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. George V Russell, Jr, MD	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Anh X Le, , MD Mailing Address 2488 N California St City State Zip Code Stockton CA 95204-5508 FEC ID number of contributing federal political committee. Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Stephen M Pearce, , MD Mailing Address Plaza Saint Davids 1015 E 32nd St Ste 101 City State Zip Code TX 78705-2700 FEC ID number of contributing federal political committee. Name of Employer Austin Bone & Joint Clinic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George V Russell, Jr, MD	Date of Receipt M M M
Dr. Anh X Le, , MD Mailing Address 2488 N California St City State Zip Code Stockton CA 95204-5508 FEC ID number of contributing federal political committee. Name of Employer Self Employed Orthopaedic Surgeon Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Stephen M Pearce, , MD Mailing Address Plaza Saint Davids 1015 E 32nd St Ste 101 City State Zip Code Austin TX 78705-2700 FEC ID number of contributing federal political committee. Name of Employer Austin Bone & Joint Clinic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George V Russell, Jr, MD	Transaction ID: 26710473 Amount of Each Receipt this Period 250.00
City State Zip Code Stockton CA 95204-5508 FEC ID number of contributing federal political committee. Name of Employer Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Stephen M Pearce, , MD Mailing Address Plaza Saint Davids 1015 E 32nd St Ste 101 City State Zip Code TX 78705-2700 FEC ID number of contributing federal political committee. Name of Employer Austin Bone & Joint Clinic Orthopaedic Surgeon Receipt For: Occupation Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. George V Russell, Jr, MD	1 0 1 6 2 0 0 7 Transaction ID: 26710473 Amount of Each Receipt this Period 250.00
Stockton FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Stephen M Pearce, , MD Mailing Address Plaza Saint Davids 1015 E 32nd St Ste 101 City State Zip Code Austin TX 78705-2700 FEC ID number of contributing federal political committee. Name of Employer Austin Bone & Joint Clinic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George V Russell, Jr, MD	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Stephen M Pearce, , MD Mailing Address Plaza Saint Davids 1015 E 32nd St Ste 101 City State Zip Code Austin TX 78705-2700 FEC ID number of contributing federal political committee. Name of Employer Austin Bone & Joint Clinic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George V Russell, Jr, MD	Amount of Each Receipt this Period 250.00
Self Employer Self Employed Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Stephen M Pearce, , MD Mailing Address Plaza Saint Davids 1015 E 32nd St Ste 101 City Austin State TX 78705-2700 FEC ID number of contributing federal political committee. Name of Employer Austin Bone & Joint Clinic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George V Russell, Jr, MD	250.00
Same of Employer Self Employed Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Dr. Stephen M Pearce, , MD Mailing Address Plaza Saint Davids 1015 E 32nd St Ste 101 City State Austin TX 78705-2700 FEC ID number of contributing federal political committee. Name of Employer Austin Bone & Joint Clinic Receipt For: Primary General Other (specify) General Other (specify) Full Name (Last, First, Middle Initial) Dr. George V Russell, Jr, MD	
Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Dr. Stephen M Pearce, , MD Mailing Address Plaza Saint Davids 1015 E 32nd St Ste 101 City State TX 78705-2700 FEC ID number of contributing federal political committee. Name of Employer Austin Bone & Joint Clinic Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. George V Russell, Jr, MD	
Receipt For: Primary	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Stephen M Pearce, , MD Mailing Address Plaza Saint Davids 1015 E 32nd St Ste 101 City State Zip Code Austin TX 78705-2700 FEC ID number of contributing federal political committee. Name of Employer Austin Bone & Joint Clinic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George V Russell, Jr, MD	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Stephen M Pearce, , MD Mailing Address Plaza Saint Davids 1015 E 32nd St Ste 101 City State Zip Code Austin TX 78705-2700 FEC ID number of contributing federal political committee. Name of Employer Austin Bone & Joint Clinic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George V Russell, Jr, MD	
Full Name (Last, First, Middle Initial) Dr. Stephen M Pearce, , MD Mailing Address Plaza Saint Davids 1015 E 32nd St Ste 101 City State Zip Code Austin TX 78705-2700 FEC ID number of contributing federal political committee. Name of Employer Austin Bone & Joint Clinic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George V Russell, Jr, MD	250.00
Dr. Stephen M Pearce, , MD Mailing Address Plaza Saint Davids	
Mailing Address Plaza Saint Davids 1015 E 32nd St Ste 101 City State Zip Code Austin TX 78705-2700 FEC ID number of contributing federal political committee. Name of Employer Austin Bone & Joint Clinic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George V Russell, Jr, MD	Date of Receipt
Total State	M M / D D / Y Y Y Y
Austin FEC ID number of contributing federal political committee. Name of Employer Austin Bone & Joint Clinic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George V Russell, Jr, MD	10 16 2007
FEC ID number of contributing federal political committee. Name of Employer Austin Bone & Joint Clinic Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. George V Russell, Jr, MD	Transaction ID: 26710475
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George V Russell, Jr, MD	Amount of Each Receipt this Period
Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Dr. George V Russell, Jr, MD	500.00
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George V Russell, Jr, MD	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George V Russell, Jr, MD	,
Full Name (Last, First, Middle Initial) Dr. George V Russell, Jr, MD	1 1 1 1
Dr. George V Russell, Jr, MD	500.00
	Date of Receipt
Dept of Ortho Surg	10 16 2007
City State Zip Code	Transaction ID: 26710476
Jackson MS 39216-4505	
FEC ID number of contributing	250.00
federal political committee.	350.00
Name of Employer Occupation	
Orthopaedic Surgeon	
Receipt For: Aggregate Year-to-Date ▼ Primary General	
Other (specify)	
Cutter (Specify) 🔻	350.00
SUBTOTAL of Receipts This Page (optional)	

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 328 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	tatements may not be sold or used by any personame and address of any political committee to rican Association of Orthopaedic Surgeon	
Full Name (Last, First, Middle Initial) Dr. Marc I Malberg, , MD Mailing Address 1527 State Hwy 27 State City Somerset FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NJ 08873-2979 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26711001 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. David M Ashkenaze, , MD Mailing Address 31862 Coast Hwy Ste City Laguna Beach FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General		Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Colleen M Fay, , MD Mailing Address 222 Westchester Ave S City White Plains FEC ID number of contributing federal political committee. Name of Employer Self Employed		Date of Receipt 10 16 2007 Transaction ID: 26711006 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	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 121 / 328 (check only one)		
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Associ	ation of Orthopaedic Surgeo	ons		
Full Name (Last, First, Middle Initial) Dr. Carl R Weinert, Jr, MD			Date of Receipt		
Mailing Address 1310 W Stewart D	ailing Address 1310 W Stewart Dr Ste 508				
City Orange	State CA	Zip Code 92868-3856	Transaction ID: 26711008 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		250.00		
Name of Employer APOS	Occupation Orthopae	n edic Surgeon			
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. Peter A Looby, , MD			Date of Receipt		
Mailing Address Orthopaedic Institu 810 E 23rd St	ıte		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State SD	Zip Code	Transaction ID: 26711009		
Sioux Falls FEC ID number of contributing federal political committee.	C	57105-2135	Amount of Each Receipt this Period 250.00		
Name of Employer Orthopedic Institute, PC	Occupation	n edic Surgeon			
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00]		
Full Name (Last, First, Middle Initial) Dr. Paul M Keller, , MD			Date of Receipt		
Mailing Address 1341 Medical Park	Dr Ste 201		10 16 2007		
City Melbourne	State FL	Zip Code 32901-3235	Transaction ID: 26711010 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	02001 0200	200.00		
Name of Employer Atlantic Orthopaedic Group	Occupation Orthopae	n edic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00			
SUBTOTAL of Receipts This Page (option:	al)		700.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the American	rican Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. James M Morgan, , MD		Date of Receipt
Mailing Address 5848 S 300 E #120		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26711012
Salt Lake City	UT 84107-6121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Intermountain Healthcare	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) Dr. Benjamin C Tam., MD		Date of Receipt
Mailing Address 707 S Garfield Ave Ste	201	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26711014
<u>Alhambra</u>	CA 91801-5861	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Pacific Orthopaedic Medic- al Group	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Martin E Wolpin, , MD		Date of Receipt
Mailing Address 1301 57th St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26711015
Brooklyn	NY 11219-4636	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)		525.00

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 328 (check only one) X
7	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Amer			
. ∠ . .	Full Name (Last, First, Middle Initial) Dr. K Daniel Riew, , MD			Date of Receipt
٠.	Mailing Address Washington University 660 S Euclid Ave	Orthopedic	S	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26711016
	Saint Louis	MO	63110-1010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Washington University	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1500.00]
- 3.	Full Name (Last, First, Middle Initial) Dr. Irving G Raphael, , MD			Date of Receipt
	Mailing Address 475 Irving Ave Ste 418			10 18 2007
	City	State	Zip Code	Transaction ID: 26731708
	Syracuse	NY	13210-1573	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. James K Ushiba, , MD			Date of Receipt
	Mailing Address 11623 Spur Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26731709
	Monterey	CA	93940-6666	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Precision Orthopedics		edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)			1000.00

	EDULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any infor	rmation copied from such Reports and Simmercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 \	E OF COMMITTEE (In Full) ical Action Committee of the Ame	rican Assoc	iation of Orthopaedic Surgeo	ons
	Name (Last, First, Middle Initial) aniel E Cooper, , MD	Date of Receipt		
	ng Address 9301 N Central Expy S	10 18 2007		
City Dalla	as	State TX	Zip Code 75231-0805	Transaction ID: 26731710 Amount of Each Receipt this Period
FEC	ID number of contributing al political committee.	С		1000.00
Name Self I	of Employer Employed	Occupatio Orthopae	n edic Surgeon	
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
B. Dr. Ira	ull Name (Last, First, Middle Initial) br. Ira Joel Singer, , MD Mailing Address 725 Reservoir Ave Ste 101			Date of Receipt
	ig Address 725 Neservoir Ave Ste	10 18 2007		
City	City Cranston		Zip Code 02910-4450	Transaction ID: 26731711 Amount of Each Receipt this Period
FEC	ID number of contributing al political committee.	C	02510 4450	250.00
Name Self I	e of Employer Employed	Occupatio Orthopae	n edic Surgeon	
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
	Name (Last, First, Middle Initial) ohn R Dorris, , MD			Date of Receipt
	Mailing Address Athens Bone & Joint 1010 Prince Ave Ste 115 South			10 18 2007
City <u>Athe</u>	ens	State GA	Zip Code 30606-5815	Transaction ID: 26731712 Amount of Each Receipt this Period
FEC	ID number of contributing al political committee.	С		125.00
Name Ather	e of Employer ns Bone & Joint	Occupatio Orthopae	n edic Surgeon	
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
SUBTO	TAL of Receipts This Page (optional)			1375.00
	This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 328 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Political Action Committee of the An	he name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Gregory S Slappey, , MD Mailing Address 139 Fairway Dr			Date of Receipt
City Carrollton	State GA	Zip Code 30117-4134	Transaction ID: 26731713 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Carrollton Orthopaedic CI-	Occupatio	n	250.00
Carrollton Orthopaedic Clinic Receipt For: Primary General Other (specify)		edic Surgeon P Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. Joseph R Locker, , MD Mailing Address 3040 SW 27th Ave S	Ste 103		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26731715
Ocala FL		34471-8981	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. Tarsem Garg, , MD	'		Date of Receipt
Mailing Address 1929 E High St			10 18 2007
City	State	Zip Code	Transaction ID: 26731716
Springfield	OH	45505-1227	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	 · _ · _ · _ 	edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	·		1000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 328 (check only one) X
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Amer	name and addr	ess of any political committee to	solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Dr. John D Miles, , MD Mailing Address PO Box 0 400 Keene St City Columbia FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:		Zip Code 65201-6626 dic Surgeon Year-to-Date ▼	Date of Receipt M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- B.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Aron D Rovner, , MD Mailing Address P O Box 562		375.00	Date of Receipt
	City Cedarhurst FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 11516-0562 dic Surgeon Year-to-Date ▼ 250.00	Transaction ID: 26731718 Amount of Each Receipt this Period 250.00
- C.	Full Name (Last, First, Middle Initial) Dr. R Bryan Griffith, Jr, MD Mailing Address 8080 Bluebonnet Blvd 3 City Baton Rouge FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State LA C Occupation Orthopaec	Zip Code 70810-7827 dic Surgeon Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			875.00

or for commercial purposes, other NAME OF COMMITTEE (In F	r than using the name and add full) e of the American Associ Initial) bbins Rd Ste 401 State ID Occupation Orthopae al	ation of Orthopaedic Surger Zip Code 83702-4566	Date of Receipt Date of Receipt
Full Name (Last, First, Middle Dr. Kevin G Shea, , MD Mailing Address 600 N Ro City Boise FEC ID number of contributing federal political committee. Name of Employer Intermountain Orthopaedics Receipt For: Primary Gener Other (specify)	e of the American Associ	Zip Code 83702-4566 nedic Surgeon Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Dr. Kevin G Shea, , MD Mailing Address 600 N Ro City Boise FEC ID number of contributing federal political committee. Name of Employer Intermountain Orthopaedics Receipt For: Primary Gener Other (specify)	bbins Rd Ste 401 State ID C Occupation Orthopae Aggregate	83702-4566 An edic Surgeon Year-to-Date 1000.00	Transaction ID: 26731725 Amount of Each Receipt this Period
City Boise FEC ID number of contributing federal political committee. Name of Employer Intermountain Orthopaedics Receipt For: Primary Gener Other (specify)	State ID C Occupation Orthopae Aggregate	83702-4566 An edic Surgeon Year-to-Date 1000.00	Transaction ID: 26731725 Amount of Each Receipt this Period
Boise FEC ID number of contributing federal political committee. Name of Employer Intermountain Orthopaedics Receipt For: Primary Gener Other (specify)	Occupation Orthopae Aggregate	83702-4566 An edic Surgeon Year-to-Date 1000.00	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Intermountain Orthopaedics Receipt For: Primary Gener Other (specify)	Occupation Orthopae Aggregate	n edic Surgeon Year-to-Date ▼	
Receipt For: Primary Gener Other (specify) ▼ Full Name (Last, First, Middle	Orthopae Aggregate	edic Surgeon Year-to-Date ▼ 1000.00	
Primary Gener Other (specify) ▼ Full Name (Last, First, Middle	al	1000.00	
	Initial)		
			Date of Receipt
Mailing Address 1 High Str	reet		10 18 2007
City	State	Zip Code	Transaction ID: 26731726
Wakefield FEC ID number of contributing federal political committee.	RI C	02879-3103	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary Gener Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Dr. Thomas E Trumble, , MD	Initial)		Date of Receipt
Box# 354		10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Seattle	State WA	Zip Code 98105-6008	Transaction ID: 26731727
FEC ID number of contributing federal political committee.		96103-6006	Amount of Each Receipt this Period 500.00
Name of Employer Univ of Washington	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary Gener Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Pa	age (optional)		2500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128 / 328 (check only one) X		
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	merican Association of Orthopaedic Surgeo	ons		
Full Name (Last, First, Middle Initial) Dr. Eric Duniway Hoffman, , MD	Dr. Eric Duniway Hoffman, , MD			
Mailing Address 33 Sewall St PO Box 1260		10 18 2007		
City Portland	State Zip Code ME 04102-2603	Transaction ID: 26731728		
FEC ID number of contributing federal political committee.	ME 04102-2603	Amount of Each Receipt this Period 250.00		
Name of Employer Orthopaedic Associates of Portland	Occupation Orthopaedic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. John W Gainor, , MD Mailing Address PO Box 1200		Date of Receipt		
		10 18 2007		
City Santa Barbara	State Zip Code CA 93102-1200	Transaction ID: 26731730 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer Santa Barbara Medical Cli- nic	Occupation Orthopaedic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00			
Full Name (Last, First, Middle Initial) Dr. Keith W Miller, , MD		Date of Receipt		
Mailing Address Central Indiana Orth 3600 W Bethel Ave		10 18 2007		
City Muncie	State Zip Code IN 47304-5407	Transaction ID: 26731732 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer Central Indiana Orthopedi- cs	Occupation Orthopaedic Surgeon			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (optional)	850.00		
TOTAL This Period (last page this line numb	per only)			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 328 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Political Action Committee of the A	g the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Steven M Sanders, , MD Mailing Address 2020 Palomino Ln	Ste 220		Date of Receipt
City Las Vegas	State NV	Zip Code 89106-4891	Transaction ID: 26731733 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Employed	Occupation	n	250.00
Receipt For: Primary General Other (specify)	- ' '	edic Surgeon e Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. John I Williams, , MD Mailing Address 3104 Eggeman Ro	<u>'</u>		Date of Receipt 1 0 1 8 2 0 0 7
City	State	Zip Code	Transaction ID: 26731734
Fort Wayne	IN	46814-9722	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Bruce S Fletcher, , MD			Date of Receipt
Mailing Address 5901 Colonial Dr S	Ste 201		10 18 2007
City	State	Zip Code	Transaction ID: 26731735
Margate FEC ID number of contributing federal political committee.	FL C	33063-5683	Amount of Each Receipt this Period 250.00
Name of Employer Northwest Broward Orthope- dics Receipt For:		n edic Surgeon e Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	250.00	
SUBTOTAL of Receipts This Page (option	al)		750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 328 (check only one) X		
4	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	` '	NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons				
Α.	Full Name (Last, First, Middle Initial) Dr. David William Bobb, , MD	Date of Receipt				
	Mailing Address Orthopedic Sports Me 825 E Robinson	d Ctr		10 18 2007		
	City	State	Zip Code	Transaction ID: 26731736		
	Norman	OK	73071-6610	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		750.00			
— В.	Full Name (Last, First, Middle Initial) Dr. Christopher S Proctor, , MD	<u> </u>		Date of Receipt		
	Mailing Address 511 Bath St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 26731737		
	Santa Barbara	CA	93101-3403	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		125.00		
	Name of Employer Alta Orthopaedics	Occupation Orthopae	n edic Surgeon			
			e Year-to-Date ▼	_		
	Primary General Other (specify) ▼					
с. С.	Full Name (Last, First, Middle Initial) Dr. Michael A Simon, , MD	1		Date of Receipt		
	Mailing Address 5841 S Maryland Ave MC 3079	5 55 11 5 111di 7 11 5				
	City Chicago	State IL	Zip Code 60637-1447	Transaction ID: 26731739		
	FEC ID number of contributing federal political committee.	C	60637-1447	Amount of Each Receipt this Period 1000.00		
	Name of Employer University of Chicago	Occupatio	n edic Surgeon			
	Receipt For:	, ' 	e Year-to-Date	1		
	Primary General Other (specify) ▼		2000.00			
	SUBTOTAL of Receipts This Page (optional)			1375.00		
	TOTAL This Period (last page this line number		<u> </u>			

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 328 (check only one) X 11a
or for commerci	al purposes, other than using the	tatements ma name and ad	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	COMMITTEE (In Full) Ction Committee of the Amel	rican Assoc	iation of Orthopaedic Surge	ons
A. Dr. Timothy F	ast, First, Middle Initial) Patrick Tymon, , MD	Date of Receipt		
Mailing Addr	less Lancaster Ortho Group 231 Granite Run Dr	10 18 2007		
City		State	Zip Code	Transaction ID: 26731740
	ber of contributing cal committee.	C	17601-6823	Amount of Each Receipt this Period 250.00
Name of Em Self Employe	ployer ed	Occupatio	n edic Surgeon	
Receipt For: Primar Other			e Year-to-Date ▼ 1250.00	
B. Dr. Scott P Fi	Full Name (Last, First, Middle Initial) Dr. Scott P Fischer, , MD			Date of Receipt
Mailing Addr	ess Orthopaedic Specialty 280 S Main Ste 200	10 19 2007		
City		State	Zip Code	Transaction ID: 26731744
	ber of contributing cal committee.	CA	92868-3852	Amount of Each Receipt this Period 1000.00
Name of Em Self Employe	ployer ed	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primar Other		Aggregate	e Year-to-Date ▼ 1000.00	
'	ast, First, Middle Initial) lish Feighan, , MD			Date of Receipt
Mailing Addr	ess 2260 Harcourt Dr			10 19 2007
City	Haiabta	State	Zip Code	Transaction ID: 26731746
	ber of contributing cal committee.	OH C	44106-4610	Amount of Each Receipt this Period 400.00
Name of Em Self Employe	ployer ed	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primar Other		Aggregate	e Year-to-Date ▼ 400.00	
SUBTOTAL of	Receipts This Page (optional)			1650.00
TOTAL This P	Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 132 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma name and ad	ly not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	rican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Peter C C Rink, , DO	Date of Receipt		
	Mailing Address 1414 W Lombard Orthopaedic and Rheu	10 19 2007		
	City	State	Zip Code	Transaction ID: 26731747
	Davenport	IA	52804-2148	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ortho & Rheumatology Asso- ciates	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Benjamin Gulli, , MD	Date of Receipt		
	Mailing Address 3366 Oakdale Ave N S	10 19 2007		
	City	State	Zip Code	Transaction ID: 26731748
	Minneapolis	MN	55422-2961	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Twin Cities Orthopaedics	Occupation Orthopa	on edic Surgeon	
			e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
С.	Full Name (Last, First, Middle Initial) Dr. John D Kelly, IV, MD	1		Date of Receipt
	Dept of Orthopaedics			
	City <u>Philadelphia</u>	State PA	Zip Code	Transaction ID: 26731750
	FEC ID number of contributing		19140	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer Temple University		edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional)		_\	1000.00
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Johnathan Richard Perry, , MD Mailing Address 875 Swift Blvd City Richland FEC ID number of contributing federal political committee. Name of Employer Northwest Orthopedic Associates Receipt For: Primary General Other (specify)	State Zip Code WA 99352-3592 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 375.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26731751 Amount of Each Receipt this Period 125.00
Full Name (Last, First, Middle Initial) Dr. Courtney W Brown, , MD Mailing Address Panorama Orthope 660 Golden Ridge City Golden FEC ID number of contributing federal political committee. Name of Employer Panorama Ortho Clinic Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Stephen G Taylor, , MD Mailing Address 6001 Westown Pkv City West Des Moines FEC ID number of contributing federal political committee. Name of Employer Des Moines Orthopaedic Surgeons Receipt For: Primary General Other (specify)	State Zip Code IA 50266-7702 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26731753 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional	al)	725.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Stephen W Dailey, , MD Mailing Address 2740 Allen Glen E)r	Date of Receipt 10 19 2007
City <u>Mechanicsburg</u>	State Zip Code PA 17055-5995	Transaction ID: 26731754 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Alvin Wayne Larkins, , MD Mailing Address 755 N 11th St, Ste	e P2300	Date of Receipt
City	State Zip Code	10 19 2007
Beaumont	TX 77702-1500	Transaction ID: 26731892 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Gary M Schniegenberg, , MD		Date of Receipt
Mailing Address 801 Medical Dr St	te A	10 19 2007
City	State Zip Code	Transaction ID: 26731893
<u>Lima</u>	OH 45804-4099	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer West Central Ohio Orthope- dics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	
SUBTOTAL of Receints This Page (option	nal)	800.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Associa	ation of Orthopaedic Surge	ons
<u></u>	Full Name (Last, First, Middle Initial) Dr. James William Wilson, Jr, MD			Date of Receipt
	Mailing Address 9 Kolb Dr			10 19 2007
	City	State	Zip Code	Transaction ID: 26731895
	Savannah	GA	31406-3246	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopaed	dic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
	Full Name (Last, First, Middle Initial) Dr. Lee David Kaplan, , MD			Date of Receipt
	Mailing Address UW Hospital 600 Highland Ave K4	/749		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26731896
	Madison	WI	53792-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopaed	dic Surgeon	
	Receipt For:	_ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Dr. Mark Phillips Altman, , MD			Date of Receipt
	Mailing Address 1 Church St			M M / D D / Y Y Y Y Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	City	State	Zip Code	Transaction ID: 26731974
	New Haven	CT	06510-3348	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation Orthopaed	dic Surgeon	
	Receipt For:	Aggregate '	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
Г				1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 1
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to erican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Daniel X Garcia, , MD Mailing Address 2 Heritage Oak Ln City Battle Creek FEC ID number of contributing federal political committee. Name of Employer Great Lakes Bone & Joint Receipt For: Primary General Other (specify)	State Zip Code MI 49015-4250 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M J D D D Y Y Y Y Y Y Transaction ID: 26731975 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Scott Croft, , MD Mailing Address 5620 E Bell Rd City Scottsdale FEC ID number of contributing federal political committee. Name of Employer AZ Bone & Joint Specialists Receipt For: Primary General Other (specify)	State Zip Code AZ 85254-5950 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 300.00	Date of Receipt 10 19 2007 Transaction ID: 26731976 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Dr. Stephen H Treacy, , MD Mailing Address 1051 W US Rte 6 Ste City Morris FEC ID number of contributing federal political committee. Name of Employer Resin Ortho Receipt For: Primary General Other (specify)	State Zip Code IL 60450-8861 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 26731977 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		1050.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 137 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Frank B Norberg, , MD Mailing Address 3250 W 66th St Ste City Edina FEC ID number of contributing federal political committee.	State Zip Code MN 55435-2500	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Ortho Medicine Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. lan Lin, , MD Mailing Address 104 Foster Dr City	State Zip Code	Date of Receipt 10 19 2007 Transaction ID: 26731979
Des Moines FEC ID number of contributing federal political committee. Name of Employer	IA 50312-2538 C Occupation	Amount of Each Receipt this Period 1000.00
Des Moines Ortho Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Dr. J Patrick Kessler, , MD Mailing Address Center for Orthopae 56 Medical Park Dr	edics & Sports M	Date of Receipt 1 0 1 9 2 0 0 7
City Franklin	State Zip Code NC 28734-2634	Transaction ID: 26731980 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Center for Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
CURTOTAL of Provide This Provide to	l)	1750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 / 328 (check only one) X
, c	uny information copied from such Reports and or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Amo	erican Assoc	iation of Orthopaedic Surge	ons
۸.	Full Name (Last, First, Middle Initial) Dr. Robert S Block, , MD			Date of Receipt
	Mailing Address 332 Dewey St	01-1-	7'- O. I.	10 19 2007
	City Bennington	State VT	Zip Code 05201-2225	Transaction ID: 26731981 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Taconic Orthopaedics	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Philip Q Johnson, , MD			Date of Receipt
	Mailing Address 2301 25th St S Ste A			10 19 2007
	City Fargo	State ND	Zip Code	Transaction ID: 26731983
	FEC ID number of contributing federal political committee.	C	58103-6104	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ ;.	Full Name (Last, First, Middle Initial) Dr. Moheb S Moneim, , MD	1		Date of Receipt
	Mailing Address Univ of New Mexico MSC10 5600 -1 Univ			10 19 2007
	City Albuquerque	State NM	Zip Code 87131-0001	Transaction ID: 26732028 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer University of New Mexico	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			750.00
F	TOTAL This Period (last page this line numbe			

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 139 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16
or for	nformation copied from such Reports and commercial purposes, other than using the AME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	olitical Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons
. <u>Dı</u>	ull Name (Last, First, Middle Initial) r. Martin Gillespie, , MD			Date of Receipt
M:	ailing Address 1058 Valley View Dr			10 19 2007
Ci La	ty atrobe	State PA	Zip Code 15650-4721	Transaction ID: 26732029 Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C		250.00
Na Se	ame of Employer elf Employed	Occupatio Orthopae	n edic Surgeon	
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Di	ıll Name (Last, First, Middle Initial) . Steven L Buckley, , MD			Date of Receipt
M	ailing Address 6007 Macon Ct			10 19 2007
Ci		State	Zip Code	Transaction ID: 26732031
FE	untsville EC ID number of contributing	C	35802-1931	Amount of Each Receipt this Period 500.00
_	deral political committee.			
Na S _l	ame of Employer ports Med	Occupatio Orthopae	n edic Surgeon	
Re	eceipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	ull Name (Last, First, Middle Initial) r. David H Watt, , MD			Date of Receipt
M	ailing Address 27650 Ferry Rd Ste 1	00		10 19 2007
Ci		State	Zip Code	Transaction ID: 26732033
FE	/arrenville EC ID number of contributing deral political committee.	C	60555-3846	Amount of Each Receipt this Period 250.00
Na	ame of Employer AD Orthopaedics, LTD	Occupatio	n edic Surgeon	
Re	eceipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
				1000.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 140 / 328 (check only one) X
or for commercial purposes, oth NAME OF COMMITTEE (In	ner than using the name and ac n Full)	ay not be sold or used by any pers ddress of any political committee to ciation of Orthopaedic Surge	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Midd Dr. S Houston Payne, , MD	,	· · · · · · · · · · · · · · · · · · ·	Date of Receipt
	Hand & Microsurgery eachtree Rd Ste 425		10 19 2007
City	State	Zip Code	Transaction ID: 26732034
Atlanta	GA	30309-1848	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	C		500.00
Name of Employer Georgia Hand, Shoulder & Elbow	Occupation Orthopa	on aedic Surgeon	
Receipt For: Primary Gen Other (specify) ▼		te Year-to-Date ▼ 500.00	
Full Name (Last, First, Midd Dr. David H Godfried, , MD	,		Date of Receipt
Mailing Address 89 Rem	ington Rd		10 19 2007
City	State	Zip Code	Transaction ID: 26732036
Manhasset	NY	11030-2726	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	ing		250.00
Name of Employer Children's Hospital	Occupation Orthopa	on aedic Surgeon	
Receipt For: Primary Gen Other (specify) ▼		te Year-to-Date ▼ 250.00	
Full Name (Last, First, Midd Dr. Ken Yamaguchi, , MD	le Initial)		Date of Receipt
	rnes Hospital Plaza avilion Ste 11300		10 19 2007
City	State	Zip Code	Transaction ID: 26732037
Saint Louis FEC ID number of contribut federal political committee.	ing MO	63110-1003	Amount of Each Receipt this Period 1000.00
Name of Employer Washington University School of Medici	Orthopa	edic Surgeon	
Receipt For: Primary Gen Other (specify) ▼	55 5	te Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This	Page (optional)		1750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 141 / 328 (check only one) X 11a
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
Full Name (Last, First, Middle Initial) Dr. Gregory Martin Alberton, , MD Mailing Address 1413 Ranch Rd City Encinitas FEC ID number of contributing federal political committee. Name of Employer Self Employed	State CA C	Zip Code 92024-6211	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	, · · · · · ·	edic Surgeon • Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Leslie A Konkin, , MD Mailing Address PO Box 576158			Date of Receipt 1 0 1 9 2 0 0 7
City	State	Zip Code	Transaction ID: 26732039
Modesto FEC ID number of contributing federal political committee.	CA	95357-6158	Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify)	, '	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Thomas C Degenhardt, , MD	1		Date of Receipt
Mailing Address 1405 Montgomery Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26732040
Santa Rosa FEC ID number of contributing federal political committee.	CA	95405-4557	Amount of Each Receipt this Period 200.00
Name of Employer Santa Rosa Orthopedic Medical Group Receipt For: Primary General Other (specify) ▼	, '	n edic Surgeon e Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	A)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may g the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Albert D Olszewski, , MD			Date of Receipt
Mailing Address 111 Sunnyview Ln	Ste A		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Kalispell	State MT	Zip Code 59901-3164	Transaction ID: 26732042 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Vincent E Vena, , MD			Date of Receipt
Mailing Address 2 Celeste Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 26733061
Johnstown	PA	15905-2832	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. Glenn H Carlson, , MD			Date of Receipt
Mailing Address 4405 N Holland-Sy Bldg 1 Ste 101	ylvania		10 19 2007
City	State	Zip Code	Transaction ID: 26733063
Toledo	OH	43623-3529	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	_
Primary General Other (specify) ▼		625.00]
SUBTOTAL of Receipts This Page (option			875.00

SCHEDULI ITEMIZED	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 143 / 328 (check only one) X
or for commercia	purposes, other than using the	tatements ma name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	DMMITTEE (In Full) ion Committee of the Ame	rican Assoc	iation of Orthopaedic Surgeo	ons
Dr. Steven L S				Date of Receipt
	ss 18 Captain's Crossing			10 19 2007
City <u>Savannah</u>		State GA	Zip Code 31411-2104	Transaction ID: 26733064 Amount of Each Receipt this Period
·	er of contributing al committee.	C		500.00
Name of Emp Orthopaedic F	loyer Foot and Ankle	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
Dr. David A Do	ist, First, Middle Initial) idgin, , MD ss 19352 Briar Dr			Date of Receipt
				10 19 2007
City Bloomingto	n	State IL	Zip Code 61704-4035	Transaction ID: 26733066 Amount of Each Receipt this Period
	er of contributing	C	01704 4000	1000.00
Name of Emp Muir Orthopae sts	loyer edic Speciali-	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (La	st, First, Middle Initial) Saer, III, MD			Date of Receipt
Mailing Addre	SS Arkansas Spine Centel 500 S University Ave S	Ste 815		10 19 2007
City <u>Little Rock</u>		State AR	Zip Code 72205-5310	Transaction ID: 26733069 Amount of Each Receipt this Period
	er of contributing al committee.	С		250.00
Name of Emp Arkansas Spe Center	loyer ecialty Spine		edic Surgeon	
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SURTOTAL of	Descripto This Boss (autional)	I		1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 144 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Political Action Committee of the Ame	rican Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. David E Nonweiler, , MD		Date of Receipt
Mailing Address William Medical Bldg 6585 S Yale Ste 200		10 19 2007
City Tulsa	State Zip Code OK 74136-8315	Transaction ID: 26733070 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 74130-0313	250.00
Name of Employer Central States Orthopaedic Specialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Peter A Matsuura, , MD Mailing Address 670 Ponahawai St Ste	.214	Date of Receipt
		10 19 2007
City Hilo	State Zip Code HI 96720-2660	Transaction ID: 26733073 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Michael J Bercik, , MD		Date of Receipt
Mailing Address 711 Westminster Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26733074
Elizabeth FEC ID number of contributing federal political committee.	NJ 07208-2210	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 / 328 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. David B Basch, , MD Mailing Address 90 Sparta Ave City Sparta FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code NJ 07871-1730 C Occupation Orthopaedic Surgeon	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. Richard Fairfax Pell, IV, MD Mailing Address 9055 SW 73rd CT Apt 2301 City Miami FEC ID number of contributing	State Zip Code FL 33156-2958	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Veronica A Vasicek, , MD Mailing Address Bluegrass Orthopae 3480 Yorkshire Med City Lexington FEC ID number of contributing federal political committee.		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 / 328 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Amel	rican Assoc	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Kenneth K Ishizue, , MD			Date of Receipt
Mailing Address 12705 Corte Cordillera	l		10 19 2007
City	State	Zip Code	Transaction ID: 26733796
Salinas	CA	93908-8942	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr. Kevin K Nahigian, , MD			Date of Receipt
Mailing Address 1732 Villagepark Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26733797
Orangeburg	SC	29118-2457	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey C Davis, , MD			Date of Receipt
Mailing Address 1208 Perthshire Ct			M M / D D / Y Y Y Y Y 1 1 0 1 9 2 0 0 7
City	State	Zip Code	Transaction ID: 26733799
Vestavia HIs	AL	35242-6076	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Alabama Sports Medicine	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional)	l		750.00

TOTAL This Period (last page this line number only)

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 147 / 328 (check only one) X
NAME OF C	copied from such Reports and St ial purposes, other than using the COMMITTEE (In Full) ction Committee of the Amer			on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr. Howard L Mailing Add City Belleair FEC ID num federal politi Name of Em Self Employ Receipt For: Prima			Zip Code 33756-1646 n edic Surgeon Year-to-Date ▼ 400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (I Dr. William L Mailing Add City Fresno FEC ID num federal politi Name of Fm	Last, First, Middle Initial) Hennrikus, Jr, MD ress 534 E Mariners Circle ber of contributing cal committee. apployer diatric Orthopa-	<u> </u>	edic Surgeon Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (IDr. J Kenneth Mailing Adding Add	nber of contributing cal committee. nployer linic	<u> </u>	Zip Code 31909-3540 n edic Surgeon e Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 1 9 2 0 0 7 Transaction ID: 26733802 Amount of Each Receipt this Period 250.00
	ry General (specify) ▼ f Receipts This Page (optional)		500.00	550.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 148 / 328 (check only one) X
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to nerican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Ernest B Marsolais, , MD Mailing Address 2835 Drummond City Shaker Heights FEC ID number of contributing federal political committee. Name of Employer University Anesthisia, Inc Receipt For:	State Zip Code OH 44120-1829 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Carl E Becker, , MD	375.00	Date of Receipt
Mailing Address Westphal Group 2150 Harrisburg Pike City Lancaster FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code PA 17601-2644 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 2000.00	Transaction ID: 26733807 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Robert S Schultz, , MD Mailing Address 3015 17th St W City Billings FEC ID number of contributing federal political committee. Name of Employer Billings Clinic Receipt For: Primary General Other (specify)	State Zip Code MT 59102-0703 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	·····	1375.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any personal statements may not be sold or used by any personal he name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any personal transfer and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of the nam	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Sidney Premer Migliori, , MD Mailing Address 40 Chief Botelho Ct City East Greenwich FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Felasfa M Wodajo, , MD	State Zip Code RI 02818-1251 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M J D D J Z D O 7 Transaction ID: 26733809 Amount of Each Receipt this Period 200.00
Mailing Address 5530 Wisconsin Ave City Chevy Chase FEC ID number of contributing federal political committee. Name of Employer Summit Ortho Receipt For: Primary General Other (specify) ▼	State Zip Code MD 20815-4322 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Transaction ID: 26733811 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Stephen M McCollam, , MD Mailing Address 2001 Peachtree Rd N City Atlanta FEC ID number of contributing federal political committee. Name of Employer Peachtree Orthopaedic Clinic Receipt For: Primary General Other (specify)	State Zip Code GA 30309-1476 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1450.00

	EDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 150 / 328 (check only one) X
NA	formation copied from such Reports and St commercial purposes, other than using the ME OF COMMITTEE (In Full) ditical Action Committee of the Amer			on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Dr. Mai	I Name (Last, First, Middle Initial) Mark Lee Crawford, , MD illing Address 1333 Lone Oak Rd y ducah C ID number of contributing eral political committee. me of Employer If Employed ceipt For: Primary General Other (specify)		Zip Code 42003-5092 In edic Surgeon e Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
B. Dr. Mai	I Name (Last, First, Middle Initial) Sharon L Hame, , MD illing Address UCLA Med Ctr 10833 LeConte Ave Ch y s Angeles C ID number of contributing eral political committee.	State CA	Zip Code 90095-0001	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Rec	me of Employer CLA Medical Center ceipt For: Primary General Other (specify)		edic Surgeon e Year-to-Date ▼ 500.00]
Ric Mai City Sp	I Name (Last, First, Middle Initial) ky Wilkerson, , DO illing Address 1200 1st Ave E Ste C y hencer C ID number of contributing eral political committee.	State IA	Zip Code 51301-4342	Date of Receipt M M
	me of Employer If Employed ceipt For: Primary General Other (specify)		n edic Surgeon e Year-to-Date ▼ 1000.00	
SUBT	FOTAL of Receipts This Page (optional)			1550.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 328 (check only one) X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	e name and add	dress of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Daniel J Karns, , MD Mailing Address Medical Arts Ctr IV 6115 Powers Blvd Ste			Date of Receipt 10 25 2007
	City	State	Zip Code	Transaction ID: 26750758
	Parma FEC ID number of contributing federal political committee.	OH C	44129-5469	Amount of Each Receipt this Period 250.00
	Name of Employer Southwest Orthopaedics, Inc. Receipt For: ☐ Primary ☐ General Other (specify) ▼	. ' 	n edic Surgeon e Year-to-Date ▼ 250.00	
_ 3.	Full Name (Last, First, Middle Initial) Dr. Richard D Ferkel, , MD Mailing Address 6815 Noble Ave			Date of Receipt 1 0 2 5 2 0 0 7
	City	State	Zip Code	Transaction ID: 26750759
	Van Nuys	CA	91405-6515	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Southern Cal. Orthopaedic Group Receipt For:		n edic Surgeon e Year-to-Date ▼	
	Primary General Other (specify) ▼		375.00	
	Full Name (Last, First, Middle Initial) Dr. Thomas A McEnnerney, , MD Mailing Address Lovelace Med Group 5150 Journal Center B	lvd NE		Date of Receipt 1 0 2 5 2 0 0 7
	City	State	Zip Code	Transaction ID: 26750760
	Albuquerque	NM	87109-5900	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Lovelace Health Systems	, '	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			475.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 152 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Political Action Committee of the A	merican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Anthony R Marino, , MD		Date of Receipt
Mailing Address 12 Misty Ln	7.0.1	10 25 2007
City <u>Londonderry</u>	State Zip Code NH 03053-2675	Transaction ID: 26750761 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robert G Liss, , MD Mailing Address 4815 Liberty Ave S	te 215	Date of Receipt
		10 25 2007
City Pittsburgh	State Zip Code PA 15224-2156	Transaction ID: 26750762 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Orthopaedic Associates of Pittsburgh	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Kenneth Sabbag, , MD		Date of Receipt
Mailing Address 39 Congress St Ste	⊇ 201	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26750763
Pasadena FEC ID number of contributing federal political committee.	CA 91105-3021	Amount of Each Receipt this Period 125.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional	al)	625.00
TOTAL This Period (last page this line num	nber only)	

ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 153 / 328 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Assoc	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Herbert J Louis, , MD			Date of Receipt
Mailing Address 5070 N 40th St Ste	e 130		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Phoenix	State AZ	Zip Code 85018-2193	Transaction ID: 26750764 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Retired	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. Terrence M O'Donovan, , MD			Date of Receipt
Mailing Address 200 Hospital Dr 2n	d Fl		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26750765
Glen Burnie	MD	21061-5884	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Dr. Christopher K Kim, , MD			Date of Receipt
Mailing Address 14550 Sarum Terr			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City	State	Zip Code	Transaction ID: 26750766
Midlothian	VA	23113-6047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (options	al)		2000.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 154 / 328 (check only one) X
C	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Virgil B Medlock, , MD Mailing Address 7777 Forest Ln C-106			Date of Receipt
				10 25 2007
	City Dallas	State TX	Zip Code 75230-6831	Transaction ID: 26750767
	FEC ID number of contributing federal political committee.	C	73230-0031	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Dr. John S Kristoferson, , MD Mailing Address 3320 Colorado Blvd			Date of Receipt
	Walling Address 3320 Colorado BIVd			10 25 2007
	City	State	Zip Code	Transaction ID: 26750768
	Denton FEC ID number of contributing federal political committee.	C	76210-6864	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
_ c.	Full Name (Last, First, Middle Initial) Dr. Steven R Boyea, , MD			Date of Receipt
	Mailing Address Lewiston Orthopaedic 320 Warner Dr			10 25 2007
	City Lewiston	State ID	Zip Code 83501-4441	Transaction ID: 26750769 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	500.00
	Name of Employer Self Employed	Occupation Orthopa	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			1750.00
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Forr	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 155 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 1
NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any per using the name and address of any political committee the American Association of Orthopaedic Surg	
Full Name (Last, First, Middle Initial Dr. Sharon M Dreeben, , MD Mailing Address 4130 La Jolla	Village Dr Ste 300	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City La Jolla	State Zip Code CA 92037-1481	Transaction ID: 26750770
FEC ID number of contributing federal political committee.	CA 9203/-1401	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial Dr. Michael Laird, , MD Mailing Address 921 Oak Park		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26750771
Pismo Beach	CA 93449-3400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial Dr. David Laurence Boardman, , MD		Date of Receipt
Mailing Address Sunnybrook M Dept of Ortho		10 25 2007
Claskomas	State Zip Code	Transaction ID: 26750773
Clackamas FEC ID number of contributing federal political committee.	OR 97015	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (c	ptional)	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 156 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ai	merican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Jonathan Daniel Main, , MD		Date of Receipt
Mailing Address Comprehensive Ort 6308 8th Ave Ste 50		10 25 2007
City	State Zip Code	Transaction ID: 26750779
Kenosha FEC ID number of contributing federal political committee.	WI 53143-5031	Amount of Each Receipt this Period 250.00
Name of Employer Comprehensive Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Craig A Beyer, , MD	1	Date of Receipt
Mailing Address Illinois SW Orthope 4802 S State Rt 159		10 25 2007
City	State Zip Code	Transaction ID: 26750780
Glen Carbon FEC ID number of contributing federal political committee.	IL 62034-1904	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Daniel E Sullivan, , DO		Date of Receipt
Mailing Address 7447 W Talcott Ave	Ste 500	10 25 Y Y Y Y Y Y Y
City	State Zip Code IL 60631-3716	Transaction ID: 26750781
Chicago FEC ID number of contributing federal political committee.	IL 60631-3716	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l)	1000.00
TOTAL This Period (last page this line numl	·	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 157 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Rudolf Hoellrich, , MD Mailing Address Slocum Orthoped	ics	Date of Receipt
55 Coburg Rd City	State Zip Code	1 0 2 5 2 0 0 7 Transaction ID: 26750782
<u>Eugene</u>	OR 97401-2433	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John W Klekamp, , MD	-	Date of Receipt
Mailing Address The Bone & Joint 206 Bedford Way		10 25 2007
City Franklin	State Zip Code TN 37064-5526	Transaction ID: 26750783
FEC ID number of contributing federal political committee.	TN 37064-5526	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Deanna M Boyette, , MD		Date of Receipt
Mailing Address 602 Daventry Dr		10 25 7 2007
City	State Zip Code	Transaction ID: 26750784
Greenville FEC ID number of contributing federal political committee.	NC 27858-6513	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optio	nal)	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 158 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. David W Gray, , MD Mailing Address 3450 Park Hollow City Fort Worth FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify)	State Zip Code TX 76109-2549 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26750785 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Christopher Chen, , MD Mailing Address 3000 Colby St Ste City Berkeley FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code CA 94705-2058 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M / 25 / 2007 Transaction ID: 26750786 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Thomas B Ford, , MD Mailing Address 4150 Nelson Rd Bl City Lake Charles FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option	al)	1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 159 / 328 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Richard D Goldner, , MD Mailing Address Duke Univ Med Ctr Box 3480 City Durham FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip Code NC 27710-0001 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 2 5 2 2 0 0 7 Transaction ID: 26750789 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	250.00	
Dr. Brian A Torre, , MD Mailing Address 5876 Elena Vista Dr City Roanoke FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code VA 24018-7886 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26750790 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. David B Robie, , MD Mailing Address 6585 Plesenton Dr S City Worthington FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code OH 43085-3090 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	Date of Receipt M M M / 25 / 2007 Transaction ID: 26750797 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional))	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 160 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person he name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Political Action Committee of the An	nerican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. A George Dass, , MD		Date of Receipt
Mailing Address McLaren Regional M 401 S Ballenger Hwy		10 25 7 2007
City	State Zip Code	Transaction ID: 26750798
FIInt FEC ID number of contributing	MI 48532-3638	Amount of Each Receipt this Period 500.00
federal political committee.	Occupation	
Name of Employer Family Orthopedic Associa- tes	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00]
Full Name (Last, First, Middle Initial) Dr. Leon P Mead, , MD		Date of Receipt
Mailing Address 730 Goodlette Rd N	Ste 201	10 25 YYYY 10 25
City	State Zip Code	Transaction ID: 26750799
Naples	FL 34102-5618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. R Bruce Heppenstall, , MD	1	Date of Receipt
Mailing Address Univ of Pennsylvania Dept of Ortho	·	10 25 7 2007
City <u>Philadelphia</u>	State Zip Code PA 19104-4271	Transaction ID: 26750800 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 10104 427	1000.00
Name of Employer Univ of PA School of Medi- cine	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00]
SUBTOTAL of Receipts This Page (optional)		2000.00
TOTAL This Period (last page this line numb	•	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 161 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American Such Properties of the	Statements may not be sold or used by any person and address of any political committee to be prican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Arie Salzman, , MD Mailing Address 308 Emerald Lake Dr City Laredo FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code TX 78041-1925 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Daniel J Gallagher, , MD Mailing Address Bone & Joint Clinic West Jefferson Med B City Marrero FEC ID number of contributing federal political committee. Name of Employer Bone & Joint Clinic Receipt For: Primary General Other (specify)	Idg State Zip Code LA 70072-3064 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. John Patrick Reilly, , MD Mailing Address 60 Coperflagg Ln City Staten Island FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NY 10304-1158 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26750803 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	·	850.00

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 162 / 328 (check only one) X
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	he name and ad	dress of any political committee to	o solicit contributions from such committee.
	Political Action Committee of the An	nerican Assoc	iation of Orthopaedic Surged	ons
	Full Name (Last, First, Middle Initial) Dr. Gregory A Vrabec, , MD			Date of Receipt
	Mailing Address Akron General Med			10 25 Y Y Y Y Y Y
	Dept of Orthopaedic City	State	Zip Code	Transaction ID: 26750805
	Akron	ОН	44302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopae	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
_	Full Name (Last, First, Middle Initial) Dr. Stephen Paul Falatyn, , MD			Date of Receipt
	Mailing Address 362 Little Creek Dr			10 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26750806
	<u>Nazareth</u>	PA	18064-8575	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer St. Luke's Hospital	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		400.00	
	Full Name (Last, First, Middle Initial) Dr. Peter G Noordsij, , MD			Date of Receipt
	Mailing Address Concord Orthopaedi 264 Pleasant St	cs PA		10 25 2007
	City	State	Zip Code	Transaction ID: 26751014
	Concord	NH	03301-2551	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Concord Orthopaedics PA		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	
Г	SUBTOTAL of Receipts This Page (optional)			1650.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate for each cate Detailed Sun		FOR LINE NUMBER: PAGE 163 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or uname and address of any poli	used by any person tical committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	rican Association of Ortho	paedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. Clyde Alan Farris, , MD			Date of Receipt
Mailing Address 19250 SW 65th Ave S			10 25 2007
City Tualatin	State Zip Code OR 97062-770	7	Transaction ID: 26751018 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	750.00	
Full Name (Last, First, Middle Initial) Dr. Richard D Schmidt, , MD			Date of Receipt
Mailing Address 4010 Sunnyside Rd		10 25 2007	
City	State Zip Code		Transaction ID: 26751021
<u>Edina</u>	MN 55424-121	2	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		125.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date	7	
Primary General Other (specify) ▼		375.00	
Full Name (Last, First, Middle Initial) Dr. John R Chase, , MD	<u> </u>		Date of Receipt
Mailing Address 515 W State Route 43	4 Ste 210		10 25 2007
City	State Zip Code		Transaction ID: 26751022
Longwood	FL 32750		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Jewett Orthopaedic Clinic	Occupation Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date	7	
Primary General Other (specify) ▼	0 0 0 0 0	250.00	
SUBTOTAL of Receipts This Page (optional)	l		625.00
TOTAL This Period (last page this line number		·	

SCHEDULE A (FEC Form 3 TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 164 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a professor for commercial purposes, other than usin	land Statements may not be sold or used by any p g the name and address of any political committe	
NAME OF COMMITTEE (In Full)	American Association of Orthopaedic Sur	
Full Name (Last, First, Middle Initial) Dr. Rick F Papandrea, , MD		Date of Receipt
Mailing Address 1111 Delafield St	Ste 120	1 0 2 5 2 0 0 7
City	State Zip Code	Transaction ID: 26751023
Waukesha	WI 53188-3402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Dr. Harlan E Hiramoto, , MD		Date of Receipt
Mailing Address 762 Route 202-20	6 North	10 25 2007
City	State Zip Code	Transaction ID: 26751024
Bridgewater	NJ 08807-1776	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Stephen G Morris, , MD		Date of Receipt
Mailing Address 1600 Esplande Ste	e C	10 25 2007
City	State Zip Code	Transaction ID: 26751026
Chico	CA 95926-3369	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 165 / 328 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. William P H Charlton, , MD			Date of Receipt
Mailing Address 390 Pierce St			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City Kingston	State PA	Zip Code 18704-5537	Transaction ID: 26751027 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	107010007	125.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr. John Quentin Smith, , MD			Date of Receipt
Mailing Address 3235 S Westbury Pl	I		10 25 2007
City	State	Zip Code	Transaction ID: 26751028
Eagle	ID	83616-6776	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer West Idaho Orthopaedics	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	375.00	
Full Name (Last, First, Middle Initial) Dr. Georgia Lee Gill, , MD			Date of Receipt
Mailing Address 2182 South Coast H	lighway		10 25 2007
City	State	Zip Code	Transaction ID: 26751029
Oceanside	CA	92054-6536	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer US Navy	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	_
Primary General Other (specify) ▼	0 0	300.00	
			350.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 166 / 328 (check only one) X
NAME (ation copied from such Reports and St nercial purposes, other than using the DF COMMITTEE (In Full) at Action Committee of the Amer			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Nan	ne (Last, First, Middle Initial)		auton of Crinopacone Cargos	Date of Receipt
Dr. Neil I Mailing				1 0 2 5 2 0 0 7
City		State	Zip Code	Transaction ID: 26751030
<u>Chand</u>	er	AZ	85224-2882	Amount of Each Receipt this Period
	number of contributing political committee.	C		250.00
ons Receipt Pr	Employer Bone & Joint Surge- For: imary General her (specify)		n edic Surgeon e Year-to-Date ▼	1
Full Nan Dr. Vijay	ne (Last, First, Middle Initial) John Mani, , MD Address 240 E 47th St #21-D	0 0		Date of Receipt 1 0 2 5 2 0 0 7
City		State	Zip Code	Transaction ID: 26751031
New Y	ork	NY	10017-2136	Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C		250.00
Name of Long Isl tal	Employer and College Hospi-	Occupatio Orthopae	n edic Surgeon	
	For: imary General her (specify) ♥	Aggregate	e Year-to-Date ▼ 1250.00]
Dr. Kenn	ne (Last, First, Middle Initial) eth P Pohl, , MD Address 5692 Far Hills Ave Ste	4		Date of Receipt 10 25 2007
City		State	Zip Code	Transaction ID: 26751032
<u>Daytor</u>	1	OH	45429-2202	Amount of Each Receipt this Period
	number of contributing political committee.	C		250.00
	Employer ployed		edic Surgeon	
	For: imary General her (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTA	L of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	(Crieck only one)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Matthew J Bueche, , MD Mailing Address 1259 Rickert Dr Ste 10 City Naperville FEC ID number of contributing federal political committee. Name of Employer M & M Orthopaedics Receipt For: Primary General Other (specify)	State Zip Code IL 60540-8904 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 750.0	
Full Name (Last, First, Middle Initial) Dr. George E Lewinnek, , MD Mailing Address 33 Electric Ave Ste BC City Fitchburg FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	3 State Zip Code MA 01420-7954 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 365.0	Date of Receipt 10 25 2007 Transaction ID: 26751034 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Dr. Samuel J Snyder, , MD Mailing Address 57 Leach Ave City Park Ridge FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code NJ 07656-1908 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.6	Date of Receipt M M M Z 5 Z 5 Z 0 0 7 Transaction ID: 26751036 Amount of Each Receipt this Period 500.00
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	0 0 0 0 0 0 0	1115.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 168 / 328 (check only one) X
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
	Full Name (Last, First, Middle Initial) Dr. Nathaniel P Cohen, , MD			Date of Receipt
	Mailing Address 14601 S Bascom Ave	Ste 200		10 25 2007
	City	State	Zip Code	Transaction ID: 26751037
	Los Gatos	CA	95032-2031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopa	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. Daniel E Murphy, , MD	1		Date of Receipt
	Mailing Address 602 S Howard Ave			10 23 7 2007
	City	State	Zip Code	Transaction ID: 26751039
	Tampa	<u>FL</u>	33606-2413	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Tampa Orthopaedics		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		375.00	
	Full Name (Last, First, Middle Initial) Dr. David M Lintner, , MD			Date of Receipt
	Mailing Address 6348 Mercer			10 23 2007
	City	State	Zip Code	Transaction ID: 26751040
	Houston	TX	77005-3346	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Methodist Hospital	 	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
	SUBTOTAL of Receipts This Page (optional) .	<u> </u>		875.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 169 / 328 (check only one) X
NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any personsing the name and address of any political committee to e American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Mark C Remington, , MD Mailing Address 4011 Talbot Rd		Date of Receipt
City Renton	State Zip Code WA 98055-5791	Transaction ID: 26751041 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Valley Orthopaedic Associates Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	1000.00
Full Name (Last, First, Middle Initial) Dr. David B Verst, , MD Mailing Address 15 W Galena		Date of Receipt 1 0 2 3 2 0 0 7
City Hailey FEC ID number of contributing federal political committee.	State Zip Code ID 83333-8414 C	Transaction ID: 26751042 Amount of Each Receipt this Period 500.00
Name of Employer Verst Spine & Orthopedic Care Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. Kevin J McGuire, , MD Mailing Address 330 Brookline A Dept of Ortho-Si		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Boston FEC ID number of contributing federal political committee.	MA 02215-5400	Amount of Each Receipt this Period 250.00
Name of Employer Univ of PA Health System	Occupation Orthopaedic Resident	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (opt	ional)	1750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 170 / 328 (check only one) X
or f	or commercial purposes, other than using th	Statements mane name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons
۸. ِ	Full Name (Last, First, Middle Initial) Dr. Robert E Gieringer, , MD	000		Date of Receipt
	Mailing Address 2751 DeBarr Rd Ste	320		10 23 7 2007
	City Anchorage	State AK	Zip Code 99508-2953	Transaction ID: 26751053
-	FEC ID number of contributing federal political committee.	C	99006-2903	Amount of Each Receipt this Period 250.00
i	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
3.	Full Name (Last, First, Middle Initial) Dr. Richard J Alioto, , MD Mailing Address 129 LaFoy Dr			Date of Receipt
	Mailing Address 129 Laroy Di			10 23 7 2007
	City	State	Zip Code	Transaction ID: 26751056
-	Clayton FEC ID number of contributing federal political committee.	NC C	27527-6622	Amount of Each Receipt this Period 250.00
j	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Robert A Kayal, , MD			Date of Receipt
Ì	Mailing Address 112 Garden Ct			10 23 7 9 9 9
	City	State	Zip Code	Transaction ID: 26751057
-	Franklin Lakes FEC ID number of contributing federal political committee.	C	07417-3019	Amount of Each Receipt this Period 250.00
j	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Ī	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
		1		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 171 / 328 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ai			
Full Name (Last, First, Middle Initial) Dr. Richard Chang, , MD			Date of Receipt
Mailing Address Somerset Orthopae 1081 Route 22 W	dic Associates		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bridgewater	State NJ	Zip Code 08807-2921	Transaction ID: 26751058 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Julio Taleisnik, , MD			Date of Receipt
Mailing Address 1140 W La Veta Av	e Ste 860		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State CA	Zip Code	Transaction ID: 26751060
Orange FEC ID number of contributing federal political committee.	C	92868-4218	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. David Andrew Camarata, , MD			Date of Receipt
Mailing Address 5620 E Bellroad			10 25 2007
City	State	Zip Code	Transaction ID: 26751061
Scottsdale FEC ID number of contributing federal political committee.	C	85254-5950	Amount of Each Receipt this Period 2000.00
Name of Employer Arizona Bone & Joint Spec- ialists		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00]
	<u> </u>		2750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 172 / 328 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	erican Association of Orthopaedic Surge	eons
Full Name (Last, First, Middle Initial) Dr. Lowry Jones, Jr, MD Mailing Address Dickson Diveley Midv	west Outhousedia	Date of Receipt
3651 College Blvd	vest Orthopedic	10 25 2007
City	State Zip Code	Transaction ID: 26751062
Leawood	KS 66211-1910	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Dickson Diveley Midwest	Occupation	
Ortho Clinic	Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. John W McClellan, III, MD		Date of Receipt
Mailing Address 11819 Miracle Hills D	r Ste 102	10 25 YYYYY 10 25 2007
City	State Zip Code	Transaction ID: 26751063
<u>Omaha</u>	NE 68154-4428	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Nebraska Spine Center	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	3000.00	
Other (specify)	3000.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey Warman, , MD		Date of Receipt
Mailing Address 18626 Hardy Oak Blv	rd Ste 320	10 25 YYYYY 10 25 2007
City	State Zip Code	Transaction ID: 26751066
San Antonio	TX 78258-4210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		¬I
Other (specify) ▼	250.00	_
SUBTOTAL of Receipts This Page (optional)		2250.00
TOTAL This Period (last page this line number	or only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 173 / 328 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	merican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Jon F Robinson, , MD		Date of Receipt
Mailing Address Bridger Orthopedic a 1450 Ellis St Ste 20		10 30 2007
City	State Zip Code	Transaction ID: 26772381
Bozeman FEC ID number of contributing federal political committee.	MT 59715-8813	Amount of Each Receipt this Period 250.00
Name of Employer Bridger Orthopedic and Sports Medicine Receipt For: Primary General	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 750.00	1
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Richard Mills Roberts, , MD	730.00	Date of Receipt
Mailing Address 2120 N MacArthur E	Blvd Ste 100	10 30 2007
City	State Zip Code	Transaction ID: 26772382
Irving FEC ID number of contributing federal political committee.	TX 75061-2260	Amount of Each Receipt this Period
Name of Employer Irving Orthopaedics & Spo- rts Medicine	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Dr. Eric Christopher Johnston, , MD		Date of Receipt
Mailing Address 1551 S Renaissance Ste 400		10 30 7 2007
City Bountiful	State Zip Code UT 84010-7676	Transaction ID: 26772383 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mountain Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line numb	per only)	

or for commercial properties of the commercia	ourposes, other than using the name of the America	me and address of any political committe	Date of Receipt M M M J D D D Z D O 7 Transaction ID: 26772384 Amount of Each Receipt this Period 250.00
City San Diego FEC ID number federal political Name of Emplo Pediatric Orthorologissis Med Grace Primary Other (sp. 1972) Full Name (Last Dr. Arnold R Mill Mailing Address City Laconia FEC ID number federal political Name of Emplo Laconia Clinic Receipt For: Primary Other (sp. 1972) Primary Other (sp. 1972) Full Name (Last Dr. Primary Other (sp. 1972) Full Name (Last Dr. Thomas L Er. 1973)	ton, , MD 3030 Children's Way Ste 4 of contributing committee. yer Dedic & Sc- General ecify) ▼ t, First, Middle Initial) er, , MD s 724 Main St	State Zip Code CA 92123-4228 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00 State Zip Code NH 03246-2742	Transaction ID: 26772384 Amount of Each Receipt this Period Date of Receipt M M M J D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City San Diego FEC ID number federal political Name of Emplo Pediatric Orthorologisis Med Grace Primary Other (sp. 1977) Full Name (Last Dr. Arnold R Mill Mailing Address City Laconia FEC ID number federal political Name of Emplo Laconia Clinic Receipt For: Primary Other (sp. 1977) Full Name (Last Dr. Thomas L Er. 1978)	of contributing committee. yer pedic & Sc- General ecify) ▼ t, First, Middle Initial) er, , MD s 724 Main St	State Zip Code CA 92123-4228 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00 State Zip Code NH 03246-2742	Date of Receipt Date of Receipt Date of Rec
San Diego FEC ID number federal political Name of Emplo Pediatric Orthorologisis Med Grace Primary Other (sp. Primary Other (sp. Primary Address Dr. Arnold R Mill Mailing Address City Laconia FEC ID number federal political Name of Emplo Laconia Clinic Receipt For: Primary Other (sp. Primary Other (sp. Primary Other (sp. Primary Other (sp. Primary Dr. Thomas L Er. Pr. Thomas L Er. Pr. Thomas L Er. Production of the primary Dr. Thomas L Er. Primary L Er.	committee. yer pedic & Sc- General ecify) ▼ t, First, Middle Initial) er, , MD s 724 Main St of contributing	CA 92123-4228 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00 State Zip Code NH 03246-2742	Date of Receipt Date of Receipt M M M 1 0 3 0 2 0 0 7 Transaction ID: 26772385 Amount of Each Receipt this Period
Full Name of Emplo Pediatric Orthor oliosis Med G Receipt For: Primary Other (sp Full Name (Las: Dr. Arnold R Mill Mailing Address City Laconia FEC ID number federal political Name of Emplo Laconia Clinic Receipt For: Primary Other (sp	committee. yer pedic & Sc- General ecify) ▼ t, First, Middle Initial) er, , MD s 724 Main St of contributing	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00 State Zip Code NH 03246-2742	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
oliosis Med G Receipt For: Primary Other (sp Full Name (Last Dr. Arnold R Mill Mailing Address City Laconia FEC ID number federal political Name of Emplo Laconia Clinic Receipt For: Primary Other (sp Full Name (Last Dr. Thomas L Er	General ecify) ▼ t, First, Middle Initial) er, , MD 724 Main St of contributing	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00 State Zip Code NH 03246-2742	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Dr. Arnold R Mill Mailing Address City Laconia FEC ID number federal political Name of Emplo Laconia Clinic Receipt For: Primary Other (sp	er, , MD 5 724 Main St of contributing	NH 03246-2742	Transaction ID: 26772385 Amount of Each Receipt this Period
Laconia FEC ID number federal political Name of Emplo Laconia Clinic Receipt For: Primary Other (sp Full Name (Last Dr. Thomas L Er		NH 03246-2742	Transaction ID: 26772385 Amount of Each Receipt this Period
Laconia FEC ID number federal political Name of Emplo Laconia Clinic Receipt For: Primary Other (sp Full Name (Last Dr. Thomas L Er		NH 03246-2742	Amount of Each Receipt this Period
FEC ID number federal political Name of Emplo Laconia Clinic Receipt For: Primary Other (sp Full Name (Last Dr. Thomas L Er			
Receipt For: Primary Other (sp Full Name (Last Dr. Thomas L Er			
Primary Other (sp Full Name (Last Dr. Thomas L Er		Occupation Orthopaedic Surgeon	
Dr. Thomas L Er	General	Aggregate Year-to-Date ▼ 750.00	
	t, First, Middle Initial) ickson, , MD 5 1780 E Florence Blvd Ste	106	Date of Receipt 10 30 2007
City		State Zip Code	Transaction ID: 26772386
Casa Grande)	AZ 85222-4782	Amount of Each Receipt this Period
FEC ID number federal political		C	500.00
Name of Emplo Sierra Orthopae	édics PC	Occupation Orthopaedic Surgeon	
Receipt For: Primary Other (sp	General	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Re			1000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 175 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surged	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Charles T Price, , MD			Date of Receipt
	Mailing Address ORHS Medical Educa 86 W Underwood St S		сО	10 30 7 2007
	City	State	Zip Code	Transaction ID: 26772387
	Orlando FEC ID number of contributing	FL	32806-1110	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For:	, '	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00]
ь В.	Full Name (Last, First, Middle Initial) Dr. Craig Robert Mahoney, , MD			Date of Receipt
	Mailing Address 2004 S 40th Ct			10 30 2007
	City	State	Zip Code	Transaction ID: 26772388
	West Des Moines	IA	50265-5764	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
с. С.	Full Name (Last, First, Middle Initial) Dr. Michael S Petersen, , MD			Date of Receipt
	Mailing Address Valley Oak Orthopaec 2031 Anderson Rd Sto	dics e A		10 30 2007
	City	State	Zip Code	Transaction ID: 26772389
	Davis FEC ID number of contributing	CA	95616-0621	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer Valley Oak Ortho	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional) .		\	1000.00
Ì	TOTAL This Period (last page this line number		<u> </u>	

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 176 / 328 (check only one) X
or for co	ormation copied from such Reports and St commercial purposes, other than using the TE OF COMMITTEE (In Full) tical Action Committee of the Amer	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Maili City Wat	Name (Last, First, Middle Initial) Michael Vener, , MD Ing Address 1201 Mickelson Dr Itertown ID number of contributing ral political committee.	State SD	Zip Code 57201-7100	Date of Receipt 10 30 2007 Transaction ID: 26772390 Amount of Each Receipt this Period 250.00
	e of Employer Employed eipt For: Primary General Other (specify) ♥		edic Surgeon e Year-to-Date ▼ 500.00	
Dr. J Maili City	Name (Last, First, Middle Initial) ohn D Campbell, , MD ng Address Bridger Orthopedic and 1450 Ellis St Ste 201	State	Zip Code	Date of Receipt 1 0 3 0 2 0 0 7 Transaction ID: 26772391
FEC feder Nam Bride orts	eman ID number of contributing ral political committee. le of Employer ger Orthopedic and Sp- Medicine leipt For: Primary General Other (specify) ▼		59715-8813 In edic Surgeon e Year-to-Date ▼ 750.00	Amount of Each Receipt this Period 250.00
City Hou	Name (Last, First, Middle Initial) Howard R Epps, , MD Ing Address 7401 S Main Iston ID number of contributing ral political committee.	State TX	Zip Code 77030-4509	Date of Receipt M M M J D D J D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	e of Employer Employed eipt For: Primary General Other (specify)		edic Surgeon e Year-to-Date 1000.00	
SUBTO	DTAL of Receipts This Page (optional)		······	1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 177 / 328 (check only one) X
or for commercial purposes, other than using	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	merican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Steven R Speth, , MD Mailing Address Bridger Ortho & Spe	. M. I.B.O.	Date of Receipt
Mailing Address Bridger Ortho & Spo 1450 Ellis St Ste 20		10 30 2007
City	State Zip Code	Transaction ID: 26772401
Bozeman	MT 59715-8813	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. George H Canizares, , MD		Date of Receipt
Mailing Address 4600 4th St North		10 30 2007
City	State Zip Code	Transaction ID: 26772402
Saint Petersburg	FL 33703-3802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Neil B Callister, , MD		Date of Receipt
Mailing Address 1802 Quail Run Dr		10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26772404
<u>Ogden</u>	UT 84403-3266	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line numb	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 178 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
Political Action Committee of the Amer	rican Associ	ation of Orthopaedic Surged	ons
Full Name (Last, First, Middle Initial) Dr. Robert I Forster, , MD			Date of Receipt
Mailing Address 202 SW Palm Cove Dr	r		10 30 2007
City	State	Zip Code	Transaction ID: 26772406
Palm City	FL	34990-4341	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Florida Orthopaedic Speci-	Occupation	1	
alists		dic Surgeon	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. Benjamin D Rubin, , MD			Date of Receipt
Mailing Address Orthopaedic Specialty 280 S Main Ste 200	Institute		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26772408
<u>Orange</u>	CA	92868-3852	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Orthopaedic Specialty Ins- titute	Occupation Orthopae	n dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00]
Full Name (Last, First, Middle Initial) Dr. William Michael Ricci, , MD			Date of Receipt
Mailing Address 660 South Euclid Aven Campus Box 8233	nue		10 30 YYYYY 10 30 2007
City	State	Zip Code	Transaction ID: 26772409
Saint Louis	MO	63110-1010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopae	n dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC FOR ITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 179 / 328 (check only one) X 11a
or for commercial purposes, other	than using the name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Fu Political Action Committee	,	iation of Orthopaedic Surge	ons
Full Name (Last, First, Middle I Dr. Warren Grossman, , MD			Date of Receipt
Mailing Address 10662 Zur			10 / 30 / 2007
City <u>Hollywood</u>	State FL	Zip Code 33026-4830	Transaction ID: 26772410 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopa	n edic Surgeon	
Receipt For: Primary Genera Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle I Dr. Marc R Labbe, , MD			Date of Receipt
Mailing Address 6624 Fanr	in St Ste 2600		10 30 7 2007
City Houston	State TX	Zip Code 77030-2338	Transaction ID: 26772411
FEC ID number of contributing federal political committee.	C	77030-2336	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopa	n edic Surgeon	
Receipt For: Primary Genera Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle I Dr. Stephen L Curtin, , MD	nitial)		Date of Receipt
Mailing Address 5810 N Mo	occasin Trl		10 30 7 2007
City	State AZ	Zip Code	Transaction ID: 26772444
Tucson FEC ID number of contributing federal political committee.	C	85750-0801	Amount of Each Receipt this Period
Name of Employer Tucson Ortho Institute	Occupation Orthopa	on edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page	ge (optional)		1750.00
TOTAL This Period (last page thi		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 180 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal statements may not be sold or used by any personal statement and address of any political committee the name and address of a name	
Full Name (Last, First, Middle Initial) Dr. Rodney Alan Miller, , MD Mailing Address 8739 Private Rd 343 City Millersburg	State Zip Code OH 44654-8494	Date of Receipt M M M
FEC ID number of contributing federal political committee.	Conunction	125.00
Name of Employer Wooster Orthopaedic & Spo- rts Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 375.00	
Full Name (Last, First, Middle Initial) Dr. Robert N Moukarzel, , MD Mailing Address 13613 Paddington L	n	Date of Receipt 10 30 7 9 9 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
City	State Zip Code	Transaction ID: 26772447
Baton Rouge	LA 70810-3571	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Ochsner Clinic Baton Rouge	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	
Full Name (Last, First, Middle Initial) Dr. Carlos Guanche, , MD Mailing Address 24948 Lorenzo Ct		Date of Receipt
		10 30 2007
City	State Zip Code	Transaction ID: 26772449
Calabasas FEC ID number of contributing federal political committee.	CA 91302-3088	Amount of Each Receipt this Period 250.00
Name of Employer The Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	•	500.00

SCHEDULE A (FEC ITEMIZED RECEIPT		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 181 / 328 (check only one) X
NAME OF COMMITTEE (In	Full)	ay not be sold or used by any pers ddress of any political committee to ciation of Orthopaedic Surge	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Dr. Christian T Royer, , MD Mailing Address 5159 Sti		Zip Code	Date of Receipt M
Frisco	TX	75034-1215	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.	ng C		125.00
Name of Employer Self Employed Receipt For:	<u>_</u>	aedic Surgeon te Year-to-Date ▼	
Primary Gene Other (specify) ▼		375.00	
Full Name (Last, First, Middl Dr. Gregory Lane Hummel, , M Mailing Address 15900 E	ID ,		Date of Receipt
City	State	Zip Code	Transaction ID: 26772451
Kansas City	MO	64136-1259	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.	C		500.00
Name of Employer Self Employed	Occupati Orthopa	ion aedic Surgeon	
Receipt For: Primary Gene Other (specify) ▼	Aggrega	te Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Dr. J Randy Gipple, , MD			Date of Receipt
Mailing Address 2195 N I	HIII Ka		10 30 2007
City	State	Zip Code	Transaction ID: 26772452
Muscatine FEC ID number of contribution federal political committee.	ng IA	52761-9399	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupati Orthopa	ion aedic Surgeon	
Receipt For: Primary Gene Other (specify) ▼		te Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This F	Page (optional)		875.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 182 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to the rican Association of Orthopaedic Surgeo	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	encan Association of Onnopaedic Odigec	
A. Dr. Patrick E Clare, , MD Mailing Address Nebraska Ortho & Sp 575 S 70th St Ste 20		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26772453
Lincoln	NE 68510-2471	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Nebraska Orthopaedic & Sports Medicine Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1500.00]
Full Name (Last, First, Middle Initial) Dr. Alan R Gurd, , MD Mailing Address 7970 Darbys Run		Date of Receipt 10 30 7 2007
City	State Zip Code	Transaction ID: 26772454
Chagrin Falls	OH 44023-4839	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Danielle Katz, , MD		Date of Receipt
Mailing Address Dept of Orthopedic S 550 Harrison St Ste	128	10 30 7 2007
City	State Zip Code	Transaction ID: 26772455
Syracuse FEC ID number of contributing federal political committee.	NY 13202-3096	Amount of Each Receipt this Period 250.00
Name of Employer SUNY Upstate	Occupation Orthopaedic Surgeons	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional)		850.00
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 183 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American Such Political Action Committee Political A	Statements may not be sold or used by any per e name and address of any political committee erican Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Norman B Livermore, III, MD Mailing Address 120 La Casa Via Ste 2 City Walnut Creek FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CA 94598-3007 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Thomas J Meyer, , MD Mailing Address 1441 Avocado Ave St City Newport Beach FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	e 802 State Zip Code CA 92660-7709 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 450.00	Date of Receipt M M J D D J Y Y Y Y Y 1 0 3 0 2 0 0 7 Transaction ID: 26772457 Amount of Each Receipt this Period 200.00
Full Name (Last, First, Middle Initial) Dr. Edward L Westerheide, , MD Mailing Address 1980 Tamarack Rd City Newark FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code OH 43055-1363 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M J D D J Z D O 7 Transaction ID: 26772530 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) .		700.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 184 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	merican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Amir A Jamali, , MD		Date of Receipt
Mailing Address 4860 Y St Ste 3800		10 30 7 2007
City	State Zip Code CA 95817-2307	Transaction ID: 26772531
Sacramento FEC ID number of contributing federal political committee.	CA 95817-2307	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Charles Giangarra, , MD		Date of Receipt
Mailing Address Marshall University 1600 Medical Cente	r Dr Ste 2500	10 30 / 2007
City	State Zip Code	Transaction ID: 26772532
Huntington FEC ID number of contributing federal political committee.	WV 25701-3657	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. David W Fischer, , MD		Date of Receipt
Mailing Address 711 S Auburn		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26772533
Kennewick	WA 99336-5665	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1000.00
	per only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 185 / 328 (check only one) X
Ai	ny information copied from such Reports and for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pers lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Associ	ation of Orthopaedic Surge	ons
	Full Name (Last, First, Middle Initial) Dr. Michael G Wenkstern, , MD			Date of Receipt
	Mailing Address 1100 E Church St		= 0	10 30 2007
	City Martinsville	State VA	Zip Code 24112-3225	Transaction ID: 26772534
	FEC ID number of contributing federal political committee.	C	24112-0220	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Orthopae	n dic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
. –	Full Name (Last, First, Middle Initial) Dr. Peter G Buck, , MD			Date of Receipt
	Mailing Address McFarland Clinic 1215 Duff Ave			10 30 2007
	City	State	Zip Code	Transaction ID: 26772535
	Ames FEC ID number of contributing federal political committee.	C	50010-5400	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Orthopae	n dic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Robert Louis Lilieberg, Jr. MD			Date of Receipt
	Mailing Address 720 9th Ave NW			10 30 2007
	City	State	Zip Code	Transaction ID: 26772536
	Hickory	NC	28601-3551	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n dic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 186 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to perican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Edward M Williams, , MD Mailing Address 4725 N Federal Hwy		Date of Receipt
Orthopaedic Center		10 30 2007
City	State Zip Code	Transaction ID: 26772537
Fort Lauderdale	FL 33308-4603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James G Floyd, , MD Mailing Address 2320 Arbor Glenn		Date of Receipt
		10 30 2007
City	State Zip Code	Transaction ID: 26772538
<u>Hoover</u>	AL 35244-1521	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Richard Leverne Nutt, , MD		Date of Receipt
Mailing Address 501 Hunters Run		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26772539
Demorest	GA 30535-4624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 187 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Am	ierican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Jon K Sekiya, , MD			Date of Receipt
Mailing Address MedSport - University Dept of Orthopaedic States			10 30 7 2007
City	State	Zip Code	Transaction ID: 26772540
Ann Arbor	MI	48106-0391	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. J Patrick Kessler, , MD			Date of Receipt
Mailing Address Center for Orthopaed 56 Medical Park Dr S			10 30 7 2007
City	State	Zip Code	Transaction ID: 26772541
Franklin	NC	28734-2634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Center for Orthopaedics	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) Dr. Joseph C Tauro, , MD			Date of Receipt
Mailing Address 9 Hospital Dr			10 30 7 2007
City	State	Zip Code	Transaction ID: 26772542
Toms River	NJ	08755-6425	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
SUBTOTAL of Receipts This Page (optional)	1	\	1750.00
TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 188 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to erican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Steven D Glassman, , MD Mailing Address 210 E Gray St Ste 90 City Louisville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code KY 40202-3905 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 3 0 2 0 0 7 Transaction ID: 26772543 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Richard Lee Parker, , MD Mailing Address 6 Dowling Ct City Old Westbury FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NY 11568-1220 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Robert H Anschuetz, , MD Mailing Address 6770 Mayfield Rd Ste City Mayfield Heights FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code OH 44124-2299 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26772556 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional)		850.00

	EDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 189 / 328 (check only one) X
NA	formation copied from such Reports and S commercial purposes, other than using the ME OF COMMITTEE (In Full) ditical Action Committee of the Ame			on for the purpose of soliciting contributions o solicit contributions from such committee.
1. <u>Dr.</u>	I Name (Last, First, Middle Initial) William Kemp Montgomery, , MD illing Address 5228 W. Plano Parkwa	ay		Date of Receipt 1 0 3 0 7 2 0 0 7
Cit		State	Zip Code	Transaction ID: 26772557
FE	ano C ID number of contributing eral political committee.	C	75093-5005	Amount of Each Receipt this Period 500.00
	me of Employer If Employed ceipt For: Primary General Other (specify)	,	edic Surgeon e Year-to-Date ▼ 1500.00]
B. Dr.	I Name (Last, First, Middle Initial) John E Kilgore, , MD iling Address 424 Harbor Dr N			Date of Receipt 1 0 3 0 2 0 0 7
Cit	у	State	Zip Code	Transaction ID: 26772558
<u>Inc</u>	dian Rocks Beach	FL	33785-3115	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		1000.00
We	me of Employer thopaedic Associates of est Florida ceipt For: Primary General Other (specify)	+ · · · · · ·	edic Surgeon e Year-to-Date ▼ 2000.00	
<u>Dr.</u>	I Name (Last, First, Middle Initial) Randall A Lewis, , MD iling Address 10700 Purdey Rd			Date of Receipt
_	,			10 30 2007
Cit	y Ien Prairie	State MN	Zip Code 55347-5233	Transaction ID: 26772559 Amount of Each Receipt this Period
FE	C ID number of contributing eral political committee.	C	33047 3200	100.00
Na Se	me of Employer If Employed	Occupatio Orthopae	edic Surgeon	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUB	FOTAL of Receipts This Page (optional)	1)	1600.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 190 / 328 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using th	Statements mage name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons
۷.	Full Name (Last, First, Middle Initial) Dr. Gregory R Misenhimer, , MD			Date of Receipt
	Mailing Address 2150 Trawood Dr Ste	A150		10 30 7 2007
	City El Paso	State TX	Zip Code 79935-3323	Transaction ID: 26772561 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	7,000 3020	250.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
- s.	Full Name (Last, First, Middle Initial) Dr. Jerry D Clark, , MD Mailing Address 3650 Laurel Ave	1		Date of Receipt
				10 30 2007
	City Beaumont	State TX	Zip Code 77707-2216	Transaction ID: 26772563 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	77707 22.10	500.00
	Name of Employer Beaumont Bone and Joint	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
. –	Full Name (Last, First, Middle Initial) Dr. Regina O Hillsman, , MD			Date of Receipt
	Mailing Address 1771 Post Rd E			10 30 2007
	City	State	Zip Code	Transaction ID: 26772565
	Westport FEC ID number of contributing federal political committee.	CT	06880-5606	Amount of Each Receipt this Period 100.00
	Name of Employer Self Employed	Occupatio Orthopae	edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00	
	SUBTOTAL of Receipts This Page (optional)	1		850.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 191 / 328 (check only one) X
	y information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
۱.	Full Name (Last, First, Middle Initial) Dr. Homayoun Mesghali, , MD Mailing Address 2200 Philadelphia Dr	Ste 446		Date of Receipt 10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State OH	Zip Code	Transaction ID: 26772567
	Dayton FEC ID number of contributing federal political committee.	С	45406-1830	Amount of Each Receipt this Period 200.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		n edic Surgeon e Year-to-Date ▼ 400.00	
3.	Full Name (Last, First, Middle Initial) Dr. Kevin Addington Weidman, , MD Mailing Address 625 E St Paul Ave	1		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26772917
	Milwaukee	WI	53202-5907	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupatio	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	, ' ' ' '	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. Ricardo M Canals-Morales, , MD Mailing Address PO Box 360097	<u> </u>		Date of Receipt
				10 31 2007
	City San Juan	State PR	Zip Code 00936-0097	Transaction ID: 26772918 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 750.00	
SU	JBTOTAL of Receipts This Page (optional)	1		1450.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 192 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surgeo	ons
	Full Name (Last, First, Middle Initial) Dr. Alan M Reznik, , MD			Date of Receipt
	Mailing Address 199 Whitney Ave			10 31 2007
	City	State	Zip Code	Transaction ID: 26772919
	New Haven	CT	06511-3786	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopa	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Ayman Ahmad Daouk, , MD	1		Date of Receipt
	Mailing Address 311 W Sabal Palm P			10 31 7 2007
	City	State	Zip Code	Transaction ID: 26772920
	Longwood	<u>FL</u>	32779-6057	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		500.00]
	Full Name (Last, First, Middle Initial) Dr. Mark R Colville, , MD			Date of Receipt
	Mailing Address 200 NE Mother Josep	h Pl Ste 210		10 31 7 2007
	City	State	Zip Code	Transaction ID: 26772921
	Vancouver	WA	98664-3295	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		1750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 193 / 328 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements may not be sold or used by any pers he name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
` '	nerican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Jeffrey Todd Brodie, , MD		Date of Receipt
Mailing Address Towson Orthopaedic 8322 Bellona Ave	Assoc	10 31 2007
City	State Zip Code	Transaction ID: 26772922
Baltimore	MD 21204-2065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Douglas Bentley Freedberg, , MD		Date of Receipt
Mailing Address 6818 E Valley Vista	Ln	10 31 2007
City	State Zip Code	Transaction ID: 26772924
Paradise Valley	AZ 85253-5349	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Brereton B Strafford, , MD		Date of Receipt
Mailing Address 122 3rd St NE		10 31 2007
City	State Zip Code	Transaction ID: 26772925
Auburn	WA 98002-4013	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
		1000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 194 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	solicit contributions from such committee.
	Political Action Committee of the Ame	rıcan Assoc	lation of Orthopaedic Surgeo	ons
A.	Full Name (Last, First, Middle Initial) Dr. Thomas John Noonan, , MD			Date of Receipt
	Mailing Address Steadman Hawkins Cli 8200 Belleview Ave Ste			10 31 2007
	City	State	Zip Code	Transaction ID: 26772926
	Greenwood Village	CO	80111-2808	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed		edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Howard J Kapp, , MD			Date of Receipt
	Mailing Address 1255 Spyglass Ln			10 31 YYYY 2007
	City	State	Zip Code	Transaction ID: 26772927
	<u>Naples</u>	FL	34102-7738	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed		edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
C.	Full Name (Last, First, Middle Initial) Dr. Matthew Zmurko, , MD			Date of Receipt
	Mailing Address 3 Albert Cree Dr			10 31 2007
	City	State	Zip Code	Transaction ID: 26772928
	Rutland	VT	05701-4601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed		edic Surgeons	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
	TOTAL This Period (last page this line number	only)		

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 195 / 328 (check only one) X
NAMI	mation copied from such Reports and St mmercial purposes, other than using the E OF COMMITTEE (In Full) ical Action Committee of the Amer			on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Dr. Jo Mailin City Tole FEC federa Name Self E	lame (Last, First, Middle Initial) seph Assenmacher, , MD g Address 7024 White Tail Ct do ID number of contributing al political committee. of Employer Employed spt For: Primary General Other (specify)		Zip Code 43617-1391 on edic Surgeon e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full N John Mailin City Boze	lame (Last, First, Middle Initial) A Vallin, MD ag Address 1450 Ellis St eman ID number of contributing	State MT	Zip Code 59715-8812	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federa Name Self E	al political committee. of Employer Employed pt For: Primary General Other (specify)		n edic Surgeon e Year-to-Date ▼	250.00
Dr. M. Mailin City Arlin FEC	lame (Last, First, Middle Initial) ark W Woolf, , MD g Address Arlington Orthopedic As 800 Orthopedic Way gton ID number of contributing al political committee.	ssociates State TX	Zip Code 76015-1629	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 3 1 2 0 0 7 Transaction ID: 26772945 Amount of Each Receipt this Period 1000.00
Arling ociate Recei	e of Employer yton Orthopaedic Ass- es pt For: Primary General Other (specify)		edic Surgeon e Year-to-Date 2000.00	
SUBTO	TAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 196 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 11	
or for commercial purposes, other than use NAME OF COMMITTEE (In Full)	is and Statements may not be sold or used by any persong the name and address of any political committee to e American Association of Orthopaedic Surge	son for the purpose of soliciting contributions o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Dr. Michael Paul Chapman, , MD Mailing Address 1500 Associates	s Dr	Date of Receipt 1 0	
City Dubuque FEC ID number of contributing federal political committee.	State Zip Code IA 52002-2201 C	Transaction ID: 26772946 Amount of Each Receipt this Period 400.00	
Name of Employer Medical Associates of Dub- uque Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 400.00		
Full Name (Last, First, Middle Initial) Dr. Robert Allen Durbin, , MD Mailing Address 259 Taylor Stati	on Rd	Date of Receipt 1 0 3 1 2 0 0 7	
City	City State Zip Code		
Columbus	OH 43213-1445	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer Cardinal Orthopaedic Inst- itute	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Dr. Mark Phillips Altman, , MD		Date of Receipt	
Mailing Address 1 Church St		10 31 2007	
City	State Zip Code	Transaction ID: 26772948	
New Haven FEC ID number of contributing federal political committee.	CT 06510-3348	Amount of Each Receipt this Period 500.00	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (opt	ional)	1400.00	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 197 / 328 (check only one) X
or for commercial purposes, other than usin	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Theodore W Crofford, , MD Mailing Address 750 8th Ave Ste 4 City Fort Worth FEC ID number of contributing federal political committee. Name of Employer Texas Hip & Knee Receipt For:	State Zip Code TX 76104-2500 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Paul J Hecht, , MD Mailing Address Dept of Ortho Sur	500.00	Date of Receipt
Dartmouth-Hitchc City Lebanon FEC ID number of contributing federal political committee. Name of Employer Dartmouth-Hitchcock Med Ctr Receipt For: Primary General Other (specify) ▼	Ock Med Ctr State Zip Code NH 03756 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Transaction ID: 26772963 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Scott D Gillogly, , MD Mailing Address 30 Abington Ct Nt City Atlanta FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code GA 30327-1352 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / 2 0 0 7 Transaction ID: 26772964 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (option	nal)	1250.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 198 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for com	nation copied from such Reports and St imercial purposes, other than using the OF COMMITTEE (In Full)	atements ma name and ad	y not be sold or used by any personderss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	cal Action Committee of the Amer	ican Assoc	iation of Orthopaedic Surgeo	ons
A. Dr. Doi	ame (Last, First, Middle Initial) nald A Deinlein, , MD			Date of Receipt
Mailing	Address UAB Division of Orthop Faculty Tower 920	aedic Surg	ey	10 31 2007
City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	Transaction ID: 26772965
<u>Birmi</u>	ngham	AL	35294-0001	Amount of Each Receipt this Period
	O number of contributing political committee.	C		250.00
Name Self E	of Employer mployed	Occupatio Orthopae	n edic Surgeon	7
Receip		Aggregate	e Year-to-Date ▼	
	Primary	0 0	250.00	
D r. J O	ame (Last, First, Middle Initial) Illie Edmunds, Jr, MD			Date of Receipt
	Address Tulane University Ortho Suite 1500 Tidewater P	lace		11 06 7 2007
City	Orleans	State LA	Zip Code 70112	Transaction ID: 26790028
FEC II	O number of contributing political committee.	C	70112	Amount of Each Receipt this Period 1000.00
Name Self E	of Employer mployed	Occupatio Orthopae	n edic Surgeon	
Receip		Aggregate	e Year-to-Date ▼	
	Primary	0 0	1000.00	
	ame (Last, First, Middle Initial) pert L Bourland, Jr, MD			Date of Receipt
	Address 6005 Park Ave Ste 309			11 06 7 2007
City	alaia	State	Zip Code	Transaction ID: 26790034
Mem		TN	38119-5213	Amount of Each Receipt this Period
federal	O number of contributing political committee.	C		300.00
	of Employer mployed	· · · · ·	edic Surgeon	
Receip	ot For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		300.00	
SUBTOT	AL of Receipts This Page (optional)			1550.00
	This Period (last page this line number of		<u> </u>	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Associ	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Richard H Jacobsen, , MD			Date of Receipt
Mailing Address 2500 Hospital Dr E	3ldg 7		1 1 0 6 2 0 0 7
City Mountain View	State CA	Zip Code 94040-4115	Transaction ID: 26790035 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	34040 4110	75.00
Name of Employer Orthopaedic Surgeons	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	 	e Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Dr. Francis Burns Kelly, , MD			Date of Receipt
Mailing Address 1600 Forsyth St			1 1 0 6 2 0 0 7
City	State	Zip Code	Transaction ID: 26790036
Macon	GA	31201-1408	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Forsyth St Orthopaedic Su-	Occupation Orthopae	n edic Surgeon	
rgery & Rehab Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Michael T Diment, , MD			Date of Receipt
Mailing Address 770 Riverside Ave	Ste 105		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26790037
Adrian FEC ID number of contributing federal political committee.	C	49221-1465	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
SUBTOTAL of Receipts This Page (option	al)		825.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 200 / 328 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any prother name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	merican Association of Orthopaedic Sur	geons
Full Name (Last, First, Middle Initial) Dr. Frank Capecci, , MD		Date of Receipt
Mailing Address 109 Rt 46 E		1 1 0 6 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26790038
Denville	NJ 07834	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	•
Full Name (Last, First, Middle Initial) Dr. Jeffrey Malumed, , MD	1	Date of Receipt
Mailing Address 506 Van Lears Run		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26790040
Villanova	PA 19085-1023	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Premier Orthopedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Dudley S Burwell, , MD		Date of Receipt
Mailing Address Advanced Orthoped 2781 C T Switzer Sr	Dr Ste 402	1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26790041
Biloxi	MS 39531-4535	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Advanced Orthopedic Associates	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
		425.00

TOTAL 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: PAGE 201 / 328 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Thomas W Currey, , MD			Date of Receipt
Mailing Address 975 E 3rd St Box 2	60		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chattanooga	State TN	Zip Code 37403-2103	Transaction ID: 26790042
FEC ID number of contributing federal political committee.	C	37403-2103	Amount of Each Receipt this Period 1000.00
Name of Employer Univ of Tenn	Occupation Orthopae	n edic Surgeon	
Receipt For: ☐ Primary ☐ General Other (specify) ▼		Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) Dr. J Christopher Noonan, , MD			Date of Receipt
Mailing Address 74 B Centennial Lo	op Ste 300		11 06 2007
City Eugene	State OR	Zip Code 97401	Transaction ID: 26790063
FEC ID number of contributing federal political committee.	C	97401	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Steven I Grindel, , MD			Date of Receipt
Mailing Address Medical College of Dept of Ortho Surg			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Milwaukee	State WI	Zip Code 53226	Transaction ID: 26790064 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	JOSEP	375.00
Name of Employer Medical College of Wiscon- sin		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1125.00	
SUBTOTAL of Receipts This Page (optional	-10		1625.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	6 X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 202 / 328 (check only one)
Any information copied from such Reports or for commercial purposes, other than usir	and Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Lesley J Anderson, , MD			Date of Receipt
Mailing Address 2100 Webster St	Ste 309		M M / D D / Y Y Y Y Y 1 1 1 1 0 6 2 0 0 7
City San Francisco	State CA	Zip Code 94115-2376	Transaction ID: 26790065 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	34113-2370	1000.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. Jeffery L Stambough, , MD			Date of Receipt
Mailing Address 4600 Smith Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26790066
Cincinnati FEC ID number of contributing federal political committee.	OH C	45212-2702	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Eugene J Dabezies, Jr, MD			Date of Receipt
Mailing Address 4541 N Davis Hwy	y Ste A		1 1 0 6 2 0 0 7
City Pensacola	State FL	Zip Code 32503-2733	Transaction ID: 26790067
FEC ID number of contributing federal political committee.	C	32303*2733	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	D		3000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 203 / 328 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A			
Full Name (Last, First, Middle Initial) Dr. Mark E Fahey, , MD			Date of Receipt
Mailing Address Tallahasssee Ortho 3334 Capitol Medic			11 05 2007
City	State	Zip Code	Transaction ID: 26790104
Tallahassee	FL	32308-4470	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Tallahassee Orthopedic Cl- inic	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Pat D Do, , MD			Date of Receipt
Mailing Address 8300 Steeplechase	1 1 0 5 2 0 0 7		
City	State	Zip Code	Transaction ID: 26790106
Wichita	KS	67206-4423	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Mid America Orthopedics	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. Neil J Maki, , MD			Date of Receipt
Mailing Address 525 St Mary St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26790107
Thibodaux FEC ID number of contributing federal political committee.	C	70301-2627	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional			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 204 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any pers g the name and address of any political committee to American Association of Orthopaedic Surge	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Christopher N Chihlas, , MD Mailing Address Orthopaedic Associated T25 Reservoir Ave		Date of Receipt 1 1 0 5 2 0 0 7
City Cranston	State Zip Code RI 02910-4450	Transaction ID: 26790108 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey Albert, , MD Mailing Address 1285 Hembree Rd	Ste 200A	Date of Receipt 1 1 0 5 7 2 0 0 7
City	State Zip Code	Transaction ID: 26790148
Roswell	GA 30076-4995	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. R Scott Oliver, , MD		Date of Receipt
Mailing Address Plymouth Bay Orth 95 Tremont Ste Or	ne .	11 05 7 2007
City Duxbury	State Zip Code MA 02332-4738	Transaction ID: 26790149 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Plymouth Bay Orthopedic Associates Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1250.00	
SUBTOTAL of Receipts This Page (ontion	al)	2000.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	Use separate so for each catego Detailed Summ	ry of the
or for commercial purposes, other to NAME OF COMMITTEE (In Fu	han using the name and address of any politica	d by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
Full Name (Last, First, Middle In Dr. Douglas W Lundy, , MD Mailing Address 61 Whitche		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Marietta FEC ID number of contributing	State Zip Code GA 30060-1177	Transaction ID: 26790150 Amount of Each Receipt this Period
Name of Employer Orthopaedic Center of the Rockies Receipt For: Primary Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date	1000.00
Full Name (Last, First, Middle Ir Dr. Craig A Davis, , MD Mailing Address 1411 S Po	,	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26790152
Aurora FEC ID number of contributing	CO 80012-4540	Amount of Each Receipt this Period 500.00
Federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date	500.00
Full Name (Last, First, Middle Ir Dr. Blane William McCoy, , MD Mailing Address Medical Ar	<u> </u>	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26790153
Parma FEC ID number of contributing federal political committee.	OH 44129-5469	Amount of Each Receipt this Period 500.00
Name of Employer Southwest Orthopedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	600.00
SUBTOTAL of Receipts This Pag	e (optional)	2000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 206 / 328 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. James W Scott, , MD Mailing Address PO Box 7630 City Tifton FEC ID number of contributing federal political committee. Name of Employer Georgia Sports Medicine Receipt For: Primary General	State Zip Code GA 31793-7630 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26790155 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Hugh P MacMenamin, , MD Mailing Address Iowa Medical Clinic 600 7th St SE City Cedar Rapids FEC ID number of contributing federal political committee. Name of Employer lowa Medical Center	State Zip Code IA 52401-2112 C Occupation Orthopaedic Surgeon	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Charles N Versteeg, Jr, MD Mailing Address 2780 E Barnett Rd S	Aggregate Year-to-Date ▼ 500.00	Date of Receipt 1 1 0 5 2 0 0 7
City Medford FEC ID number of contributing federal political committee. Name of Employer	State Zip Code OR 97504-8674 C Occupation	Transaction ID: 26790158 Amount of Each Receipt this Period 1000.00
Name of Employer Southern Oregon Orthopaed- ics Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	2500.00

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 207 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for comme	ion copied from such Reports and Sercial purposes, other than using the FCOMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Political	Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surge	ons
Dr. George	e (Last, First, Middle Initial) e A Pugh, , MD			Date of Receipt
Mailing A	ddress 1124 Longridge Rd	Ctoto	7:n Codo	11 05 2007
City <u>Oaklanc</u>	d	State CA	Zip Code 94610-1812	Transaction ID: 26790159 Amount of Each Receipt this Period
	umber of contributing litical committee.	C		300.00
Name of I East Bay ialists	Employer Orthopaedic Spec-	Occupation Orthopa	n edic Surgeon	
	or: nary General er (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Dr. David	e (Last, First, Middle Initial) M Henneghan, , MD ddress 2111 Shadow View Ci	rcle		Date of Receipt
	ZTTT CHACOV VIOW OF		7' 0 1	11 05 2007
City Plover		State WI	Zip Code 54467-2943	Transaction ID: 26790160 Amount of Each Receipt this Period
FEC ID n	umber of contributing olitical committee.	C		250.00
Name of I Rice Med	Employer lical Center	Occupation Orthopa	n edic Surgeon	
	or: mary General er (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
	e (Last, First, Middle Initial) S Kirkpatrick, , MD			Date of Receipt
Mailing A	ddress Univ of Florida Jackso Dept of Orthopaedics	nville		11 05 7 9 9 9
City Jackson	willo	State FL	Zip Code 32209	Transaction ID: 26790161 Amount of Each Receipt this Period
FEC ID n	umber of contributing litical committee.	C	J2209	500.00
<u>gham</u>	labàmà at Birmin-	, '	edic Surgeon	
	for: mary General per (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00	
		1		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 208 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any p the name and address of any political committe merican Association of Orthopaedic Sur	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Gregory J Austin, , MD Mailing Address 725 Reservoir Ave S City Cranston FEC ID number of contributing federal political committee. Name of Employer Orthopaedic Assoc. Inc. Receipt For:	Ste 101 State Zip Code RI 02910-4450 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt M M M O D O D O O O O O O O O O O O O O
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Scott L Sledge, , MD Mailing Address 12709 Toepperweei	375.00	Date of Receipt
City Live Oak FEC ID number of contributing federal political committee.	State Zip Code TX 78233-3259	Transaction ID: 26790163 Amount of Each Receipt this Period 100.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Robert A Wainer, , MD Mailing Address 1130 N Church St S	Ste 100	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Greensboro FEC ID number of contributing federal political committee.	State Zip Code NC 27401-1008	Transaction ID: 26790164 Amount of Each Receipt this Period 100.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional]	325.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 209 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal name and address of any political committee to erican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Raymond J Meeks, , MD Mailing Address 85 College St City Hamilton FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NY 13346-1227 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26791247 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Richard E Grant, , MD Mailing Address Dept of Ortho Surger 11100 Euclid Ave City Cleveland FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code OH 44106-1716 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 400.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26791248 Amount of Each Receipt this Period 400.00
Full Name (Last, First, Middle Initial) Dr. Evan Scott Lederman, , MD Mailing Address The Orthopaedic Clin 2222 E Highland Av S City Phoenix FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1150.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 210 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
N	information copied from such Reports and S r commercial purposes, other than using the AME OF COMMITTEE (In Full) Political Action Committee of the Ame			
4. <u>D</u>	ull Name (Last, First, Middle Initial) r. John Patrick Meehan, , MD lailing Address Dept of Orthopaedics 4860 Y St Ste 3800			Date of Receipt 1 1 0 2 2 0 0 7
C	ity 4000 f St Ste 3000	State	Zip Code	Transaction ID: 26791250
	Sacramento	CA	95817-2307	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
N S	ame of Employer elf Employed	Occupation Orthopae	n edic Surgeon	
R	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
3. <u>D</u>	ull Name (Last, First, Middle Initial) rr. George D Rhyneer, , MD			Date of Receipt
_	lailing Address Rhyneer Clinic 3841 Piper St Ste T31			11 02 2007
	ity	State AK	Zip Code	Transaction ID: 26791329
F	nchorage EC ID number of contributing deral political committee.	C	99508-4624	Amount of Each Receipt this Period 1000.00
N R	ame of Employer thyneer Clinic	Occupation Orthopae	n edic Surgeon	
R	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
	ull Name (Last, First, Middle Initial) r. Anthony Paul Dwyer, , MD			Date of Receipt
_	lailing Address Denver Health Med Ct 777 Bannock St MC01			1 1 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity	State	Zip Code	Transaction ID: 26791330
F	Denver EC ID number of contributing aderal political committee.	CO	80204-4507	Amount of Each Receipt this Period 250.00
N S	ame of Employer elf Employed	Occupation Orthopae	on edic Surgeon	
R	eceipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
SUE	BTOTAL of Receipts This Page (optional)	1		1500.00
	FAL This Period (last page this line number			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 211 / 328 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Wylie D Lowery, , MD Mailing Address 2010C Opitz Blvd City Woodbridge FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code VA 22191-3359 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26791331 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Michael Aron, , MD Mailing Address 1000 Asylum Ave S City Hartford FEC ID number of contributing federal political committee.	State Zip Code CT 06105-1719	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	
Dr. Paul K Gilbert, , MD Mailing Address 39 Congress St Ste City Pasadena FEC ID number of contributing federal political committee.	State Zip Code CA 91105-3022	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00]
SUBTOTAL of Receipts This Page (optional	• I I I I I I I I I I I I I I I I I I I	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 212 / 328 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Political Action Committee of the A	American Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Gerald J Lang, , MD			Date of Receipt
Mailing Address Univ Hospital & Cli 600 Highland Ave		7: 0.1	111 02 2007
City Madison	State WI	Zip Code 53792-0001	Transaction ID: 26791336 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Robert J Andruss, , MD	. 04-0400		Date of Receipt
Mailing Address 1380 E Med Ctr Dr	r Ste 2100		11 02 7 2007
City	State	Zip Code	Transaction ID: 26791337
Saint George	UT	84790	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Dr. Thomas L Martin, , MD			Date of Receipt
Mailing Address SUN Orthopaedic 900 Buffalo Rd	Group		11 02 7 2007
City Lewisburg	State PA	Zip Code	Transaction ID: 26791338
FEC ID number of contributing federal political committee.	C	17837-2800	Amount of Each Receipt this Period 282.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		847.00	
SUBTOTAL of Receipts This Page (option:			1282.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 213 / 328 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	nerican Assoc	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. John Lawrence Marsh, , MD			Date of Receipt
Mailing Address Univ of Iowa Hospita 200 Hawkins Dr	al		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26791339
lowa City	IA	52242-1007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Univ of Iowa	Occupatio Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Robert Brent Blake, , MD			Date of Receipt
Mailing Address Bridger Ortho & Spo 1450 Ellis St Ste 20	1		11 02 7 2007
City	State	Zip Code	Transaction ID: 26791340
Bozeman	MT	59715-8813	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Bridger Orthopaedic and	Occupatio		
Sports Medicin Receipt For:		edic Surgeon	-
Primary General	Aggregate	e Year-to-Date	1
Other (specify) ▼		750.00	
Full Name (Last, First, Middle Initial) Dr. Jacob Allan Goodrich, , MD			Date of Receipt
Mailing Address 1521 Anthony Rd			1 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26795505
<u>Augusta</u>	GA	30904-4821	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Augusta Orthopaedic Clinic	Occupatio Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
			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 214 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Steven Stecker, MD Mailing Address 20 Overbrook Rd City Randolph FEC ID number of contributing federal political committee. Name of Employer Ortho Associates of West Jersey Receipt For: Primary General Other (specify)	State Zip Code NJ 07869-4542 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: 26795507 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. A Herbert Alexander, , MD Mailing Address Alexander Orthopae 100 Hospital Dr Ste City Ketchum FEC ID number of contributing federal political committee. Name of Employer Alexander Orthopaedics, PA Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: 26795508 Amount of Each Receipt this Period 125.00
Full Name (Last, First, Middle Initial) Dr. Richard M Bochner, , MD Mailing Address 2500 Marcus Ave S City New Hyde Park FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NY 11042-1018 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26795509 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional	ıl)	625.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary P	the (crieck only only)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by e name and address of any political cor	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
Political Action Committee of the Am	erican Association of Orthopaedio	c Surgeons
Full Name (Last, First, Middle Initial) Dr. James Kevin Lynch, , MD		Date of Receipt
Mailing Address 1 Church St 4th FI City	State Zip Code	1 1 0 7 2 0 0 7 Transaction ID: 26795510
New Haven	CT 06510-3330	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Initial) Dr. Ajoy K Jana, , MD Mailing Address 15902 Patrick Ave		Date of Receipt
		11 07 2007
City	State Zip Code	Transaction ID: 26795511
<u>Omaha</u>	NE 68116-2430	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Physicians Clinic Sports Med Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Initial) Dr. Ronald S Lederman, , MD		Date of Receipt
Mailing Address 3227 Woodview Lake	Rd	1 1
City	State Zip Code	Transaction ID: 26795512
West Bloomfield FEC ID number of contributing federal political committee.	MI 48323-3572	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
SUBTOTAL of Receipts This Page (optional)	1	1000.00
TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 216 / 328 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. J Craig Paulson, , MD			Date of Receipt
Mailing Address 10245 Fox Run Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Saint Paul	State MN	Zip Code 55129-8524	Transaction ID: 26795515 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Retired	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Charles R Billings. , MD			Date of Receipt
Mailing Address 1430 Tulane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26795516
New Orleans	LA	70112-2632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Tulane University	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Dr. George Monkman, , MD			Date of Receipt
Mailing Address 400 E 5th Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26795517
Spokane	WA	99202-1334	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Rockwood Clinic	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	_
Primary General Other (specify) ▼		1000.00	
			1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 217 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	erican Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. Bill S Barnhill, , MD Mailing Address 7000 W 9th St		Date of Receipt
City	State Zip Code	1 1 0 7 2 0 0 7 Transaction ID: 26795518
<u>Amarillo</u>	TX 79106-1709	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Vishwas R Talwalkar, , MD		Date of Receipt
Mailing Address Shriners Hosp for Ch 1900 Richmond Rd		11 1 0 7 2 0 0 7
City	State Zip Code	Transaction ID: 26795519
Lexington	KY 40502-1204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer University of Kentucky	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. William Keith McKibbin, , MD		Date of Receipt
Mailing Address 129 Skyview Dr		11 07 7 2007
City	State Zip Code	Transaction ID: 26795521
Asheville	NC 28804-2720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Blue Ridge Bone & Joint Clinic, PA	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	. [
Primary General Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 218 / 328 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Stuart A Green, , MD Mailing Address 3771 Katella Ave S	Ste 310		Date of Receipt 1 1 0 7 2 0 0 7
City Los Alamitos FEC ID number of contributing federal political committee.	State CA	Zip Code 90720-3115	Transaction ID: 26795522 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		n edic Surgeon Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Stephen S Haas, , MD Mailing Address 3200 Highland PI N	NW		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20008-3231	Transaction ID: 26795523 Amount of Each Receipt this Period 400.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopae	n edic Surgeon • Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Gregory John Fulchiero, , MD Mailing Address 3000 Fairway Dr			Date of Receipt
City Altoona FEC ID number of contributing federal political committee.	State PA	Zip Code 16602-4472	1 1 0 7 2 0 0 7 Transaction ID: 26795524 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify)		n edic Surgeon Year-to-Date ▼	
SUBTOTAL of Receipts This Page (options	al)		1150.00

ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 219 / 328 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Felix H Savoie, III, MD			Date of Receipt
Mailing Address Dept of Ortho 1430 Tulane Ave S	SL-32		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26795525
New Orleans FEC ID number of contributing federal political committee.	C	70112-2632	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Shepard R Hurwitz, , MD			Date of Receipt
Mailing Address 400 Silver Cedar C	Ct .		M M / D D / Y Y Y Y Y Y 1 1 1 4 2 0 0 7
City Chapel Hill	State NC	Zip Code	Transaction ID: 26820447
FEC ID number of contributing federal political committee.	C	27514-1585	Amount of Each Receipt this Period 500.00
Name of Employer ABOS	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. John N Hall, , MD			Date of Receipt
Mailing Address Atlantic Coast Orth 414 Albemarle Sq	no Specialists		M M / D D / Y Y Y Y 1 1 1 1 4 2 0 0 7
City Charlottesville	State	Zip Code	Transaction ID: 26820450
FEC ID number of contributing federal political committee.	C	22901-7400	Amount of Each Receipt this Period 500.00
Name of Employer Atlantic Coast Ortho Spec- ialists	- ' ' ' ' ' ' ' '	edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	al)		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 220 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to american Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Edward S Holt, , MD Mailing Address 3 Severn Ct City	State Zip Code	Date of Receipt M
Annapolis FEC ID number of contributing federal political committee.	MD 21403-2601	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey L Harris, , MD Mailing Address 10909 Monte Vista	Ct	Date of Receipt 1 1 1 4 2 0 0 7
City Fort Wayne FEC ID number of contributing federal political committee.	State Zip Code IN 46814-9066	Transaction ID: 26820452 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. Steven M Mulawka, , MD Mailing Address St Cloud Ortho Ass 1555 Northway Dr City	Soc State Zip Code	Date of Receipt 1 1 4 2 0 0 7 Transaction ID: 26820453
Saint Cloud FEC ID number of contributing federal political committee.	MN 56303-4555	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1000.00

ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 221 / 328 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	American Associ	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Rosemarie M Morwessel, , MD			Date of Receipt
Mailing Address Azalea Orthos & S 2860B Dauphin St			M M / D D / Y Y Y Y Y 1 1 1 1 1 1 2 0 0 7
City Mobile	State AL	Zip Code 36606-2415	Transaction ID: 26820454 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Azalea Orthopaedics & Spo- rts Medicine Receipt For: Primary General Other (specify) ▼		edic Surgeon Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Stephen Beissinger, , MD Mailing Address 6325 US Hwy 27 N	I Ste 201		Date of Receipt
City	State	Zip Code	Transaction ID: 26820455
Sebring	FL	33870-8226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Melbourne D Boynton, , MD			Date of Receipt
Mailing Address 3 Albert Cree Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rutland	State VT	Zip Code 05701-4601	Transaction ID: 26820456 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	03701 4001	500.00
Name of Employer Vermont Ortho Clinic	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	al)	_	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 222 / 328 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the such as	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Am	nerican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Michael Alan Niles, , MD		Date of Receipt
Mailing Address 1299 Portland Ave S		1 1 1 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26820457
Rochester	NY 14621-2727	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00]
Full Name (Last, First, Middle Initial) Dr. Peter W Mitchell, , MD		Date of Receipt
Mailing Address 2222 E Highland Ste	425	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26820458
Phoenix	AZ 85016-4881	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00]
Full Name (Last, First, Middle Initial) Dr. David E Attarian, , MD		Date of Receipt
Mailing Address Duke Health Ctr Orth 3116 N Duke St	10	1 1 1 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26820956
<u>Durham</u>	NC 27704-2102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Duke University	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line numb	·	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for	se separate schedule(s) reach category of the etailed Summary Page	FOR LINE NUMBER: PAGE 223 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16
A oı	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be name and address	ne sold or used by any person of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Political Action Committee of the Am	erican Association	of Orthopaedic Surge	ons
	Full Name (Last, First, Middle Initial) Dr. Thomas K Fehring, , MD			Date of Receipt
	Mailing Address 1915 Randolph Rd			11 1 14 2007
	City		Zip Code	Transaction ID: 26820957
	Charlotte	NC 2	28207-1101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation Orthopaedic S	Surgeon	
	Receipt For:	Aggregate Year-	-to-Date ▼	
	Primary General Other (specify) ▼	0 0 0	750.00	
	Full Name (Last, First, Middle Initial) Dr. LeRoy Scott Atkins, Jr, MD	-		Date of Receipt
	Mailing Address PO Box 2447			M M / D D / Y Y Y Y Y 1 1 1 4 2 0 0 7
	City		Zip Code	Transaction ID: 26820960
	Tuscaloosa	AL 3	35403-2447	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer University Orthopaedics	Occupation Orthopaedic S	Gurgeon	
	Receipt For:	Aggregate Year-	-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
_	Full Name (Last, First, Middle Initial) Dr. Gary J Roberts, , MD			Date of Receipt
	Mailing Address 1005 S Hemlock St			1 1 1 4 2 0 0 7
	City	State Z	Zip Code	Transaction ID: 26820961
	Iron Mountain	MI 4	49801-3854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Orthopaedic S		
	Receipt For:	Aggregate Year-	-to-Date ▼	
	Primary General Other (specify) ▼	0 0 0	500.00	
				1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 224 / 328 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	nerican Association of Orthopaedic Surgeo	
Dr. Brian E Gunnlaugson, , MD Mailing Address 1257 Laurel View Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Johnstown	State Zip Code PA 15905-1509	Transaction ID: 26820962 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Charles P Schneider, , MD Mailing Address 206 E Elm St		Date of Receipt
	State Zip Code	11 14 2007
City Caldwell	ID 83605-4815	Transaction ID: 26820963 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Vincent lacono, , MD		Date of Receipt
Mailing Address PO Box 30		1 1 1 4 2 0 0 7
City Stoughton	State Zip Code MA 02072-0030	Transaction ID: 26820964
FEC ID number of contributing federal political committee.	MA 02072-0030	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	1550.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 225 / 328 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Thomas E Baier, , MD Mailing Address 725 Stonegate City Libertyville FEC ID number of contributing federal political committee. Name of Employer Greenleaf Orthopedic Receipt For: Primary General Other (specify)	State Zip Code IL 60048-1855 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Kent Jason Lowry, MD Mailing Address 444 E Timber Dr City Rhinelander FEC ID number of contributing federal political committee.	State Zip Code WI 54501-2852	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Northland Orthopedic Associates PC Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey L Zilberfarb, , MD Mailing Address 1101 Beacon St St City	e 5W State Zip Code	Date of Receipt M
Brookline FEC ID number of contributing federal political committee.	MA 02446-5587	Amount of Each Receipt this Period 500.00
Name of Employer Meeks & Zilberfarb Orthopaedics Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 1500.00	
SUBTOTAL of Receipts This Page (options	al)	1500.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(crieck offly offe)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Am		person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Yoo C Ahn, , MD Mailing Address 1800 W 1st St City Elk City FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code OK 73644-3133 C Occupation Orthopaedic Surgeon	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.0	
Full Name (Last, First, Middle Initial) Dr. Kenneth Ortega, , DO Mailing Address Mohawk Vally Orthop 1903 Sunset Ave	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 26820972
Utica FEC ID number of contributing federal political committee.	NY 13502-5617	Amount of Each Receipt this Period 125.00
Name of Employer Mohawk Valley Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0
Full Name (Last, First, Middle Initial) Dr. John J McCrosson, , MD		Date of Receipt
Mailing Address 1077 Groves Manor	Ct	M M / D D / Y Y Y Y Y Y 1 1 1 1 6 2 0 0 7
City	State Zip Code	Transaction ID: 26853274
Mount Pleasant	SC 29464-3576	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Roper St Francis Healthca- re	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.0	0
SUBTOTAL of Receipts This Page (optional)		1225.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 227 / 328 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. James P Jamison, , MD Mailing Address 6470 Tippecanoe R City Canfield FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code OH 44406-9008 C Occupation Orthopaedic Surgeon	Date of Receipt M M
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Dr. Joseph E Mumford, , MD Mailing Address 909 SW Mulvane Si		Date of Receipt 1 1 1 1 6 2 0 0 7
City Topeka FEC ID number of contributing federal political committee.	State Zip Code KS 66606-1677	Transaction ID: 26853276 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. Marc J Rosen, , MD Mailing Address 5605 W Eugle Ste 1	11	Date of Receipt 1 1 1 1 6 2 0 0 7
City	State Zip Code	Transaction ID: 26853278
Glendale FEC ID number of contributing federal political committee.	AZ 85304-1273	Amount of Each Receipt this Period 1000.00
Name of Employer Phoenix Orthopaedic Consultants	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00]
)	1750.00

A.

В.

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 228 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stat or for commercial purposes, other than using the na	ements may ame and ado	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. Frank R Kolisek, , MD	200		Date of Receipt
Mailing Address 5255 E Stop 11 Rd Ste 3	300		111 / 16 / 2007
City	State IN	Zip Code	Transaction ID: 26853279
Indianapolis FEC ID number of contributing federal political committee.	C	46237	Amount of Each Receipt this Period 1000.00
Name of Employer Ortho Indy Receipt For: Primary General Other (specify) ▼	Receipt For: Primary General General Orthopaedic Surgeon Aggregate Year-to-Date ▼		
Full Name (Last, First, Middle Initial) Dr. Laith A Farjo, , MD Mailing Address 1808 Hermitage			Date of Receipt
City	State	Zip Code	11 16 2007
Ann Arbor	MI	48104-4505	Transaction ID: 26853281 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Advanced Orthopaedics	Occupation Orthopae	n dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. William Timothy Ballard, , MD			Date of Receipt
Mailing Address 2415 McCallie Ave			1 1 1 1 6 2 0 0 7
City Chattanooga	State TN	Zip Code 37404-3322	Transaction ID: 26853282 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Chattanooga Ortho Group	Occupation Orthopae	n dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			2250.00

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 229 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16
Ai	ny information copied from such Reports and for commercial purposes, other than using the	Statements may he name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	nerican Assoc	iation of Orthopaedic Surgeo	ons
	Full Name (Last, First, Middle Initial) Dr. Steven J Cusick, , MD	100		Date of Receipt
	Mailing Address 24715 Little Mack Ste	e 100		1 1 1 6 2 0 0 7
	City	State	Zip Code	Transaction ID: 26853283
	Saint Clair Shores	MI	48080-3207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Associated Orthopaedists of Detroit	Occupatio Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. James T Mazzara, , MD			Date of Receipt
	Mailing Address 3 Clermont Park			11 1 16 7 2007
	City	State	Zip Code	Transaction ID: 26853284
	Farmington	<u>CT</u>	06032-1571	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	1000.00	
_	Full Name (Last, First, Middle Initial) Dr. Scott Croft, , MD			Date of Receipt
	Mailing Address 5620 E Bell Rd			11 16 2007
	City	State	Zip Code	Transaction ID: 26853286
	Scottsdale	AZ	85254-5950	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer AZ Bone & Joint Specialis- ts		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		550.00	
		-1		1750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 230 / 328 (check only one) X 11a
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Burrel C Gaddy, , MD Mailing Address Midwest Orthopa		Date of Receipt 1 1 2 0 2 0 7
8800 W 75th St S	State Zip Code	Transaction ID: 26888589
Shawnee Mission	KS 66204-4029	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Midwest Orthopaedics, P.A.	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Louis Edward Seade, , MD Mailing Address 1015 E 32nd St S	ote 505	Date of Receipt
011	7:01	11 20 2007
City Austin	State Zip Code TX 78705-2708	Transaction ID: 26888591
FEC ID number of contributing federal political committee.	TX 78705-2708	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Alan B Thomas, , MD		Date of Receipt
Mailing Address Lakewood Orthop 7308 Bridgeport V	Vay W Ste 201	11 20 7 2007
City Lakewood	State Zip Code WA 98499-8000	Transaction ID: 26888592
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Proliance Surgeons	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	nal)	2000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 231 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma e name and ad	ly not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surge	ons
Δ.	Full Name (Last, First, Middle Initial) Dr. James Emanuel, , MD			Date of Receipt
	Mailing Address 845 N New Ballas Ct	Unit 130		11 20 7 2007
	City Saint Louis	State MO	Zip Code 63141-7169	Transaction ID: 26888593
	FEC ID number of contributing federal political committee.	C	03141-7109	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 250.00	
_ 3.	Full Name (Last, First, Middle Initial) Dr. Steven Brent Smith, , MD			Date of Receipt
	Mailing Address 7321 NE 84th Terrace	9		11 20 2007
	City	State	Zip Code	Transaction ID: 26888594
	Kansas City FEC ID number of contributing federal political committee.	MO C	64157-9584	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_).	Full Name (Last, First, Middle Initial) Dr. Steven Douglas K Ross, , MD			Date of Receipt
	Mailing Address Dept of Orthopaedics Attn: Jackie Krisher			11 20 4 2007
	City Orange	State CA	Zip Code 92868	Transaction ID: 26888595 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer UCI	Occupation	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			1000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 232 / 328 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers to name and address of any political committee to erican Association of Orthopaedic Surger	
Full Name (Last, First, Middle Initial) Dr. Michael B Vessely, , MD Mailing Address 522 Second St City Lake Oswego	State Zip Code OR 97034-3129	Date of Receipt 1 1 2 0 2 0 0 7 Transaction ID: 26888610 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Portland Clinic Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date	1000.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. David W Romness, , MD	1000.00	Date of Receipt
Mailing Address Commonwealth Orthon 1635 N George Masc City Arlington		1 1 2 0 2 2 0 0 7 Transaction ID: 26888611
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Commonwealth Orthopaedics Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. Jan A Koenig, , MD Mailing Address 27 Astro PI		Date of Receipt
City <u>Dix Hills</u> FEC ID number of contributing	State Zip Code NY 11746-5728	Transaction ID: 26888612 Amount of Each Receipt this Period
federal political committee. Name of Employer OELI	Occupation Orthopaedic Surgeon	1000.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. David W Graybill, , MD			Date of Receipt
Mailing Address 2610 Enterprise Dr			1 1 2 0 / Y Y Y Y Y Y
City Anderson	State IN	Zip Code 46013-9684	Transaction ID: 26888613 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Dante A Marra, , MD			Date of Receipt
Mailing Address 10 Medical Park Sto	e 203		11 20 2007
City Wheeling	State WV	Zip Code	Transaction ID: 26888614
FEC ID number of contributing federal political committee.	C	26003-6389	Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Frank P Giammattei, , MD			Date of Receipt
Mailing Address Crozer-Chester Med Professional Office			1 1 2 0 7 Y Y Y Y Y Y
City Upland	State PA	Zip Code 19013	Transaction ID: 26888617
FEC ID number of contributing federal political committee.	C	13010	Amount of Each Receipt this Period 83.33
Name of Employer Premier Orthopaedics	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 916.67	
SUBTOTAL of Receipts This Page (optional	.0		683.33

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 234 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal statements may not be sold or used by any personal the name and address of any political committee to nerican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Van W Johnson, , MD Mailing Address 103 W Saint Clair S City Warren FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code PA 16365-2197 C Occupation Orthopaedic Surgeon	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26888618 Amount of Each Receipt this Period 83.33
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 916.67	
Full Name (Last, First, Middle Initial) Dr. Daryll C Dykes, , MD, PhD Mailing Address 913 E 26th St Ste 60		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Minneapolis FEC ID number of contributing federal political committee.	State Zip Code MN 55404-4515	Transaction ID: 26888620 Amount of Each Receipt this Period 500.00
Name of Employer Twin Cities Spine Center Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. Samuel E Smith, , MD Mailing Address Front Range Orthop 1551 Professional L	n Ste 200	Date of Receipt 1 1 2 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Longmont FEC ID number of contributing federal political committee.	State Zip Code CO 80501-6964 C	Transaction ID: 26888621 Amount of Each Receipt this Period 500.00
Name of Employer Front Range Orthopedic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional		1083.33

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 235 / 328 (check only one) X 11a
,	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	rican Assoc	iation of Orthopaedic Surged	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Joseph G Martin, , MD			Date of Receipt
	Mailing Address 2300 53rd Ave Ste 100) 		11 20 4 2007
	City Bettendorf	State IA	Zip Code 52722-7565	Transaction ID: 26888622
	FEC ID number of contributing federal political committee.	C	32722-7303	Amount of Each Receipt this Period 500.00
	Name of Employer ORA	Occupation Orthopa	on edic Surgeon	7
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Alan Joseph Graves, , MD Mailing Address 37026 US Hwy 19 N			Date of Receipt
				11 20 2007
	City Palm Harbor	State FL	Zip Code 34684-1109	Transaction ID: 26888623
	FEC ID number of contributing federal political committee.	C	54004-1109	Amount of Each Receipt this Period 250.00
	Name of Employer Orthopaedic Specialists	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00]
_ C.	Full Name (Last, First, Middle Initial) Dr. Richard B Islinger, , MD			Date of Receipt
	Mailing Address 8 Hollycroft			1 1 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26890771
	Linwood FEC ID number of contributing federal political committee.	NJ C	08221-2163	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Orthopa	on edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	. '	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		1000.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 236 / 328 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	g the name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Richard W Barth, , MD Mailing Address 2021 K St Ste 400			Date of Receipt 1 1 2 7 2 0 0 7
City Washington FEC ID number of contributing	State DC	Zip Code 20006-1009	Transaction ID: 26890772 Amount of Each Receipt this Period 250.00
Name of Employer Washington Orthopaedics & Sports Med Receipt For: Primary Other (specify) ▼	Occupation Orthopae	n dic Surgeon Year-to-Date ▼]
Full Name (Last, First, Middle Initial) Dr. Timothy A Garvey, , MD Mailing Address Twin Cities Spine 0 913 E 26th St Ste 6	600		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26890773
Minneapolis FEC ID number of contributing federal political committee.	C	55404-4515	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary Other (specify)		n dic Surgeon Year-to-Date ▼	1
Full Name (Last, First, Middle Initial) Dr. Mark R Wilson, , MD			Date of Receipt
Mailing Address 5315 Elliott Dr Ste	202		11 27 2007
City	State	Zip Code	Transaction ID: 26890776
Ypsilanti FEC ID number of contributing federal political committee.	C	48197-8634	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed		dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (options	al)		1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 237 / 328 (check only one) X
	d Statements may not be sold or used by any person the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	merican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Nicholas M Halikis, , MD		Date of Receipt
Mailing Address 23456 Hawthorne B		11 27 2007
City	State Zip Code	Transaction ID: 26890777
Torrance	CA 90505-4716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Charles H Alexander, , MD		Date of Receipt
Mailing Address 5549 Green Oak Dr		11 27 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26890778
Los Angeles	CA 90068-2501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3000.00	
Full Name (Last, First, Middle Initial) Dr. Stephan B Lowe, , MD		Date of Receipt
Mailing Address 170 Kimel Park Dr		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City	State Zip Code	Transaction ID: 26890779
Winston Salem	NC 27103-6946	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Orthopaedic Specialist Inc	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00]
		2250.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 238 / 328 (check only one) X 11a
NAME OF COMMITTEE (In Full)	rts and Statements may not be sold or used by any persusing the name and address of any political committee to the American Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Michael Shay Womack, , MD Mailing Address 270 Chastain F City Kennesaw FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code GA 30144-3012 C Occupation Orthopaedic Surgeon	Date of Receipt M M M 27 2007 Transaction ID: 26890780 Amount of Each Receipt this Period 1000.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Bert G Tardieu, , MD Mailing Address 240 San Jose	St	Date of Receipt 1 1 2 7 2 0 0 7
City Salinas FEC ID number of contributing federal political committee.	State Zip Code CA 93901-3901 C	Transaction ID: 26890781 Amount of Each Receipt this Period 500.00
Name of Employer Precision Orthopaedics Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Ron Clark, , MD Mailing Address 211 N Eddy St		Date of Receipt 1 1 2 7 2 0 0 7
City South Bend FEC ID number of contributing	State Zip Code IN 46617-2808	Transaction ID: 26890782 Amount of Each Receipt this Period 1000.00
federal political committee. Name of Employer Valparaiso Orthopedic Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (or	tional)	2500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 239 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Political Action Committee of the An	nerican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. James Albert Nunley, II, MD		Date of Receipt
Mailing Address Duke Univ Med Ctr Box 2923		11 27 2007
City Durham	State Zip Code NC 27710-0001	Transaction ID: 26890783 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Duke University Medical Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Russell C Linton, , MD		Date of Receipt
Mailing Address 670 Leigh Dr PO Box 9069		11 27 7 2007
City Columbus	State Zip Code MS 39705-3014	Transaction ID: 26890784
FEC ID number of contributing federal political committee.	C 39703-3014	Amount of Each Receipt this Period 500.00
Name of Employer Columbus Orthopaedic Clin- ic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Brian S S Claytor, , MD		Date of Receipt
Mailing Address 6831 Cutter Ct		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26890785
Tuscaloosa FEC ID number of contributing federal political committee.	AL 35406-4020	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		2000.00
TOTAL This Period (last page this line numb	·	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 240 / 328 (check only one) X 11a
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to American Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. C Martin Persons, , MD Mailing Address 1604 Hospital Pk	y Ste 402	Date of Receipt
City	State Zip Code	1 1 2 7 2 0 0 7 Transaction ID: 26890786
Bedford FEC ID number of contributing federal political committee.	TX 76022-6932	Amount of Each Receipt this Period
Name of Employer Self Employed Receipt For: Primary General	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Other (specify) Full Name (Last, First, Middle Initial)	1000.00	
Dr. John T Gorczyca, , MD Mailing Address Univ of Rochester 601 Elmwood Ave		Date of Receipt 1 1 2 8 2 0 0 7
City Rochester FEC ID number of contributing	State Zip Code NY 14642-0001	Transaction ID: 26890790 Amount of Each Receipt this Period 1000.00
federal political committee. Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Christopher Patrick Piller, , MD		Date of Receipt
Mailing Address 118 S Cloudview		11 28 2007
City Rome	State Zip Code GA 30161-3913	Transaction ID: 26890791 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	2250.00

TOTAL This Period (last page this line number only)

ITEMIZED RECE	EIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from for commercial purpose	om such Reports and Statement es, other than using the name ar	ts may not be sold or used by any persond address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITT Political Action Co	, ,	ssociation of Orthopaedic Surged	ons
Full Name (Last, First, Dr. Joseph Thomas Joh			Date of Receipt
	65 Old West Broad St g 2 Ste 200		11 28 7 9 9 9
City	Sta GA	<u>'</u>	Transaction ID: 26890792
Athens FEC ID number of cor federal political commi	ntributing	A 30606-2853	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed		upation nopaedic Surgeon	
Receipt For: Primary Other (specify)	General	regate Year-to-Date ▼ 250.00	
Full Name (Last, First, Dr. Martin Boublik, , MD	<u>,</u>		Date of Receipt
Mailing Address 820	00 E Belleview Ave Ste 615)	11 28 2007
City	Sta	•	Transaction ID: 26890801
Greenwood Village FEC ID number of cor federal political commi	ntributing) 80111-2808	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed		upation nopaedic Surgeon	
Receipt For: Primary Other (specify)	General	regate Year-to-Date ▼ 500.00	
Full Name (Last, First, Dr. Gregg Cavaliere, , N			Date of Receipt
Mailing Address 24	Saw Mill River Rd Ste 206		1 1 2 8 2 0 0 7
City <u>Hawthorne</u>	Sta NY		Transaction ID: 26890802
FEC ID number of cor federal political commi	ntributing	10532-1555	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed		upation nopaedic Surgeon	
Receipt For: Primary Other (specify)	General	regate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts	This Page (optional)		1000.00

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 242 / 328 (check only one) X 11a
Ai	for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any personness of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	nerican Associ	ation of Orthopaedic Surgeo	ons
_	Full Name (Last, First, Middle Initial) Dr. Thomas J Ditkoff, , MD	D.10: 100		Date of Receipt
	Mailing Address 6900 Orchard Lake	Rd Ste 103		11 28 2007
	City	State	Zip Code	Transaction ID: 26890803
	West Bloomfield	MI	48322-3424	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	400.00]
	Full Name (Last, First, Middle Initial) Dr. Eric Duniway Hoffman, , MD			Date of Receipt
	Mailing Address 33 Sewall St PO Box 1260			11 28 7 2007
	City	State	Zip Code	Transaction ID: 26890804
	Portland	ME	04102-2603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Orthopaedic Associates of	Occupation		
	Portland		edic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_
	Other (specify)		500.00	
	Full Name (Last, First, Middle Initial) Dr. Brett L Feldman, , MD			Date of Receipt
	Mailing Address 5427 SW Anhinga A	venue		1 1 2 8 2 0 0 7
	City	State	Zip Code	Transaction ID: 26890807
	Palm City	FL	34990-4009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Florida Ortho Specialists	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00]
	UBTOTAL of Receipts This Page (optional			900.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 243 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Timothy S Johnson, , MD			Date of Receipt
	Mailing Address Johns Hopkins Orthor 4924 Campbell Blvd S		ery	11 28 4 2007
	City	State	Zip Code	Transaction ID: 26890808
	Baltimore FEC ID number of contributing federal political committee.	C	21236-5912	Amount of Each Receipt this Period 500.00
	Name of Employer Johns Hopkins	Occupation	n edic Surgeon	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 500.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Bruce Marc Fishbane, , MD Mailing Address 603 Village Blvd Ste 3	800		Date of Receipt
				11 30 2007
	City West Palm Beach	State FL	Zip Code	Transaction ID: 26891846
	FEC ID number of contributing federal political committee.	C	33409-1973	Amount of Each Receipt this Period
	Name of Employer Palm Beach Orthopaedic As- sociates	Occupation Orthopa	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00]
С. С.	Full Name (Last, First, Middle Initial) Dr. Thomas H Flesher, III, MD			Date of Receipt
	Mailing Address 3301 NW 50th St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26891847
	Oklahoma City FEC ID number of contributing federal political committee.	OK C	73112-5627	Amount of Each Receipt this Period 1000.00
	Name of Employer Orthopaedic Associates	Occupation Orthopa	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional) .	1		1600.00
	TOTAL This Period (last page this line number	r only)	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 244 / 328 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persor he name and address of any political committee to sherican Association of Orthopaedic Surgeor	
	Terroratives contained of Critiopacule Gargeon	
Full Name (Last, First, Middle Initial) Dr. Paul H Steinfield, , MD		Date of Receipt
Mailing Address 3110 Grant Ave		1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26891848
Philadelphia	PA 19114-2542	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Muscle Bone & Joint Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Jefferson C Brand, Jr, MD		Date of Receipt
Mailing Address 1500 Irving		1 1 3 0 2 0 0 7
City	State Zip Code	Transaction ID: 26894181
Alexandria	MN 56308-2515	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Alexandria Orthopaedic As- sociates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. David L Cohen, , MD		Date of Receipt
Mailing Address 1855 Powder Mill Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26894182
<u>York</u>	PA 17402-4723	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer OSS	Occupation Orthopaedic Surgeon	1
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 245 / 328 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the such as	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the Ar	nerican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Bert C Callahan, , MD		Date of Receipt
Mailing Address 705 S University Ave		11 30 7 2007
City	State Zip Code WI 53916-3071	Transaction ID: 26894185
Beaver Dam FEC ID number of contributing federal political committee.	WI 53916-3071	Amount of Each Receipt this Period 1000.00
Name of Employer Beaver Dam Orthopaedic Cl- inic	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3000.00	
Full Name (Last, First, Middle Initial) Dr. John C Richmond, , MD		Date of Receipt
Mailing Address New England Baptis 125 Parker Hill Ave	<u> </u>	11 30 7 2007
City	State Zip Code	Transaction ID: 26894186
Roxbury Crossing FEC ID number of contributing federal political committee.	MA 02120-2847	Amount of Each Receipt this Period 500.00
Name of Employer New England Baptist Hospi- tal	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	1
Other (specify)	1000.00	
Full Name (Last, First, Middle Initial) Dr. Kevin W Lanighan, , MD	1	Date of Receipt
Mailing Address 5527 Pine Loch Ln		1 1 3 0 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26894188
<u>Buffalo</u>	NY 14221-2851	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	2500.00
	er only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 246 / 328 (check only one) X 11a
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Dr. Ronald Alan Summers, , MD Mailing Address 1108 Dresser Ct City Raleigh FEC ID number of contributing federal political committee. Name of Employer Capital Orthopaedics Receipt For:	State Zip Code NC 27609-7328 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Felasfa M Wodajo, , MD Mailing Address 5530 Wisconsin Av	1000.00 e Ste 1660	Date of Receipt
City Chevy Chase FEC ID number of contributing federal political committee.	State Zip Code MD 20815-4322	Transaction ID: 26894191 Amount of Each Receipt this Period 100.00
Name of Employer Summit Ortho Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 350.00	
Full Name (Last, First, Middle Initial) Dr. John W Xerogeanes, , MD Mailing Address 265 Trimble Crst NI City	State Zip Code GA 30342-2489	Date of Receipt 1 2 1 9 2 0 0 7 Transaction ID: 27024642
Atlanta FEC ID number of contributing federal political committee. Name of Employer	C Occupation	Amount of Each Receipt this Period 500.00
Name of Employer Emory University Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date 1000.00]
SUBTOTAL of Receipts This Page (optional	l)	1600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 247 / 328 (check only one) X 11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persole name and address of any political committee to erican Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Jeff Alan Traub, , MD Mailing Address 215 Bright Water Cov City Alpharetta FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip Code GA 30022-8021 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date	Date of Receipt 1 2 1 9 2 0 0 7 Transaction ID: 27024643 Amount of Each Receipt this Period 500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Uwe R Pontius, , MD	500.00	Date of Receipt
Mailing Address 19 Auburn PI City San Antonio FEC ID number of contributing federal political committee.	State Zip Code TX 78209-4739	Transaction ID: 27024644 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Rajiv Puri, , MD Mailing Address 8517 SvI Box City	State Zip Code	Date of Receipt M M D D 2 0 0 7
Victorville FEC ID number of contributing federal political committee.	CA 92395-5126	Amount of Each Receipt this Period
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		1750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 248 / 328 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	rican Assoc	iation of Orthopaedic Surgeo	ons
∠ A .	Full Name (Last, First, Middle Initial) Dr. John A Iceton, , MD			Date of Receipt
	Mailing Address 2927 Park Plaza Ln St	е В		12 19 2007
	City	State	Zip Code	Transaction ID: 27024646
	Port Arthur	TX	77642-5516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopa	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00]
- В.	Full Name (Last, First, Middle Initial) Dr. Danton S Dungy, , MD	l		Date of Receipt
	Mailing Address 1450 S Dobson Rd Ste	e B-122		12 / 19 / 2007
	City	State	Zip Code	Transaction ID: 27024647
	Mesa	AZ	85202-4712	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Oasis Orthopaedics	Occupation		
	·		edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
С.	Full Name (Last, First, Middle Initial) Dr. David R Mauerhan, , MD	•		Date of Receipt
	Mailing Address Carolinas Med Ctr Dept of Orthopaedic S			12 19 2007
	City Charlotte	State NC	Zip Code	Transaction ID: 27024675
	FEC ID number of contributing federal political committee.	C	28232	Amount of Each Receipt this Period 250.00
	Name of Employer Carolinas Medical Center	Occupation	on edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00]
	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line number	only)		

City Baltimore FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) FEC ID number of contributing federal political committee. Primary Other (specify) State City State Sta	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 249 / 328 (check only one) X 11a
A. Dr. Bruce Wolock, MD Mailing Address 8564 Leisure Hill Dr City State Zip Code Baltimore MD 21208-1740 FEC ID number of contributing federal political committee. Name of Employer Beneral Other (specify) ▼ Cocupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ Transaction ID: 27024679 Amount of Each Receipt this Peric 250 Date of Receipt Amount of Each Receipt this Peric 250 Date of Receipt Tor: Amount of Each Receipt this Peric 250 Date of Receipt In 250 Transaction ID: 27024678 Amount of Each Receipt this Peric 250 Transaction ID: 27024678 Amount of Each Receipt In 250 Transaction ID: 27024678 Amount of Each Receipt In 250 Date of Receipt In 250 Date of Receipt In 250 Transaction ID: 27024679 Amount of Each Receipt In 250 Transaction ID: 27024679 Amount of Each Receipt In 250 Transaction ID: 27024679 Amount of Each Receipt In 250 Transaction ID: 27024679 Amount of Each Receipt In 250 Date of Receipt In 250 Date of Receipt In 250 Transaction ID: 27024679 Amount of Each Receipt In 250 Transaction ID: 27024679 Amount of Each Receipt In 250 Transaction ID: 27024679 Amount of Each Receipt In 250 Transaction ID: 27024679 Amount of Each Receipt In 250 Transaction ID: 27024679 Amount of Each Receipt In 250 Transaction ID: 27024679 Amount of Each Receipt In 250 Transaction ID: 27024679 Amount of Each Receipt In 250 Transaction ID: 27024679 Amount of Each Receipt In 250 Transaction ID: 27024679 Amount of Each Receipt In 250 Transaction ID: 27024679	NAME OF COMMITTEE (In Full)		
Receipt For:	Dr. Bruce Wolock, MD Mailing Address 8564 Leisure Hill Dr City Baltimore FEC ID number of contributing federal political committee.	MD 21208-1740	1 2 1 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Date of Receipt Mailing Address 2391 Court Dr Ste 120 City State Zip Code NC 28054-2196 FEC ID number of contributing federal political committee. Name of Employer Southeastern Orthopaedics Primary General Other (specify) ▼	Receipt For: Primary General Other (specify)	Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Gastonia NC 28054-2196 Amount of Each Receipt this Peric FEC ID number of contributing federal political committee. Name of Employer Southeastern Orthopaedics Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Dr. James C Kelly., MD City State Zip Code New London FEC ID number of contributing federal political committee. Name of Employer Self Employer Receipt For: Aggregate Year-to-Date ▼ Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Dr. Kathryn A Caulfield, , MD	20	M M M / D D / Y Y Y Y
Name of Employer Southeastern Orthopaedics Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. James C Kelly, MD Mailing Address 59 Faire Harbour Pl City State Zip Code New London FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00 Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Gastonia	NC 28054-2196	Amount of Each Receipt this Period
Receipt For: Primary General 1000.00	federal political committee. Name of Employer	Occupation	500.00
Dr. James C Kelly, MD Mailing Address 59 Faire Harbour PI City State Zip Code New London CT 06320-4739 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Date of Receipt Transaction ID: 27024679 Amount of Each Receipt this Period State Single State Single State Single Sing	Primary General	Aggregate Year-to-Date ▼	
City State Zip Code New London CT 06320-4739 Amount of Each Receipt this Period State	Dr. James C Kelly, , MD		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: Primary General Aggregate Year-to-Date	City	State Zip Code	
Receipt For: Primary General Aggregate Year-to-Date Foo oo	FEC ID number of contributing		Amount of Each Receipt this Period 500.00
Primary General 500.00	Name of Employer Self Employed	,	
	Primary General		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 250 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee t merican Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Richard M Wilk, , MD Mailing Address Lahey Clinic 41 Mall Rd City Burlington FEC ID number of contributing federal political committee.	State Zip Code MA 01805-0001 C	Date of Receipt M M M
Name of Employer Lahey Clinic Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Dr. Frank P Giammattei, , MD Mailing Address Crozer-Chester Med Professional Office I		Date of Receipt M M D D 7 Y Y Y Y Y Y Y Y Y
Upland FEC ID number of contributing federal political committee. Name of Employer	PA 19013 C Occupation	Amount of Each Receipt this Period 83.33
Name of Employer Premier Orthopaedics Receipt For: Primary General Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Van W Johnson, , MD Mailing Address 103 W Saint Clair S	t	Date of Receipt
City Warren	State Zip Code PA 16365-2197	Transaction ID: 27024682 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Employed	Occupation October 15 Common 15 Comm	83.33
Receipt For: Primary General Other (specify)	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	416.66

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 251 / 328 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	American Associ	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Felasfa M Wodajo, , MD			Date of Receipt
Mailing Address 5530 Wisconsin A	ve Ste 1660		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chevy Chase	State MD	Zip Code 20815-4322	Transaction ID: 27024683 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.0	100.00
Name of Employer Summit Ortho	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr. Daniel Paul Mass, , MD			Date of Receipt
Mailing Address 5841 S Maryland MC3079			M M / D D / Y Y Y Y Y Y 1 9 1 9 2 0 0 7
City <u>Chicago</u>	State IL	Zip Code 60637-1447	Transaction ID: 27024684
FEC ID number of contributing federal political committee.	C	00037-1447	Amount of Each Receipt this Period 500.00
Name of Employer Univ of Chicago	Occupation Orthopae	n edic Surgeon	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. Daryl L Kirkby, , MD			Date of Receipt
Mailing Address 2905 W Warner R	d Ste 19		M M / D D / Y Y Y Y Y 1 1 2 1 9 2 0 0 7
City	State	Zip Code	Transaction ID: 27024685
Chandler	AZ	85224-1674	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Arizona Orthopaedic Surgi- cal Specialis Receipt For:		n edic Surgeon e Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	500.00	
SUBTOTAL of Receipts This Page (option	l l l l l l l l l l l l l l l l l l l		1100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 252 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American		
Full Name (Last, First, Middle Initial) Dr. James Spiegel, , MD Mailing Address 1662 Dominican Way City Santa Cruz FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CA 95065-1522 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 550.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Steven Aaron Shapiro, , MD Mailing Address 1714 W Anklam Ste 1 City Tucson FEC ID number of contributing federal political committee. Name of Employer Saguaro Orthopedic Associates	State Zip Code AZ 85745-2690 C Occupation Orthopaedic Surgeon	Date of Receipt M M
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. James F Cole, , MD Mailing Address 530 Iowa Ave SE Ste City Huron FEC ID number of contributing federal political committee.	Aggregate Year-to-Date 1000.00 107 State Zip Code SD 57350-2800 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional) .		1700.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 253 / 328 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Political Action Committee of the A	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Stephen B Sexson, MD Mailing Address 18051 River Ave S City	te 100	Zip Code	Date of Receipt M
Noblesville FEC ID number of contributing federal political committee.	C	46062-7093	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		n edic Surgeon • Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. William J Krywicki, , MD Mailing Address 1000 E Mountain D)r		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27025153
Wilkes Barre	PA	18711-0027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Geisinger Health Systems		edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Peter S Harvey, , MD	•		Date of Receipt
Mailing Address 130 N Cove Dr			12 21 2007
City	State	Zip Code	Transaction ID: 27025154
Peachtree City FEC ID number of contributing federal political committee.	GA C	30269-4221	Amount of Each Receipt this Period 1000.00
Name of Employer Resurgens Orthopaedics	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (options			2250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 254 / 328 (check only one) X
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame			
\ <u>/</u> \.	Full Name (Last, First, Middle Initial) Dr. Kenneth J Kress, , MD Mailing Address 5671 Peachtree Dunw	oody Rd NE		Date of Receipt
	Ste 700	State	Zip Code	1 2 2 1 2 0 0 7 Transaction ID: 27025156
	Atlanta	GA	30342-5000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Resurgens PC	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	. ' 	e Year-to-Date ▼ 2000.00	
 B.	Full Name (Last, First, Middle Initial) Dr. C Michael Morris, , MD Mailing Address 2606 Boddie PI	1		Date of Receipt
	City	State	Zip Code	12 21 2007
	City Duluth	GA	30097-7491	Transaction ID: 27025158 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30007 7401	1000.00
	Name of Employer Resurgens Orthopaedics	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
. –	Full Name (Last, First, Middle Initial) Dr. Edward A Stokel, , MD	1		Date of Receipt
	Mailing Address PO Box 616			12 21 2007
	City Petoskey	State MI	Zip Code 49770-0616	Transaction ID: 27025159 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	, '	e Year-to-Date ▼ 1000.00	
s	BUBTOTAL of Receipts This Page (optional)	1		2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 255 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Association of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Giles R Scuderi, , MD		Date of Receipt
Mailing Address Insall Scott Kelly In 210 East 64th St 4t		12 21 2007
City	State Zip Code	Transaction ID: 27025161
New York	NY 10065-7471	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Rives Coleman Chalmers, , MD		Date of Receipt
Mailing Address 800 Pollard Rd A3		12 21 2007
City Los Gatos	State Zip Code CA 95032-1415	Transaction ID: 27025162
FEC ID number of contributing federal political committee.	C 33032-1413	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Donald K Matthews, , MD		Date of Receipt
Mailing Address PO Box 2194		12 21 2007
City	State Zip Code	Transaction ID: 27025163
Granite Bay	CA 95746-2194	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Kaiser Permanente	Occupation Orthopaedic Surgeon	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional	ıl)	1500.00
	ber only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 256 / 328 (check only one) X
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surge	ons
Α.	Full Name (Last, First, Middle Initial) Dr. David Lawrence Bankoff, , MD			Date of Receipt
	Mailing Address 53880 Carmichael Dr			12 21 2007
	City South Bend	State IN	Zip Code 46635-1567	Transaction ID: 27025164
	FEC ID number of contributing federal political committee.	C	40033-1307	Amount of Each Receipt this Period 1000.00
	Name of Employer South Bend Orthopaedics	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
_ В.	Full Name (Last, First, Middle Initial) Dr. Scott G Kleiman, MD	1		Date of Receipt
	Mailing Address 1216 Timberland Dr			12 21 2007
	City	State	Zip Code	Transaction ID: 27025165
	Marietta FEC ID number of contributing federal political committee.	GA C	30067-5123	Amount of Each Receipt this Period
	Name of Employer Resurgens Orthopaedics	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_ C.	Full Name (Last, First, Middle Initial) Glenn J Jonas, , MD			Date of Receipt
	Mailing Address 270 Chastain Road			1 2 2 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 27025166
	Kennesaw FEC ID number of contributing federal political committee.	GA C	30144-3012	Amount of Each Receipt this Period 500.00
	Name of Employer Resurgens Orthopaedics	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			2500.00
t	TOTAL This Period (last page this line number		<u> </u>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 257 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	erican Assoc	iation of Orthopaedic Surgeo	ons
∠ A .	Full Name (Last, First, Middle Initial) Dr. Scott Gunnar Quisling, , MD			Date of Receipt
	Mailing Address 758 Old Norcross Rd	Ste 100		12 21 2007
	City Lawrenceville	State GA	Zip Code 30045-3386	Transaction ID: 27025167
	FEC ID number of contributing federal political committee.	C	30043-3380	Amount of Each Receipt this Period 1000.00
	Name of Employer Resurgens Orthopedics	Occupatio Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 1250.00	
– В.	Full Name (Last, First, Middle Initial) Dr. Mary Johanna Albert, , MD Mailing Address 758 Old Norcross Rd	Ste 100		Date of Receipt
			7. 0.	12 21 2007
	City Lawrenceville	State GA	Zip Code 30045-3386	Transaction ID: 27025168 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Resurgens Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
_ C.	Full Name (Last, First, Middle Initial) Dr. Mark S McBride, , MD			Date of Receipt
	Mailing Address 1285 Hembree Rd Ste	e 200-A		M M / D D / Y Y Y Y Y 1 1 2 1 2 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 27025169
	Roswell FEC ID number of contributing federal political committee.	GA C	30076-4995	Amount of Each Receipt this Period 500.00
	Name of Employer Resurgens Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			2500.00
t	TOTAL This Period (last page this line numbe		<u> </u>	

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 258 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any info	ormation copied from such Reports and St ommercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) Itical Action Committee of the Amer	ican Assoc	iation of Orthopaedic Surgeo	ons
A. <u>Dr. A</u>	Name (Last, First, Middle Initial) Angelo DiFelice, Jr, MD			Date of Receipt
Maili	ng Address Resurgens Orthopaedic 1285 Hembree Rd Ste 2			1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 27025170
Ros	swell	GA	30076-4995	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		500.00
Nam Res	le of Employer urgens Orthopaedics	Occupatio Orthopae	n edic Surgeon	
Rece	eipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Name (Last, First, Middle Initial) Thomas L Dopson, , MD			Date of Receipt
Maili	ng Address 1457 Garmon Ferry Rd			12 21 2007
City		State	Zip Code	Transaction ID: 27025171
<u>Atla</u>	ınta	GA	30327-3839	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		500.00
Nam Res	le of Employer urgens Orthopaedics	Occupatio Orthopae	n edic Surgeon	
Rece	eipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Name (Last, First, Middle Initial) David Goodman, , MD			Date of Receipt
Maili	ng Address 1336 W Hwy 54 Bldg 5	00		12 21 2007
City		State	Zip Code	Transaction ID: 27025172
<u>Fay</u>	etteville	GA	30214-4535	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		1000.00
	le of Employer urgens Orthopaedics		edic Surgeon	
Rece	eipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
SUBTO	TAL of Receipts This Page (optional)			2000.00
	This Period (last page this line number of		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 259 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Political Action Committee of the Ame	erican Association of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. Scott A Meyer, , MD		Date of Receipt
Mailing Address Iowa Orthopaedic Cer 411 Laurel St Ste 330	0	12 21 2007
City Des Moines	State Zip Code IA 50314-3027	Transaction ID: 27025181
FEC ID number of contributing federal political committee.	C 30314-3027	Amount of Each Receipt this Period 500.00
Name of Employer Iowa Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Shepard R Hurwitz, , MD Mailing Address 400 Silver Cedar Ct	l	Date of Receipt
		12 21 2007
City Chapel Hill	State Zip Code NC 27514-1585	Transaction ID: 27025183
FEC ID number of contributing federal political committee.	C 27514-1365	Amount of Each Receipt this Period 600.00
Name of Employer ABOS	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	1600.00	
Full Name (Last, First, Middle Initial) Dr. Thomas M McQuail, , MD		Date of Receipt
Mailing Address 4125 Oberon Dr		12 21 2007
City	State Zip Code	Transaction ID: 27025184
Smyrna FEC ID number of contributing federal political committee.	GA 30080-5201	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional) .		2100.00
TOTAL This Period (last page this line numbe	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 260 / 328 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the American Committe	Statements may not be sold or used by any per e name and address of any political committee erican Association of Orthopaedic Surg	
Full Name (Last, First, Middle Initial) Stephen B James, , DO Mailing Address 1100 Northside Forsy City Cumming FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code GA 30041-6020 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date 500.00	Date of Receipt 1 2 2 1 2 0 0 7 Transaction ID: 27025185 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Thomas D Meade, , MD Mailing Address OAA Orthopaedic Spe 250 Cetronia Rd Ste 3 City Allentown FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:		Date of Receipt 1 2 2 1 2 0 0 7 Transaction ID: 27025186 Amount of Each Receipt this Period 1500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Mark Shannon Lawler, , MD Mailing Address 4000 Civic Center Dr City San Rafael FEC ID number of contributing federal political committee.	Ste 205 State Zip Code CA 94903-5233 C	Date of Receipt M M J Z 1 Z 0 0 7 Transaction ID: 27025187 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .		2500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 261 / 328 (check only one) X
\	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Political Action Committee of the Ame	e name and add	dress of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Freddy A Achecar, Jr, MD Mailing Address 2041 Mesa Valley Wa	y Ste 100		Date of Receipt
	City Austell	State GA	Zip Code 30106-6828	Transaction ID: 27025188 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30100-0020	250.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	, , , 	n edic Surgeon e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Matthew John Weresh, , MD Mailing Address Des Moines Orthpaed 6001 Westown Pkwy	ic Surgeons		Date of Receipt 1 2 2 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 27025189
	West Des Moines FEC ID number of contributing federal political committee.	C	50266-7702	Amount of Each Receipt this Period 1000.00
	Name of Employer Des Moines Orthopedic Sur- geons Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	, '	edic Surgeon e Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Dr. Robert S Wetmore, , MD Mailing Address 1579 Straits Tpke Ste	E1		Date of Receipt 1 2 2 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 27025190
	Middlebury FEC ID number of contributing federal political committee.	CT	06762-1835	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		1500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 262 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any per ising the name and address of any political committee the American Association of Orthopaedic Surge	
Full Name (Last, First, Middle Initial) Dr. Paul Plattner, , MD Mailing Address 2300 N Vermili	on St	Date of Receipt 1 2 2 1 2 0 0 7
City Danville	State Zip Code IL 61832-1735	Transaction ID: 27025191 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Carle Clinic Receipt For: Primary General Other (specify)	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. Jeff Aaron Fox, , MD Mailing Address 6585 S Yale St		Date of Receipt
City	State Zip Code	Transaction ID: 27025192
Tulsa FEC ID number of contributing federal political committee.	OK 74136-8315	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Kent A Reinker, , MD		Date of Receipt
Mailing Address Univ TX Hlth S 7703 Floyd Cu	ci Ctr at San Antoni I Dr MC 7774	12 21 2007
City <u>San Antonio</u>	State Zip Code TX 78229-3901	Transaction ID: 27025193 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Univ TX HIth Sci Ctr at San Antonio	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (or	tional)	1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 263 / 328 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Charles Kelly Safley, , MD			Date of Receipt
Mailing Address 4466 W Bristol Rd			12 21 2007
City Flint	State MI	Zip Code 48507-3170	Transaction ID: 27025195 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Thomas E Kilkenny, Jr, MD			Date of Receipt
Mailing Address 1165 S Dora St Ste	e C 1		12 21 YYYY 12 21
City Ukiah	State CA	Zip Code 95482-6353	Transaction ID: 27025196 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90402-0000	100.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Jose A Collazo-Bonilla, , MD			Date of Receipt
Mailing Address EDIF Prof Hospital	Menonita Ste 3	0	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Aibonito	State PR	Zip Code 00705	Transaction ID: 27025197
FEC ID number of contributing federal political committee.	C	00705	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional			850.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 264 / 328 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Daniel J Daluga, , MD			Date of Receipt
Mailing Address 4601 Penelope Ct			12 21 2007
City West Lafayette	State IN	Zip Code 47906-5740	Transaction ID: 27026512 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Donald C Faust, , MD			Date of Receipt
Mailing Address 2633 Napoleon Ave	e Ste 600		12 21 2007
City	State	Zip Code	Transaction ID: 27026514
New Orleans FEC ID number of contributing federal political committee.	C	70115-7425	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. David M Lindgren, , MD			Date of Receipt
Mailing Address 8001 Chesshire Ln	N		1 2 2 1 2 0 0 7
City Maple Grove	State MN	Zip Code 55311-2211	Transaction ID: 27026516 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33311-2211	250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	J)		1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 265 / 328 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the A	merican Associ	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Charles M Ware, , MD			Date of Receipt
Mailing Address 270 E Day Rd Ste 2	200		12 21 2007
City Mishawaka	State IN	Zip Code 46545-3444	Transaction ID: 27026518 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40040-0444	500.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Randall Montgomery Anderson, , MD			Date of Receipt
Mailing Address 314 E 4th Ave			12 21 2007
City	State	Zip Code	Transaction ID: 27026519
Rome FEC ID number of contributing federal political committee.	GA C	30161-3252	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Thomas Rodman Merritt, , MD			Date of Receipt
Mailing Address 520 S Van Buren R	d Ste 1		M M / D D / Y Y Y Y Y Y 1 2 0 0 7
City Eden	State NC	Zip Code 27288-5019	Transaction ID: 27026522
FEC ID number of contributing federal political committee.	C	2/286-5019	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
			1500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 266 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	is and Statements may not be sold or used by any persioning the name and address of any political committee to e American Association of Orthopaedic Surger	
Full Name (Last, First, Middle Initial) Dr. Joseph Harhay, , MD Mailing Address 611 New Rd City Northfield FEC ID number of contributing federal political committee.	State Zip Code NJ 08225-1669	Date of Receipt 1 2 2 1 2 0 0 7 Transaction ID: 27026524 Amount of Each Receipt this Period
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gordon C Kammire, , MD Mailing Address 510 Emergency	Dr	Date of Receipt 1 2 2 1 2 0 0 7
City Lexington FEC ID number of contributing federal political committee.	State Zip Code NC 27292-6804	Transaction ID: 27026527 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For:	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. David W Shenton, Jr, MD Mailing Address 3134 Sycamore	Ln	Date of Receipt 1 2 2 1 2 0 0 7
City	State Zip Code	Transaction ID: 27026529
Billings FEC ID number of contributing federal political committee.	MT 59102-0524	Amount of Each Receipt this Period 250.00
Name of Employer Montana Orthopaedic & Spo- rts Medicine	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (op	ional)	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 267 / 328 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A OI	ny information copied from such Reports and for commercial purposes, other than using the	Statements mane name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Am	erican Assoc	iation of Orthopaedic Surged	ons
	Full Name (Last, First, Middle Initial) Dr. Phillip R Bacilla, Jr, MD			Date of Receipt
	Mailing Address 6424 Taylor Oaks			12 21 2007
	City	State	Zip Code	Transaction ID: 27026532
	Alexandria	LA	71301-2772	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mid-State Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. John G Lunt, , MD			Date of Receipt
	Mailing Address Hand Center of West 35 Tamarack Ave	ern CT		M M / D D / Y Y Y Y Y Y 1 1 2 1 2 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 27026533
	<u>Danbury</u>	CT	06811-4959	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Dr. Charles A Roth, , MD			Date of Receipt
	Mailing Address 4541 N Davis Hwy S	te A		12 21 2007
	City	State	Zip Code	Transaction ID: 27026535
	Pensacola	FL	32503-2733	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼		500.00	
Г	SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 268 / 328 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	not be sold or used by any persedress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		aroo or arry pointed committee to	
Political Action Committee of the Am	erican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. J Kevin Horn, , MD			Date of Receipt
Mailing Address 9062 N Point Dr			12 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27026536
Beach City	TX	77520-8311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Peter W Gilmer, , MD			Date of Receipt
Mailing Address 3211 Moore's Mill Rd			1 2 2 1 Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27026538
Rougemont	NC	27572-7539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼	0 0	600.00	
Full Name (Last, First, Middle Initial) Dr. Mark Phillips Altman, , MD			Date of Receipt
Mailing Address 1 Church St			1 2 1 1 2 0 0 7
City	State	Zip Code	Transaction ID: 27218899
New Haven	CT	06510-3348	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		0.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:		Year-to-Date ▼	[MEMO ITEM]
Primary General		500.00	Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$50-
Other (specify) ▼			I 000
SUBTOTAL of Receipts This Page (optional)			450.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 269 / 328 (check only one) 11a 11b 11c 12 13 14 X 15 16 1
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee to merican Association of Orthopaedic Surgeo	
Full Name (Last, First, Middle Initial) Northern Trust Company		Date of Receipt
Mailing Address 50 S. LaSalle St. City	State Zip Code	0 7 2 3 2 0 0 7 Transaction ID: 26339714
Chicago	IL 60675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1351.23
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1351.23	Refund bank fees from aff- iliated organization
Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons		Date of Receipt
Mailing Address 6300 N River Road		08 10 2007
City	State Zip Code	Transaction ID: 26410938
Rosemont	IL 60018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	522.03
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	11237.99	Reimb bank fees from affi- liated organization
Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons		Date of Receipt
Mailing Address 6300 N River Road		09 17 2007
City Rosemont	State Zip Code IL 60018	Transaction ID: 26536959
	.= 000.0	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	369.05
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 11607.04	Refund bank fees from Aff- iliated Organization
SUBTOTAL of Receipts This Page (optional)	2242.31

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 270 / 328 (check only one) 11a 11b 11c 12 13 14 X 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to merican Association of Orthopaedic Surgeon	solicit contributions from such committee.
1 ontical Action committee of the Al	merican Association of Orthopaedic Jurgeon	10
Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons		Date of Receipt
Mailing Address 6300 N River Road		10 19 2007
City	State Zip Code	Transaction ID: 26771064
Rosemont	IL 60018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1137.99
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	12745.03	Refund bank fees from aff- iliated organization
Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons		Date of Receipt
Mailing Address 6300 N River Road		M M / D D / Y Y Y Y Y 1 1 1 1 3 2 0 0 7
City	State Zip Code	Transaction ID: 26812631
Rosemont	IL 60018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1859.92
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	14604.95	Refund of bank fees from affiliated organization
Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons		Date of Receipt
Mailing Address 6300 N River Road		1 2 2 1 2 0 0 7
City	State Zip Code	Transaction ID: 27027505
Rosemont	IL 60018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1545.23
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 16150.18	Refund of bank fees from affiliated organization
SUBTOTAL of Receipts This Page (optional	l)	4543.14
	ber only)	6785.45

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		RECEIPTS for each category of the Detailed Summary Page			
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may he name and addr	not be sold or used by any perso ess of any political committee to	13 14 15 16 > on for the purpose of soliciting contributions a solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
Political Action Committee of the Am	nerican Associa	tion of Orthopaedic Surged	ons		
Full Name (Last, First, Middle Initial) Northern Trust Company			Date of Receipt		
Mailing Address 50 S. LaSalle St.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 26497662		
Chicago	IL	60675	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		300.08		
Name of Employer	Occupation				
Receipt For:	Aggregate \	Year-to-Date ▼	\dashv		
Primary General	7 tggi ogato		Bank interest		
Other (specify) ▼	0 0	1651.31			
Full Name (Last, First, Middle Initial) Northern Trust Company			Date of Receipt		
Mailing Address 50 S. LaSalle St.			0 9 3 0 Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 26720599		
Chicago	<u> </u>	60675	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		1955.39		
Name of Employer	Occupation				
Receipt For:	Aggregate	Year-to-Date ▼	\dashv		
Primary General	Aggregate		Bank Interest Received		
Other (specify) ▼		3606.70	Jank morest reserved		
Full Name (Last, First, Middle Initial) Northern Trust Company			Date of Receipt		
Mailing Address 50 S. LaSalle St.			M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1		
City	State	Zip Code	Transaction ID: 26798146		
Chicago	IL	60675	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		33.97		
Name of Employer	Occupation		7		
Receipt For:	Aggregate \	Year-to-Date ▼	_		
Primary General	7.59.09410		Interest on bank account		
Other (specify) ▼	0 0	6891.04			
SUBTOTAL of Receipts This Page (optional)	1		2289.44		

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 272 / 328 (check only one) 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
• • • • • • • • • • • • • • • • • • • •	nerican Association of Orthopaedic Surge	eons
Full Name (Last, First, Middle Initial) Northern Trust Company		Date of Receipt
Mailing Address 50 S. LaSalle St.		10 01 7 2007
City	State Zip Code	Transaction ID: 26798148
Chicago	IL 60675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3250.37
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		Interest on bank account
Other (specify)	6857.07	
Full Name (Last, First, Middle Initial) Northern Trust Company		Date of Receipt
Mailing Address 50 S. LaSalle St.		1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 26930445
Chicago	IL 60675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	32.88
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General		Interest received on bank
Other (specify) ▼	10312.90	account
Full Name (Last, First, Middle Initial) Northern Trust Company		Date of Receipt
Mailing Address 50 S. LaSalle St.		11 01 2007
City	State Zip Code	Transaction ID: 26930447
Chicago	IL 60675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3388.98
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		Interest earned on bank
Other (specify) ▼	10280.02	account
NIPTOTAL (D Till D (. ii l)		6672.23

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements ma name and ad	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any persidress of any political committee to	FOR LINE NUMBER: PAGE 273 / 328 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions of solicit contributions from such committee.
	Political Action Committee of the Amer Full Name (Last, First, Middle Initial)	ican Assoc	iation of Orthopaedic Surgeo	
Α.	Northern Trust Company Mailing Address 50 S. LaSalle St.	0	7.01	Date of Receipt 1 2 0 3 2 0 0 7
	City	State	Zip Code	Transaction ID: 27124409
	Chicago	<u> </u>	60675	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		3625.30
	Name of Employer	Occupatio	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 13938.20	Interest received on bank account
В.	Full Name (Last, First, Middle Initial) Northern Trust Company			Date of Receipt
	Mailing Address 50 S. LaSalle St.			12 31 7 2007
	City	State	Zip Code	Transaction ID: 27124411
	Chicago	IL	60675	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		33.97
	Name of Employer	Occupatio	n	7
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 13972.17	Interest received on bank account

SUBTOTAL of Receipts This Page (optional)	•	3659.27
TOTAL This Period (last page this line number only)	<u> </u>	12620.94

	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS		Use se	Use separate schedule(s) for each category of the			<u> </u>					328
			Detailed	d Summary Page		X 21b 27	22 28a	23 28b	24 28		25 29	
		ed from such Reports and Sposes, other than using the										3
N	IAME OF COM	MITTEE (In Full) Committee of the Amo							223.			
	ull Name (Last, Northern Trust	First, Middle Initial) Company						ction ID:		323		
N	Mailing Address	50 S. LaSalle St.					0 7	/ ^D O	6 /	^Y 2	0 ŏ 7	7 ^Y
	City Chicago		State IL	Zip Code 60675			Amour	t of Each	Disburs			
	Purpose of Disbu	rsement ed from account			Г	001	<u> </u>				658.3	2
_	Candidate Name	iod nom docodin			Ca	ategory/ Type						
	Office Sought:	Senate President	sbursement For: Primary Other (sp	General pecify)			Bank f accour	ees ded it	ucted f	rom		
	State: Full Name (Last.	District: First, Middle Initial)					T	ation In	00070	400		
	Northern Trust						Date of	ction ID: Disburse	ement	438		
N	Mailing Address	50 S. LaSalle St.					07	/ ^D 2	6 /	^Y 2	0 ŏ 7	7 ^Y
	City Chicago		State IL	Zip Code 60675			Amoun	t of Each	Disburs	semen	t this F	Perio
В	Purpose of Disbu Bank fees deduct Candidate Name	rsement ed from account			Ca	001 ategory/					133.4	8
	Office Sought:	House Dis	sbursement For: Primary Other (sp	General pecify)		Туре	Bank f accour	ees ded it	ucted f	rom		
F		First, Middle Initial)						ction ID: Disburse		666		
N	Mailing Address	50 S. LaSalle St.					08	/ DO	6 /	^Y 2	0 ŏ 7	7 ^Y
	City Chicago		State IL	Zip Code 60675			Amour	t of Each	Disburs			
	Purpose of Disbu Bank fees deduct	rsement ed from account			Ī	001	L.			;	388.5	5
_	Candidate Name				Ca	ategory/ Type						
Ċ	Office Sought:	House Dis	sbursement For: Primary Other (sp	General pecify) ▼			Bank f accour	ees ded it	ucted f	rom		
S	State:	District:	(0)	, , , ∀								
			ional)								80.3	_

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 275 / 328
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) 22
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		d by any person f	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the American	n Association of Orthopa	edic Surgeons	3
Full Name (Last, First, Middle Initial)			
Northern Trust Company			Transaction ID: 26497664 Date of Disbursement
Mailing Address 50 S. LaSalle St.			$\begin{bmatrix} \begin{smallmatrix} M & R & M \\ O & R & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} $
City Chicago	State Zip Code IL 60675		Amount of Each Disbursement this Period
Purpose of Disbursement		ia.	175.00
Bank fees deducted from account Candidate Name		001 Category/ Type	
Senate President	ment For: Primary General Other (specify)		Bank fees deducted from account
State: District:			
Full Name (Last, First, Middle Initial) Northern Trust Company			Transaction ID: 26536191 Date of Disbursement
Mailing Address 50 S. LaSalle St.			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} & / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 6 \end{smallmatrix} \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
City Chicago	State Zip Code IL 60675		Amount of Each Disbursement this Period
Purpose of Disbursement Bank fees deducted from account		001	194.05
Candidate Name		001 Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		Bank fees deducted from account
State: District:			
Full Name (Last, First, Middle Initial) Northern Trust Company			Transaction ID: 26633918 Date of Disbursement
Mailing Address 50 S. LaSalle St.			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & G \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Q & O & O & T \end{smallmatrix} \end{bmatrix}$
•	State Zip Code IL 60675		Amount of Each Disbursement this Period
Purpose of Disbursement Bank fees deducted from account		001	323.09
Candidate Name		Category/ Type	
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City State Zip Code Chicago IL 60675 Purpose of Disbursement Bank fees deducted from account Candidate Name Disbursement For: Office Sought: House Disbursement For: Disbursement Fo	o y 7 Y
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contrib or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such comm NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) Northern Trust Company Mailing Address 50 S. LaSalle St. City State Zip Code Chicago Purpose of Disbursement Bank fees deducted from account Candidate Name Office Sought: House Disbursement For: Bank fees deducted from Disbursement For: Bank fees deducted from Disbursement For: Bank fees deducted from Bank fees deducted from	outions nittee
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City State Zip Code Amount of Each Disbursement Chicago IL 60675	
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Mailing Address 50 S. LaSalle St.	0 0 7
City State Zip Code Amount of Each Disbursement Chicago IL 60675	t this Period
Purpose of Disbursement Bank fees deducted from account 001	370.35
Candidate Name Category/ Type	
Office Sought: House Senate Primary Other (specify) State: Disbursement For: Primary Other (specify) Other (specify) Bank fees deducted from account	
SUBTOTAL of Disbursements This Page (optional)	
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Political Action Committee	•	ciation of Orthopa	edic Surgeon	s
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City Charleston	State WV	Zip Code 25339		Amount of Each Disbursement this Perio
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Full Name (Last, First, Middle Initial) Ben Cardin For Senate Mailing Address P.O. Box 21093					Trans Date		sburs				0 ŏ 7	Y
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Mailing Address Post Office Box 12469 City	State Zip Code				0 7	ınt o		Diek	OUISS		0 0 7	
Atlanta Purpose of Disbursement	GA 30355						Luoi	DISC	Jul 301	-	00.00	-
Candidate Name Sen. Saxby Chambliss		C	01 ateg Typ	ory/								
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Pallone For Congress					- 1	Date o	f Disburs	emen			v	
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	Mailing Address 205 South 5th Ave Suite 428					0 7		L	1 2	L		0 0 7	
	City La Crosse	State Zip Code WI 54601				Amou	ınt o	f Eacl	h Dis	burse	ment	this F	eriod
	Purpose of Disbursement			01	1		-	_			25	500.0)
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	Matheson For Congress					Date		isburs	seme			Y	Υ
	Mailing Address PO Box 521048 Suite A					0 7			2 0	L	2	0 ŏ 7	
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NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Association of Orthopa	edic Surgeons	
Full Name (Last, First, Middle Initial) Friends Of John Barrasso			Transaction ID: 26275982 Date of Disbursement
Mailing Address 6896 Casper Mountain	Rd		$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} Y$
City Casper	State Zip Code WY 82601		Amount of Each Disbursement this Period
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Candidate Name		Category/ Type	
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State: District: Full Name (Last, First, Middle Initial)			Transaction ID: 26275974
New Democrat Coalition PAC (NDC PAC)		Date of Disbursement
Mailing Address 607 14th Street, NW Suite 800			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$
City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Period
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Candidate Name		Category/ Type	
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Full Name (Last, First, Middle Initial) Dutch Ruppersberger For Congress			Transaction ID: 26342356 Date of Disbursement
Mailing Address 22 West Padonia Road	Suite C-141		$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 & 7 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 7 & Y \end{bmatrix}$
City Timonium	State Zip Code MD 21093		Amount of Each Disbursement this Period
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<u> </u>	Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congression	nal Campa	aign								: 263	42357	,	
	Mailing Address PO Box 12612							0 ^M 7	M /	^D 2	27	Y	ž 0 ŏ	7 ^Y
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	Mailing Address PO Box 12567							0 8	M /	D (2	Υ	ž 0 ŏ	7 ^Y
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons Full Name (Last, First, Middle Initial) America Works Committee Mailing Address 607 14th Street N.W. Suite 800 City Washington DC 20005 Purpose of Disbursement Office Sought: House President Disbursement For: Senate Primary General Purpose of Disbursement Candidate Name Office Sought: X House Senate Primary General President Senate President Other (specify) ▼ Full Name (Last, First, Middle Initial) Nathan Deal For Congress Mailing Address PO Box 902 City Gainesville GA 30503 Purpose of Disbursement Candidate Name Office Sought: X House President Other (specify) ▼ Full Name (Last, First, Middle Initial) Nathan Deal For Congress Mailing Address 499 South Capitol Street, SW #414 City Washington DC 20003 Purpose of Disbursement Other (specify) ▼ Transaction ID: 26563749 Date of Disbursement his Period Category/ Type Transaction ID: 26563749 Date of Disbursement Disbursement Disbursement For: Date of Disbursement Disbursement Disbursement Senate President Disbursement Category Type Full Name (Last, First, Middle Initial) AMERIPAC: The Fund For A Greater America Mailing Address 499 South Capitol Street, SW #414 City Washington DC 20003 Purpose of Disbursement Office Sought: House President Disbursement For: Primary General President President President Disbursement Tor: Primary General President President President Disbursement For: Primary General President President President Disbursement Tor: Primary General President President Disbursement Tor: Primary General President President Disbursement Tor: Primary General President Disbursement Tor: Primary General President Disbursement Tor: Primary General President Disbursement Tor: Primary General President Disbursement Tor: Primary General President Disbursement Tor: Primary General President Disburse		Detailed Summary Page		Ì	21b [27	22 28a		28b		28c		29	2 3
Full Name (Last, First, Middle Initial) America Works Committee Mailing Address 607 14th Street N.W. Suite 800 City Washington DC 20005 Purpose of Disbursement Office Sought: House President President State: District: Full Name (Last, First, Middle Initial) Nathan Deal For Congress Mailing Address PO Box 902 City Gainesville GA 30503 Purpose of Disbursement Office Sought: X House GA 30503 Purpose of Disbursement Office Sought: Y House Ganeral Disbursement Office Sought: Transaction ID: 26563749 Date of Disbursement Office Sought: Transaction ID: 26563749 Date of Disbursement Office Sought: Transaction ID: 26563749 Date of Disbursement Office Sought: Transaction ID: 26563749 Date of Disbursement Office Sought: Transaction ID: 26563749 Date of Disbursement Office Sought: Transaction ID: 26563749 Date of Disbursement Office Sought: Transaction ID: 26563749 Date of Disbursement Office Sought: Transaction ID: 26563749 Date of Disbursement Office Sought: Transaction ID: 26563749 Date of Disbursement Office Sought: Transaction ID: 26563749 Date of Disbursement Office Sought: Transaction ID: 26563749 Date of Disbursement Office Sought: Transaction ID: 26563749 Date of Disbursement ID: 2000 Transaction ID: 26563749 Date of Disbursement Office Sought: Transaction ID: 26563749 Date of Disbursement ID: 2000 Transaction ID: 26563749 Date of Disbursement ID: 2000 Transaction ID: 26563749 Date of Disbursement ID: 2000 Transaction ID: 26563521 Date of Disbursement Office Sought: Transaction ID: 26564521 Date of Disbursement Office Sought: House Disbursement For: Transaction ID: 26564521 Date of Disbursement ID: 2500.00 Office Sought: House Disbursement For: Transaction ID: 26564521 Date of Disbursement Office Sought: House Disbursement For: Transaction ID: 26564521 Date of Disbursement ID: 26564521 Date of Disbursement ID: 26564521 Date of Disbursement ID: 26564521 Date of Disbursement ID: 26564521 Date of Disbursement ID: 26564521 Date of Disbursement ID: 26564521 Date of Disbursement ID: 26564521	or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)	me and address of any politica	l comr	nitte	ee to so	licit cont							
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Candidate Name Rep. Joseph R. Pitts		Category/ Type	
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State: PA District: 16 Full Name (Last, First, Middle Initial)			Transaction ID: 26746554
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Full Name (Last, First, Middle Initial) Ciro D. Rodriguez For Congress			Transaction ID: 26746556 Date of Disbursement
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Full Name (Last, First, Middle Initial) Kendrick Meek Campaign For Congress		Transaction ID: 26746557 Date of Disbursement
Mailing Address 111 Nw 183rd Street Suite 325		10 M / 24 / Y 2007
City Miami	State Zip Code FL 33169	Amount of Each Disbursement this Perio
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Rep. Kendrick B. Meek		Туре
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State: FL District: 17 Full Name (Last, First, Middle Initial)		T ID 00740500
Tim Murphy For Congress		Transaction ID: 26746560 Date of Disbursement
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City Pttsburgh	State Zip Code PA 15234	Amount of Each Disbursement this Perio
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Candidate Name Rep. Tim F. Murphy	.	ategory/ Type
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State: PA District: 18 Full Name (Last, First, Middle Initial)		Transaction ID: 26746566
Coleman For Senate 08		Date of Disbursement 10 24 2007
Mailing Address 680 Transfer Road, Su	te A	10 24 2007
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	Mailing Address 607 14th Street Suite 800	N.W.						1 1	IVI		0 7	<u> </u>	2	0 ŏ 7	
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	Mailing Address PO Box 32025				11 07 2007
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<u> </u>	Full Name (Last, First, Middle Initial) Mark Pryor For Us Senate Mailing Address PO Box 2720					Trans Date		sburs				0 ŏ 7	Y
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	Candidate Name Sen. Mary L. Landrieu			ateg Typ	ory/ e								
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•	Full Name (Last, First, Middle Initial) Hall For Congress Committee (Ralph Hall Mailing Address Post Office Box 711	- Rockwall				Trans Date		sburs	seme			0 ŏ 7	, Y
	City Rockwall	State Zip Code TX 75087				Amou	ınt o	f Eac	h Dis	burse	emen	t this F	Period
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_	Full Name (Last, First, Middle Initial)					Trans	sacti	on IF): 26	9356	35		
	Frelinghuysen For Congress					Date						Y	Y
	Mailing Address 19 Cattano Ave					1 2			1 0		2	0 Ď 7	
	Morristown	State Zip Code NJ 07960				Amou	ınt o	f Eac	h Dis	burse		t this F	-
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	Full Name (Last, First, Middle Initial) Kirk For Congress					Trans Date	of D	sburs	seme				
	Mailing Address P.O. Box 8					1 ^M 2	М	/ D	1 0		ž	0 ŏ 7	, Y
	City Winnetka	State Zip Code IL 60093				Amou	ınt o	f Eac	h Dis	burse	emen	t this F	Period
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NAME OF COMMITTEE (In Full)	and address of any pointed of		
Political Action Committee of the America	n Association of Orthopaedi	Surgeons	
Full Name (Last, First, Middle Initial)		Transac	tion ID: 26935633
BRIDGE PAC		L M L M	Disbursement / D D / Y Y Y Y
Mailing Address 499 South Capitol Stree Suite 412	t, SW	1 2	10 / 2007
City Washington	State Zip Code DC 20003	Amount o	of Each Disbursement this Period
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Candidate Name	C	ategory/ Type	
	ement For:		
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Lautenberg For Senate			Disbursement
Mailing Address Riverfront Plaza Station PO Box 200596		12	10 1 0 Y 2 0 0 7 Y
City Newark	State Zip Code NJ 07102	Amount o	of Each Disbursement this Period
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Candidate Name Sen. Frank R. Lautenberg	C	ategory/ Type	
ÿ	ement For: 2008		
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Full Name (Last, First, Middle Initial) Heath Shuler For Congress			tion ID: 26990554 Disbursement
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Mailing Address PO Box 8446		12	13 2007
City Asheville	State Zip Code NC 28814	Amount	of Each Disbursement this Perio
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Rep. Heath Shuler		Type	
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	ny Information copied from such Reports and Stater for commercial purposes, other than using the nam			
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	Full Name (Last, First, Middle Initial) Heath Shuler For Congress			Transaction ID: 26990555 Date of Disbursement
	Mailing Address PO Box 8446			12 13 2007
	City Asheville	State Zip Code NC 28814		Amount of Each Disbursement this Period
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	Candidate Name Rep. Heath Shuler		011 Category/ Type	
	Senate X President	ement For: 2008 Primary General Other (specify)		
	State: NC District: 11 Full Name (Last, First, Middle Initial)			Transaction ID: 27020829
	American Express			Date of Disbursement
	Mailing Address Suite 0001			1 2 0 7 Y 2 0 0 7 Y
	City Chicago	State Zip Code IL 60679-0001		Amount of Each Disbursement this Period
	Purpose of Disbursement In-kind contribution to Charles A. Gonzalez		011	430.47
	Candidate Name Rep. Charles A. Gonzalez		Category/ Type	
		ement For: 2008 Primary General Other (specify)		In-kind contribution to Charles A. Gonzalez
	Full Name (Last, First, Middle Initial) Texas Freedom Fund			Transaction ID: 27024528 Date of Disbursement
	Mailing Address PO Box 6136			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Alexandria	State Zip Code VA 22306		Amount of Each Disbursement this Period
	Purpose of Disbursement		011	2000.00
	Candidate Name		Category/ Type	
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Full Name (Last, First, Middle Initial) Rely on Your Beliefs Fund Mailing Address 1736 E Sunshine Suite 913 City Springfield Purpose of Disbursement Candidate Name Office Sought: House Disbu	State Zip Code MO 65804	011 Category/ Type	Transaction ID: 27024549 Date of Disbursement M M M / D D D / Y Y Y O O T Amount of Each Disbursement this Period 5000.00
Senate President State: District: Full Name (Last, First, Middle Initial) Searchlight Leadership Fund Mailing Address 422 C Street, NE Lower Level	Primary General Other (specify)		Transaction ID: 27024543 Date of Disbursement 12
City Washington Purpose of Disbursement Candidate Name Office Sought: House Senate President	State Zip Code DC 20002	011 Category/ Type	Amount of Each Disbursement this Period 5000.00
State: District: Full Name (Last, First, Middle Initial) Friends Of Max Baucus Mailing Address PO Box 586 City Helena Purpose of Disbursement Candidate Name Sen. Max Baucus Office Sought: House x Senate President State: MT District:	State Zip Code MT 59624 sement For: 2008 Primary X General Other (specify)	011 Category/ Type	Transaction ID: 27024532 Date of Disbursement M M / D D D / Y Y Y O Y Y Amount of Each Disbursement this Period 2500.00
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	, .	First, Middle Initial) For Dave Obey						Date	saction ID: of Disburse	ment	2	
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	City Vausau			State W I	Zip Code 54402			Amou	int of Each	Disbursen		
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Mailin	g Address 255 South 17	th Street			12 2 2 1 2 2 0 0 7
	delphia	State PA	Zip Code 19103		Amount of Each Disbursement this Perio
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	ame (Last, First, Middle Initial) n For All Of Us	1			Transaction ID: 27024533 Date of Disbursement
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	date Name Fred Upton			Category/ Type	
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	ame (Last, First, Middle Initial) to the Future	1			Transaction ID: 27024544 Date of Disbursement
Mailin	g Address 499 South Ca #107	pitol Street, SW			12
City Was	hington	State DC	Zip Code 20003		Amount of Each Disbursement this Perio
Purpo	se of Disbursement			011	5000.00
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	City Washington	State Zip Code DC 20036					Amou	ınt o	f Eacl	h Dis	burse	men	t this F	Period
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	Candidate Name Sen. Charles E. Grassley		L	0 ate	gory/	1								
	9 🗎 –	ement For: 2010 Primary General Other (specify)	ıl											
	Full Name (Last, First, Middle Initial) The Bluegrass Committee						Trans Date		isburs	seme		23		
	Mailing Address 400 North Capitol Stree Suite 585	t, NW					^M 2	М	/ D	21	/ Y	ž	0 ŏ 7	, ^Y
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Full Name (Last, First, Middle Initial) America Works Committee Mailing Address 607 14th Street N.W. Suite 800 City Washington Purpose of Disbursement	State Zip Code DC 20005	011	Transaction ID: 27024526 Date of Disbursement M M M D 2 1 Y Y Y O 7 Y Amount of Each Disbursement this Period 2500.00
Candidate Name Office Sought: House Senate President State: District:	sement For: Primary General Other (specify) ▼	O11 Category/ Type	
Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERIC) PAC Mailing Address 25 East Main Street Suite 200			Transaction ID: 27024524 Date of Disbursement
City Richmond Purpose of Disbursement Candidate Name Office Sought: House Senate President	State Zip Code VA 23219 sement For: Primary General Other (specify)	011 Category/ Type	Amount of Each Disbursement this Period 3500.00
State: District: Full Name (Last, First, Middle Initial) DANPAC Mailing Address 1088 Bishop Street Suite 1009 City Honolulu Purpose of Disbursement Candidate Name Office Sought: House Senate	State Zip Code HI 96813 sement For: Primary General	011 Category/ Type	Transaction ID: 27024550 Date of Disbursement M M M D D D D Y Y Y O Y Y Amount of Each Disbursement this Period 5000.00
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	Full Name (Last, First, Middle Initial) Independent Action Inc. Mailing Address 1619 13th Street, NW City Washington Purpose of Disbursement	State Zip Code DC 20009				Trans Date 1 2	of D	isburs	emer 2 1	nt / N	Ž emen	0 ° 7 t this P	eriod
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	Full Name (Last, First, Middle Initial) Committee For A Democratic Future						Trans	of D	isburs	emer				
	Mailing Address 25 Roydon Road						1 ^M 2	М	[/] 2	2 1	/ L	ž	0 ŏ 7	Y
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<u> </u>	Full Name (Last, First, Middle Initial) Silver State 21st Century PAC Mailing Address 3069 Conquista Court					Trans Date	of Di	sburs			53 Ž 0 (Ď 7 [°]	
	City Las Vegas Purpose of Disbursement	State Zip Code NV 89121	Īг	01	1	Amou	int o	Each	n Disb	oursen	nent thi	-	iod
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Α.	Full Name (Last, First, Middle Initial) Lincoln Davis For Congress					Date o	of Disb	ursem				
	Mailing Address PO Box 350					1 ^M 2	M /	^D 2 1		ž) Ď 7	Y
	City Jamestown	State Zip Code TN 38556				Amou	nt of E	ach Di	isburse			
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В.	Full Name (Last, First, Middle Initial) Wyoming Values PAC					Date o	of Disb	ursem			W.°	V
	Mailing Address PO Box 1665				12 / 21 / 2007				<u> </u>			
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page (check only 21b [NUMBER: PAGE 328 / 328 y one) 22					
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons							
Full Name (Last, First, Middle Initial) Dr. Mark Phillips Altman, , MD Mailing Address 1 Church St		Transaction ID: 27124436 Date of Disbursement 12					
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