

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street)

317 Massachusetts Avenue, NE

1st Floor

Check if different than previously reported. (ACC)

Washington

DC

20002

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00343137

3. IS THIS REPORT

x

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

x July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

01

01

2005

through

06

30

2005

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

Type or Print Name of Treasurer

James G. Davis, MD

Signature of Treasurer

Electronically Filed by James G. Davis, MD

Date

07

26

2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: ^M01 ^D01 ^Y2005 To: ^M06 ^D30 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		206675.01
(b) Cash on Hand at Beginning of Reporting Period	206675.01	
(c) Total Receipts (from Line 19)	564730.89	564730.89
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	771405.90	771405.90
<hr/>		
7. Total Disbursements (from Line 31)	256961.95	256961.95
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	514443.95	514443.95
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: ^M01 ⁻01 ⁻2005 To: ^M06 ⁻30 ⁻2005

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	506790.00	506790.00
(ii) Unitemized	50195.00	50195.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	556985.00	556985.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	556985.00	556985.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	7745.89	7745.89
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	564730.89	564730.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	564730.89	564730.89

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	7961.95	7961.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	7961.95	7961.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	202000.00	202000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	2000.00	2000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	2000.00	2000.00
29. Other Disbursements.....	45000.00	45000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	256961.95	256961.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	256961.95	256961.95

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	556985.00	556985.00
34. Total Contribution Refunds (from Line 28(d))	2000.00	2000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	554985.00	554985.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7961.95	7961.95
37. Offsets to Operating Expenditures (from Line 15, page 3)	7745.89	7745.89
38. Net Operating Expenditures (subtract Line 37 from Line 36)	216.06	216.06

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

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

FOR LINE NUMBER: PAGE 6 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Frances A Farley, MD		Date of Receipt M / D / Y 01 / 21 / 2005
Mailing Address Taubman Ctr 2B12 Box 032B 1500 E Medical Ctr Dr		Transaction ID: 20929252
City Ann Arbor	State MI	Zip Code 48109-0328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Stephen Edward Faust, MD		Date of Receipt M / D / Y 01 / 21 / 2005
Mailing Address 1 Taney Ave		Transaction ID: 20929271
City Annapolis	State MD	Zip Code 21401-2711
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer The Orthopaedic & Sports Medicine Cent	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Bratt B Greenly, MD		Date of Receipt M / D / Y 01 / 21 / 2005
Mailing Address 4115 North Medical Center Dr		Transaction ID: 20928872
City Fayetteville	State NY	Zip Code 13068-6638
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 385

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Joseph T Moskal, MD		Date of Receipt M / D / Y 01 / 21 / 2005
Mailing Address 4084 Postal Dr, SW PO Box 21369		Transaction ID: 20929270
City Roanoke	State VA	Zip Code 24018-6438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Roanoke Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Linda J Rasmussen, MD		Date of Receipt M / D / Y 01 / 21 / 2005
Mailing Address 849 Kanaha St		Transaction ID: 20929178
City Kailua	State HI	Zip Code 96734-1941
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Windward Ortho Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William P Rix, MD		Date of Receipt M / D / Y 01 / 21 / 2005
Mailing Address 55 Audubon Way		Transaction ID: 20929179
City Auburn	State NH	Zip Code 03032-5109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 385
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Vernon T. Tol. , MD		Date of Receipt M / D / Y 01 / 21 / 2005
Mailing Address Children's Hosp 4650 Sunset Blvd MS#69		Transaction ID: 20929253
City Los Angeles	State CA	Zip Code 90027-6062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Children's Hospital Los Angeles	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. George Stephen Friik , MD		Date of Receipt M / D / Y 01 / 24 / 2005
Mailing Address 9301 Golf Rd Ste 101		Transaction ID: 20928830
City Des Plaines	State IL	Zip Code 60016-1600
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Joel T. Jeffries , MD		Date of Receipt M / D / Y 01 / 24 / 2005
Mailing Address 1401 S Purdy Lane		Transaction ID: 20928831
City Columbia	State MO	Zip Code 65201-9847
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Robert A Ruggiero, MD		Date of Receipt M / D / Y 01 / 24 / 2005
Mailing Address 288 Lancaster Ave Ste 200		Transaction ID: 20928828
City Malvern	State PA	Zip Code 19355-3256
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas J Dennis, Jr, MD		Date of Receipt M / D / Y 01 / 26 / 2005
Mailing Address 7099 Scenic Hwy		Transaction ID: 20929567
City Pensacola	State FL	Zip Code 32504-6842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Nicholas T Gates, MD		Date of Receipt M / D / Y 01 / 26 / 2005
Mailing Address 500 Thomas More Pkwy		Transaction ID: 20929804
City Crestview Hills	State KY	Zip Code 41017-5454
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Richard Ian Goldberger, MD		Date of Receipt M / D / Y 01 / 26 / 2005
Mailing Address 5108 N Armenia Ave, #4		Transaction ID: 20931395
City Tampa	State FL	Zip Code 33603-1433
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Floyd R. Jaggars, MD		Date of Receipt M / D / Y 01 / 26 / 2005
Mailing Address 2795 Millstone Plantation Rd		Transaction ID: 20931389
City Tallahassee	State FL	Zip Code 32312-3881
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Tallahassee Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Randeep S. Kahlon, MD		Date of Receipt M / D / Y 01 / 26 / 2005
Mailing Address 4745 Oglethorpe-Stanton Rd, #225		Transaction ID: 20929838
City Newark	State DE	Zip Code 19713-2087
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer First State Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
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FOR LINE NUMBER: PAGE 11 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Dennis Jay Kvidera, MD		Date of Receipt M / D / Y Y Y Y 01 / 26 / 2005
Mailing Address 1800 E Jefferson Ste 400		Transaction ID: 20930006
City Seattle	State WA	Zip Code 98122-5647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas A Lombardo, Jr, MD		Date of Receipt M / D / Y Y Y Y 01 / 26 / 2005
Mailing Address 8750 Transit Road Ste 105		Transaction ID: 20931442
City East Amherst	State NY	Zip Code 14051-2610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John H Mahon, MD		Date of Receipt M / D / Y Y Y Y 01 / 26 / 2005
Mailing Address 3225 N Civic Center Plaza #1		Transaction ID: 20929830
City Scottsdale	State AZ	Zip Code 85251-6519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Scottsdale Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: PAGE 12 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Kenneth Jeff Matteoni, MD		Date of Receipt M / D / Y 01 / 26 / 2005
Mailing Address 889 Sierra Rose Dr, Ste B		Transaction ID: 22505643
City	State	Zip Code
Reno	NV	89511-2076
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
Name of Employer Advanca Orthopaedics	Occupation Orthopaedic Surgeon	[MEMO ITEM] Refund(s) on Schedule B Totaling \$750.00 This changes the YTD Total to \$-7- 50.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ -750.00	

Full Name (Last, First, Middle Initial) B. Dr. Evangelos Magariotis, MD		Date of Receipt M / D / Y 01 / 26 / 2005
Mailing Address 21 Ravona St		Transaction ID: 20929631
City	State	Zip Code
Clifton	NJ	07012-1521
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Clifton Orthopaedics PA	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Bruce H Moschel, MD		Date of Receipt M / D / Y 01 / 26 / 2005
Mailing Address 540 Saybrook Road Ste 16D		Transaction ID: 20931439
City	State	Zip Code
Middletown	CT	06457-4711
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)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Matthew A Mormino, MD		Date of Receipt M / D / Y Y Y Y 01 / 26 / 2005
Mailing Address 175B South 108th St		Transaction ID: 20931444
City Omaha	State NE	Zip Code 68124-1021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. J Michael Moses, MD		Date of Receipt M / D / Y Y Y Y 01 / 26 / 2005
Mailing Address 2 Celeste Dr		Transaction ID: 20929835
City Johnstown	State PA	Zip Code 15905-2832
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer W.P.A Orthopaedic & Sports Med.	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey M Nakano, MD		Date of Receipt M / D / Y Y Y Y 01 / 26 / 2005
Mailing Address 627 25 1/2 Road		Transaction ID: 20931522
City Grand Junction	State CO	Zip Code 81505-1001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Rocky Mountain Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Mark A Piazia, MD		Date of Receipt M / D / Y Y Y Y 01 / 26 / 2005
Mailing Address 145 Hospital Ave Ste 311		Transaction ID: 20931399
City State Zip Code Du Bois PA 15801-1465	FEC ID number of contributing federal political committee. C	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) B. Dr. David J Schutek, MD		Date of Receipt M / D / Y Y Y Y 01 / 26 / 2005
Mailing Address 809 Ben Lomond Dr		Transaction ID: 20929633
City State Zip Code Tampa FL 33617-4219	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Tampa Orthopaedic Clinic Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Robert S Starling, MD		Date of Receipt M / D / Y Y Y Y 01 / 26 / 2005
Mailing Address 5 Stream Valley Garth		Transaction ID: 20931437
City State Zip Code Owings Mills MD 21117-2343	FEC ID number of contributing federal political committee. C	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
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 15 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Kevin M Supple, MD		Date of Receipt M / D / Y Y Y Y 01 / 26 / 2005
Mailing Address Greensboro Ortho Ctr 1401 Benjamin Pkwy		Transaction ID: 20931523
City Greensboro	State NC	Zip Code 27408-4518
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Greensboro Orthopaedic Ctr	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Edward C Tanner, MD		Date of Receipt M / D / Y Y Y Y 01 / 26 / 2005
Mailing Address 1445 Portland Ave Ste 210		Transaction ID: 20929569
City Rochester	State NY	Zip Code 14621-3008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David B Thordarson, MD		Date of Receipt M / D / Y Y Y Y 01 / 26 / 2005
Mailing Address 1520 San Pablo St Ste 2000		Transaction ID: 20929834
City Los Angeles	State CA	Zip Code 90033-5314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer USC Ortho Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. David B Verst, MD		Date of Receipt M / D / Y Y Y Y 01 / 26 / 2005
Mailing Address 219 S River St, #205		Transaction ID: 20929806
City Hailey	State ID	Zip Code 83333-8686
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Spine Care of Idaho	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Alan H Wilde, MD		Date of Receipt M / D / Y Y Y Y 01 / 26 / 2005
Mailing Address 8542 Windsor Way		Transaction ID: 20931394
City Broadview Heights	State OH	Zip Code 44147-1790
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Stuberg, Wilda Inc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. George S Zakab		Date of Receipt M / D / Y Y Y Y 01 / 26 / 2005
Mailing Address 800 Shadow Ridge Ct		Transaction ID: 20931445
City Silverton	State OR	Zip Code 97381-9811
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 17 / 365
(check only one)
 11a 11b 11c 12
13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Peter C Amadio, MD		Date of Receipt M / D / Y 01 / 26 / 2005
Mailing Address Mayo Clinic 200 1st St S W		Transaction ID: 20931393
City Rochester	State MN	Zip Code 55902-3008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mayo Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mark S Asperheim, MD		Date of Receipt M / D / Y 01 / 26 / 2005
Mailing Address Musculoskeletal Ctr 230 Michigan Ave, NE, #300		Transaction ID: 20930007
City Grand Rapids	State MI	Zip Code 49503-2550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Peter A Barry, MD		Date of Receipt M / D / Y 01 / 26 / 2005
Mailing Address 711 D St #102		Transaction ID: 20931438
City San Rafael	State CA	Zip Code 94501-5703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 18 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Michael J Berck, MD		Date of Receipt M / D / Y 01 / 26 / 2005
Mailing Address 711 Westminster Ave		Transaction ID: 20931403
City	State	Zip Code
Elizabeth	NJ	07208-2210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James Vincent Bruno, MD		Date of Receipt M / D / Y 01 / 26 / 2005
Mailing Address 37832 Atkins Knoll		Transaction ID: 20931391
City	State	Zip Code
Oconomowoc	WI	53066-4702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00
Name of Employer Aurora Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 275.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Stephen J Burns, MD		Date of Receipt M / D / Y 01 / 26 / 2005
Mailing Address 710 Franklin St #200		Transaction ID: 20931398
City	State	Zip Code
Michigan City	IN	46360-3564
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Medical Group of Michigan City	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	825.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Roger B Collins		Date of Receipt M / D / Y 01 / 26 / 2005
Mailing Address Greenleaf Orthopaedic Associates, 105 N Greenleaf		Transaction ID: 20929932
City Gurnee	State IL	Zip Code 60031-3326
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Nicholas John Connors, MD		Date of Receipt M / D / Y 01 / 26 / 2005
Mailing Address 123 Creek Dr		Transaction ID: 20931402
City Port Charlotte	State FL	Zip Code 33952-9112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Advanced Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Paul D Alley, MD		Date of Receipt M / D / Y 01 / 26 / 2005
Mailing Address 533 W Columbia St		Transaction ID: 20931441
City Evansville	State IN	Zip Code 47710-1683
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

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ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. William A Cravel, III, MD		Date of Receipt M / D / Y Y Y Y 02 / 01 / 2005
Mailing Address 4217 River Oaks Ln		Transaction ID: 20963417
City	State	Zip Code
Mobile	AL	36619-9552
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jonathan T Deland, MD		Date of Receipt M / D / Y Y Y Y 02 / 01 / 2005
Mailing Address Hospital for Special Surgery 535 E 70th St		Transaction ID: 20963408
City	State	Zip Code
New York	NY	10021-4892
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hospital for Special Surgery	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas J Dowling, Jr. MD		Date of Receipt M / D / Y Y Y Y 02 / 01 / 2005
Mailing Address 783 Larkfield Road 2nd Floor		Transaction ID: 20963288
City	State	Zip Code
Commack	NY	11725-5100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Long Island Spine Special-ists PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

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Use separate schedule(s)
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(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Joe Frank Fellows, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address 8001 Westown Pkwy		Transaction ID: 20956583
City West Des Moines	State IA	Zip Code 50266-7702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert Thomas Fisher		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address 52 thomas johnson drive		Transaction ID: 20963413
City Frederick	State MD	Zip Code 21702-4300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Specialists of Frederick	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Steven R. Gerfin, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address UCSD Dept of Orthopaedics 350 Dickinson St MC B594		Transaction ID: 20963295
City San Diego	State CA	Zip Code 92103-1513
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UCSD	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
or each category of the
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(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. J Randy Gipple, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address 5050 Ferris Lane		Transaction ID: 20956578
City Burlington	State IA	Zip Code 52601-9033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Gabriel Gluck, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address 8702 Sudley Rd		Transaction ID: 20963322
City Manassas	State VA	Zip Code 20110-4463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard Justin Hayes, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address Shriners Hospital 6977 Main Street		Transaction ID: 20963293
City Houston	State TX	Zip Code 77030-5701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Shriners Hospitals	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. C. Thomas Hopkins, MD		Date of Receipt MM / DD / YYYY 02 / 01 / 2005
Mailing Address 717 S 8th St		Transaction ID: 20963294
City Griffin	State GA	Zip Code 30224-4818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic & Sports Injury Center, PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Shepard R. Hurwitz, MD		Date of Receipt MM / DD / YYYY 02 / 01 / 2005
Mailing Address Univ of Virginia Med Ctr Department of Orthopaedics		Transaction ID: 20963305
City Charlottesville	State VA	Zip Code 22908-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Health Services Foundation	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David A. Katcharian, MD		Date of Receipt MM / DD / YYYY 02 / 01 / 2005
Mailing Address 139B3 Covington Dr		Transaction ID: 20963298
City Plymouth	State MI	Zip Code 48170-2450
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 24 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Bruce Edward Katz, MD		Date of Receipt M / D / Y 02 / 01 / 2005	
Mailing Address First State Orthopaedics Medical Arts Pav 1 Ste 237		Transaction ID: 20956410	
City Newark	State DE	Zip Code 19711-6012	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer First State Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Robert A Kally, MD		Date of Receipt M / D / Y 02 / 01 / 2005	
Mailing Address 270 Chestain Road NW		Transaction ID: 20956588	
City Kennesaw	State GA	Zip Code 30144-3012	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Daloree K Kirpatrick, MD		Date of Receipt M / D / Y 02 / 01 / 2005	
Mailing Address 5871 Peachtree-Dunwoody Rd Suite 900		Transaction ID: 20956412	
City Atlanta	State GA	Zip Code 30342-5022	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Matthew J Kraszy, MD		Date of Receipt M / D / Y Y Y Y 02 / 01 / 2005
Mailing Address 11100 Euclid Ave		Transaction ID: 20963317
City Cleveland	State OH	Zip Code 44106-1736
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University Hospitals of Cleveland	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James Hon-Kil Lau, MD		Date of Receipt M / D / Y Y Y Y 02 / 01 / 2005
Mailing Address 301D W Orange Ave Ste 303		Transaction ID: 20963411
City Anaheim	State CA	Zip Code 92804-3172
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Charles A Lafabura, MD		Date of Receipt M / D / Y Y Y Y 02 / 01 / 2005
Mailing Address 4 Hospital Plaza Ste 203		Transaction ID: 20963422
City Clarksburg	State WV	Zip Code 26301-9328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TNs Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 26 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Lawrence G Lenke, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address 11300 West Pavilion One Barnes-Jewish Hospital Plaza		Transaction ID: 20963290
City Saint Louis	State MO	Zip Code 63110-1094
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Washington University Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William A Leone, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address 3111 NE 27th Ave		Transaction ID: 20963410
City Lighthouse Point	State FL	Zip Code 33064-8107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Holy Cross Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Angelo J Lopano, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address 279 3rd Ave #504		Transaction ID: 20958590
City Long Branch	State NJ	Zip Code 07740-6207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Rafael Antonio Lopez, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address Zorzal 198 Montehiedra		Transaction ID: 20956584
City San Juan	State PR	Zip Code 00926-9535
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Peter A Matsuura, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address 870 Ponahawai St Ste 214		Transaction ID: 20963407
City Hilo	State HI	Zip Code 96720-2660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David R Mauerhan, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address 2200 Vauxhall Court		Transaction ID: 20963314
City Charlotte	State NC	Zip Code 28228-5800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Miller Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Mark C Meier, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address Idaho Orthopaedic Society 901 N Curtis #501		Transaction ID: 20963289
City Boise	State ID	Zip Code 83706-1343
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey Mailes, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address Ortho Specialists 305 N York Rd		Transaction ID: 20963300
City Elmhurst	State IL	Zip Code 60126-2317
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James A Moore, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address 3 Peter Cooper Road Apt 2F		Transaction ID: 20963318
City New York	State NY	Zip Code 10010-6612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Montefiore Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Joseph T Moskal, MD		Date of Receipt M / D / Y Y Y Y 02 / 01 / 2005
Mailing Address 4064 Postal Dr, SW PO Box 21369		Transaction ID: 20963420
City Roanoke	State VA	Zip Code 24018-6438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Roanoke Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Anthony V Pabrosini, MD		Date of Receipt M / D / Y Y Y Y 02 / 01 / 2005
Mailing Address 310 Passaic Ave		Transaction ID: 20956580
City Spring Lake	State NJ	Zip Code 07762-1341
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Institute of Central Jersey	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Kenneth R Pltz, MD		Date of Receipt M / D / Y Y Y Y 02 / 01 / 2005
Mailing Address Heartland Ortho 2740 N Clarkson St		Transaction ID: 20956400
City Fremont	State NE	Zip Code 68025-7718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Heartland Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2300.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 30 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Matthew C Reckmeyer, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address Lincoln Ortho Ctr 6900 A Street		Transaction ID: 20956576
City Lincoln	State NE	Zip Code 68510-4120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Lincoln Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. K Daniel Rivw, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address Dept of Orthopaedic Surgery West Pavilion, Suite 11300		Transaction ID: 20963308
City Saint Louis	State MO	Zip Code 63110-1094
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Carlton G Savory, MD, FACS		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address 6262 Veterans Pkwy		Transaction ID: 20963291
City Columbus	State GA	Zip Code 31509-3540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hughston Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. W Norman Scott, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address 178 East B5th St, 2nd Fl		Transaction ID: 20963292
City New York	State NY	Zip Code 10028-2119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Beth Israel Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas P Sculco, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address Atn: Helen Williams Hosp for Special Surgery		Transaction ID: 20963423
City New York	State NY	Zip Code 10021-4892
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hospital for Special Surgery	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David M Smith, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address 9303 Adelaide Dr		Transaction ID: 20963301
City Bethesda	State MD	Zip Code 20817-2429
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Harvard Vanguard Medical Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Harvey E Smires, Jr, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address Princeton Orthopaedic Associates, 325 Princeton Avenue		Transaction ID: 20956575
City Princeton	State NJ	Zip Code 08540-1698
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Princeton Ortho Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Stephen G Taylor, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address 8001 Westown Pkwy		Transaction ID: 20963303
City West Des Moines	State IA	Zip Code 50266-7702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Des Moines Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Dannie Martin Walker, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address 1717 Oak Park Blvd 3rd Floor		Transaction ID: 20956587
City Lake Charles	State LA	Zip Code 70601-8591
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Center for Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
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FOR LINE NUMBER: PAGE 33 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Steven D Washburn, MD		Date of Receipt M / D / Y Y Y Y 02 / 01 / 2005
Mailing Address 4731 S White Mtn Rd Ste 1		Transaction ID: 20956413
City	State	Zip Code
Show Low	AZ	85901-7818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David L Waxman, MD		Date of Receipt M / D / Y Y Y Y 02 / 01 / 2005
Mailing Address 800 Davison Run Rd, #102		Transaction ID: 20956577
City	State	Zip Code
Clarksburg	WV	26301-9307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Stuart L Weinstein, MD		Date of Receipt M / D / Y Y Y Y 02 / 01 / 2005
Mailing Address Univ of Iowa Hosp 200 Hawkins Dr, #01028 JPP		Transaction ID: 20956405
City	State	Zip Code
Iowa City	IA	52242-1009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University of Iowa Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Robert S Adelaar, MD		Date of Receipt MM / DD / YYYY 02 / 01 / 2005
Mailing Address 1200 E Broad St Dept of Ortho Surgery		Transaction ID: 20963320
City Richmond	State VA	Zip Code 23298-5025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Medical College of Virginia	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Gerard G Adler, MD		Date of Receipt MM / DD / YYYY 02 / 01 / 2005
Mailing Address 305 Woodland Ln		Transaction ID: 20963297
City Oconomowoc	State WI	Zip Code 53066-2734
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Aurora Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Steven Alter, MD		Date of Receipt MM / DD / YYYY 02 / 01 / 2005
Mailing Address 222 Merrimack St Ste 300		Transaction ID: 20963299
City Lowell	State MA	Zip Code 01852-5500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
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FOR LINE NUMBER: PAGE 35 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Allen F Anderson, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address 423D Harding Rd, #1000 St. Thomas Medical Building		Transaction ID: 20963302
City Nashville	State TN	Zip Code 37205-2098
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer TCA	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David E Atarian, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address Duke Health Ctr - Ortho 3118 N Duke St		Transaction ID: 20956574
City Durham	State NC	Zip Code 27704-2102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Duke University	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey A Baum, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address 200 Delafield Rd Ste 1040		Transaction ID: 20956404
City Pittsburgh	State PA	Zip Code 15215-3234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Three Rivers Orthopaedics Associates U	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 36 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. James Frank Bethes, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address Columbia Orthopaedic Specialists 1301 Taylor St., Ste. 3-0		Transaction ID: 20956582
City Columbia	State SC	Zip Code 29201-2848
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Columbia Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Benjamin E Bierbaum, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address 91 Parker Hill Ave		Transaction ID: 20963315
City Boston	State MA	Zip Code 02120-3215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Longwood Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Stephen E Bythe, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address 1403 N Green Way Dr		Transaction ID: 20963309
City Coral Gables	State FL	Zip Code 33134-4774
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. James C. Bale, MD		Date of Receipt M / D / Y Y Y Y 02 / 01 / 2005
Mailing Address 478D1 Grand River Ave, #A105		Transaction ID: 20963313
City	State	Zip Code
Novi	MI	48374-1233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Yves Boudreau, MD		Date of Receipt M / D / Y Y Y Y 02 / 01 / 2005
Mailing Address Shelby Bone & Joint Clinic 807 Schenck St.		Transaction ID: 20963409
City	State	Zip Code
Shelby	NC	28150-3918
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Shelby Bone & Joint Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Steven L. Bueldey, MD		Date of Receipt M / D / Y Y Y Y 02 / 01 / 2005
Mailing Address 6007 Macon Court		Transaction ID: 20963307
City	State	Zip Code
Huntsville	AL	35802-1531
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Sports Med	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 38 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Kenneth M Caldwell, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address 3300 Webster St Ste 608		Transaction ID: 20963296
City Oakland	State CA	Zip Code 94609-3101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Steven B Carr, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address Intermountain Orthopaedics 800 N Robbins Road Ste 401		Transaction ID: 20963412
City Boise	State ID	Zip Code 83702-4566
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Intermountain Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Charles H Glassen, Jr, MD		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address Kinston Orthopaedic P O Box 1658		Transaction ID: 20956401
City Kinston	State NC	Zip Code 28503-1658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Kinston Orthopaedic & Sports Med. Ctr.	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1550.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 38 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. C Perry Cooke, III, MD		Date of Receipt M / D / Y Y Y Y 02 / 01 / 2005
Mailing Address 5000 W Seneca TPK		Transaction ID: 20983310
City	State	Zip Code
Syracuse	NY	13215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Syracuse Orthopaedic Specialists, PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Steven Arthur Herbst, MD		Date of Receipt M / D / Y Y Y Y 02 / 01 / 2005
Mailing Address 8620 S County Rd 560 E		Transaction ID: 20956403
City	State	Zip Code
Selma	IN	47383-9664
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Gary Driffling, MD		Date of Receipt M / D / Y Y Y Y 02 / 03 / 2005
Mailing Address 1777 Hamburg Turnpike #305		Transaction ID: 20991338
City	State	Zip Code
Wayne	NJ	07470-5243
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
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FOR LINE NUMBER: PAGE 40 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Xavier A Duraid, MD		Date of Receipt M / D / Y 02 / 03 / 2005
Mailing Address 2045 Peachtree Rd NE, #700		Transaction ID: 20991327
City Atlanta	State GA	Zip Code 30309-1417
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Timothy Charles Fitzgibbons, MD		Date of Receipt M / D / Y 02 / 03 / 2005
Mailing Address 771 D Mercy Rd, #224		Transaction ID: 20991343
City Omaha	State NE	Zip Code 68124-2346
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer GIKK, PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert S Gonsb, MD		Date of Receipt M / D / Y 02 / 03 / 2005
Mailing Address Orthopaedic Specialty Inst 280 S Main St Ste 200		Transaction ID: 20991322
City Orange	State CA	Zip Code 92668-5852
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Specialty Ins- tute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 41 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Michael Marks, MD		Date of Receipt M / D / Y 02 / 03 / 2005
Mailing Address 40 Cross St, #300		Transaction ID: 20991340
City Norwalk	State CT	Zip Code 06851-4861
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Edward R McDevitt, MD		Date of Receipt M / D / Y 02 / 03 / 2005
Mailing Address 3116 Drogue Ct		Transaction ID: 20991331
City Annapolis	State MD	Zip Code 21403-4328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Keith W Miller, MD		Date of Receipt M / D / Y 02 / 03 / 2005
Mailing Address Central Indiana Ortho 3600 W Bethel Ave		Transaction ID: 20991330
City Muncie	State IN	Zip Code 47304-5407
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Central Indiana Orthopedi- cs	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 42 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. A Herbert Alexander, MD		Date of Receipt M / D / Y 02 / 03 / 2005
Mailing Address Alexander Orthopaedics PA 100 Hospital Dr Ste 100		Transaction ID: 20991324
City Ketchum	State ID	Zip Code 83340-6887
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Alexander Orthopaedics PA	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Dalein E Quanzar, MD		Date of Receipt M / D / Y 02 / 03 / 2005
Mailing Address 5604 Glen Oaks Pointe		Transaction ID: 20991335
City West Des Moines	State IA	Zip Code 50266
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Des Moines Orthopaedic Surgeons PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. E Anthony Rankin, MD		Date of Receipt M / D / Y 02 / 03 / 2005
Mailing Address Providence Hospital 1160 Varnum St N E, #312		Transaction ID: 20991342
City Washington	State DC	Zip Code 20017-2107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Providence Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Michael A. Simon, MD		Date of Receipt M / D / Y 02 / 03 / 2005
Mailing Address 5841 S Maryland Ave MC 3079		Transaction ID: 20991332
City Chicago	State IL	Zip Code 60637-1447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University of Chicago	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. J Michael Weber, MD		Date of Receipt M / D / Y 02 / 03 / 2005
Mailing Address 17877 W Fourteen Mile Rd		Transaction ID: 20991329
City Beverly Hills	State MI	Zip Code 48025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert J Berek, MD		Date of Receipt M / D / Y 02 / 03 / 2005
Mailing Address 1445 Raritan Rd		Transaction ID: 20991334
City Clark	State NJ	Zip Code 07066-1230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Charles M Blitzer, MD		Date of Receipt M / D / Y 02 / 03 / 2005
Mailing Address New Hampshire Ortho Society 237 Route 108, #205		Transaction ID: 20991339
City Somersworth	State NH	Zip Code 03878-1517
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer New Hampshire Ortho Society	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Charles D Cardenas, MD		Date of Receipt M / D / Y 02 / 03 / 2005
Mailing Address Calallen Orthopaedics LLP 14317 Northwest Blvd		Transaction ID: 20991328
City Corpus Christi	State TX	Zip Code 78410-5123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Calallen Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Isador H Liebman, MD		Date of Receipt M / D / Y 02 / 03 / 2005
Mailing Address The Cleveland Clinic A 41 Dept of Ortho Surg		Transaction ID: 20991321
City Cleveland	State OH	Zip Code 44195-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Cleveland Clinic Foundation	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 45 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Douglas S Musgrave, MD		Date of Receipt MM / DD / YYYY 02 / 03 / 2005
Mailing Address 15800 NW Fair Acres Drive		Transaction ID: 20991341
City Vancouver	State WA	Zip Code 98685-1665
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Frank J Eismont, MD		Date of Receipt MM / DD / YYYY 02 / 04 / 2005
Mailing Address Univ of Miami/Jackson Mem Med Ctr Ortho-Rehab Bldg-Room R303		Transaction ID: 20992887
City Miami	State FL	Zip Code 33136
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Daniel E Geb, MD		Date of Receipt MM / DD / YYYY 02 / 04 / 2005
Mailing Address University of Maryland Orthopaedic Associates PA		Transaction ID: 20992883
City Baltimore	State MD	Zip Code 21201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Maryland	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Robert H Hanson, III, MD, M		Date of Receipt M / D / Y 02 / 04 / 2005
Mailing Address American Academy of Orthopaedic Su 6300 N. River Rd		Transaction ID: 20992569
City Rosemont	State IL	Zip Code 60018-4206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer American Academy of Orthopaedic Surgeon	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert N Hansinger, MD		Date of Receipt M / D / Y 02 / 04 / 2005
Mailing Address 2912 Taubman Ctr, Box D328 1500 E Medical Ctr Dr		Transaction ID: 20992566
City Ann Arbor	State MI	Zip Code 48106-0328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Univ of Michigan Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James H Hemdon, MD		Date of Receipt M / D / Y 02 / 04 / 2005
Mailing Address Partners Orthopaedics 55 Fruit Street GRB 824		Transaction ID: 20992553
City Boston	State MA	Zip Code 02114-2621
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Partners Healthcare	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. A Lee Hunter, Jr, MD		Date of Receipt M M / D D / Y Y Y Y 02 / 04 / 2005
Mailing Address Mid Tennessee Bone & Jnt Clinic 1223 1/2 Trotwood Ave		Transaction ID: 20992990
City Columbia	State TN	Zip Code 38401-6430
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Steven Harris Jones, MD		Date of Receipt M M / D D / Y Y Y Y 02 / 04 / 2005
Mailing Address 500 Hioaks Rd STE B		Transaction ID: 20992550
City Richmond	State VA	Zip Code 23225-4061
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer West End Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Joseph B Koclainek, Jr, MD		Date of Receipt M M / D D / Y Y Y Y 02 / 04 / 2005
Mailing Address 5587 Broadway		Transaction ID: 20992541
City Merrillville	State IN	Zip Code 46410-2632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Paul N Krap, MD		Date of Receipt M / D / Y Y Y Y 02 / 04 / 2005
Mailing Address 230 Clearfield Ave Ste 124		Transaction ID: 20992981
City	State	Zip Code
Virginia Beach	VA	23462-1832
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James R McCoy, MD		Date of Receipt M / D / Y Y Y Y 02 / 04 / 2005
Mailing Address Searcy Medical Center 2800 Hawkins Dr		Transaction ID: 20992986
City	State	Zip Code
Searcy	AR	72143-4802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Searcy Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jose Manuel Montanez-Huerta, MD		Date of Receipt M / D / Y Y Y Y 02 / 04 / 2005
Mailing Address PO Box 362566		Transaction ID: 20992980
City	State	Zip Code
San Juan	PR	00935-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
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FOR LINE NUMBER: PAGE 48 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Richard P Murphy, MD		Date of Receipt M / D / Y Y Y Y 02 / 04 / 2005
Mailing Address 117D4 W Center Road Ste 200		Transaction ID: 20992543
City Omaha	State NE	Zip Code 68144-4327
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William C Nash, MD		Date of Receipt M / D / Y Y Y Y 02 / 04 / 2005
Mailing Address 1113 Woodland Dr		Transaction ID: 20992552
City Elizabethtown	State KY	Zip Code 42701-2797
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Elizabethtown Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James J Purtil, MD		Date of Receipt M / D / Y Y Y Y 02 / 04 / 2005
Mailing Address 25 Lane of Acres		Transaction ID: 20992561
City Haddonfield	State NJ	Zip Code 08033-3504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 60 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Alan S Roubman, MD		Date of Receipt M / D / Y 02 / 04 / 2005
Mailing Address North Ridge Medical Plaza 5601 N Dixie Highway Ste 210		Transaction ID: 20992570
City Oakland Park	State FL	Zip Code 33334-4145
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Steve G Seibers, MD		Date of Receipt M / D / Y 02 / 04 / 2005
Mailing Address 1080 Rossview Rd		Transaction ID: 20992560
City Clarksville	State TN	Zip Code 37043-1908
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Premier Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Ron D Schechter, MD		Date of Receipt M / D / Y 02 / 04 / 2005
Mailing Address Paragould Orthopaedics, PLLC 1000 W Kingshighway - Ste 1D		Transaction ID: 20992888
City Paragould	State AR	Zip Code 72450-4197
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Paragould Orthopaedics, PLLC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 51 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Christopher C. Schmidt, MD		Date of Receipt MM / DD / YYYY 02 / 04 / 2005
Mailing Address 11 Murfield Ct		Transaction ID: 20992989
City Bridgeville	State PA	Zip Code 15017-1074
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Gary M. Schnieganberg, MD		Date of Receipt MM / DD / YYYY 02 / 04 / 2005
Mailing Address 830 W High St, Ste 250		Transaction ID: 20992563
City Lima	State OH	Zip Code 45801-3881
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer West Central Ohio Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mike G. Skoo, III, MD		Date of Receipt MM / DD / YYYY 02 / 04 / 2005
Mailing Address 520 S Santa Fe Ste 400		Transaction ID: 20992567
City Salina	State KS	Zip Code 67401-4190
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Orthopaedic Clinic of Salina	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1600.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 52 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Bradley J Waters, MD		Date of Receipt MM / DD / YYYY 02 / 04 / 2005
Mailing Address 2800 Cherry Ave Ste 203		Transaction ID: 20992542
City Bremerton	State WA	Zip Code 98310-4215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas F Bliss, MD		Date of Receipt MM / DD / YYYY 02 / 04 / 2005
Mailing Address 124 Waterman St		Transaction ID: 20992564
City Providence	State RI	Zip Code 02906-2052
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer East Side Orthopaedics, Inc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Alberto A Bolanos, MD		Date of Receipt MM / DD / YYYY 02 / 04 / 2005
Mailing Address 50 South San Mateo Drive Suite 470		Transaction ID: 20992692
City San Mateo	State CA	Zip Code 94401-3857
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Jay Lyal Gray, MD		Date of Receipt MM / DD / YYYY 02 / 07 / 2005
Mailing Address 200 NE Mother Joseph Pl Suite 210		Transaction ID: 21249690
City Vancouver	State WA	Zip Code 98664-3299
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Rebound Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James P Crutcher, Jr, MD		Date of Receipt MM / DD / YYYY 02 / 07 / 2005
Mailing Address 1229 Madison St, #1600		Transaction ID: 21249688
City Seattle	State WA	Zip Code 98104-3590
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mark A Franke, MD		Date of Receipt MM / DD / YYYY 02 / 07 / 2005
Mailing Address Attn: Derek Pupello 13020 Telecom Pkwy N		Transaction ID: 20994562
City Temple Terrace	State FL	Zip Code 33637-0525
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 64 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Jonathan P Garino, MD		Date of Receipt M / D / Y 02 / 07 / 2005
Mailing Address Dept of Orthopaedic Surgery 39th & Market Streets		Transaction ID: 20994585
City Philadelphia	State PA	Zip Code 19104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University of Pennsylvania	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert H Hamington, MD		Date of Receipt M / D / Y 02 / 07 / 2005
Mailing Address 237 Route 108, #205		Transaction ID: 20994581
City Somersworth	State NH	Zip Code 03878-1517
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Seacoast Orthopedics and Sports Medici	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David Huang, MD		Date of Receipt M / D / Y 02 / 07 / 2005
Mailing Address 501 Midwestern Pkwy E P.O. Box 97521		Transaction ID: 20994579
City Wichita Falls	State TX	Zip Code 76702-2302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 55 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Frank R Joseph, MD		Date of Receipt M / D / Y Y Y Y 02 / 07 / 2005
Mailing Address 1285 Hembre Rd Ste 200A		Transaction ID: 20994559
City Roswell	State GA	Zip Code 30076-4895
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Arnold R Miller, MD		Date of Receipt M / D / Y Y Y Y 02 / 07 / 2005
Mailing Address PO Box 637		Transaction ID: 20994580
City Laconia	State NH	Zip Code 03247-0637
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Laconia Clinic	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Robert M Patek, MD		Date of Receipt M / D / Y Y Y Y 02 / 07 / 2005
Mailing Address 150 N River Rd Ste 100		Transaction ID: 21249691
City Des Plaines	State IL	Zip Code 60018-1272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Illinois Bone & Joint	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 66 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. John C Richmond, MD		Date of Receipt M / D / Y Y Y Y 02 / 07 / 2005
Mailing Address New England Baptist Hospital 125 Parker Hill Avenue		Transaction ID: 20994568
City Roxbury Crossing	State MA	Zip Code 02120-2850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer New England Baptist Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael L Rothberg, MD		Date of Receipt M / D / Y Y Y Y 02 / 07 / 2005
Mailing Address 430 Morton Plant St, Suite 301		Transaction ID: 21249745
City Clearwater	State FL	Zip Code 33756-3395
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates of West Florida	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Eduardo Agustn Sainza, MD		Date of Receipt M / D / Y Y Y Y 02 / 07 / 2005
Mailing Address 535 E 70th St		Transaction ID: 20994563
City New York	State NY	Zip Code 10021-4898
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Paul Victor Spiegl, MD		Date of Receipt M / D / Y 02 / 07 / 2005
Mailing Address 5873 Peachtree Dunwoody RD NE #825		Transaction ID: 21249743
City Atlanta	State GA	Zip Code 30342-1731
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William S Sutherland, MD		Date of Receipt M / D / Y 02 / 07 / 2005
Mailing Address 150 Route 1 Bypass		Transaction ID: 20994561
City Portsmouth	State NH	Zip Code 03801-7111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jack W Wylfa, MD		Date of Receipt M / D / Y 02 / 07 / 2005
Mailing Address Verde Valley Ortho 450 S Willard St Ste 101		Transaction ID: 21249684
City Cottonwood	State AZ	Zip Code 86328-6744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Verde Valley Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Paul J Abbott, Jr, MD		Date of Receipt M / D / Y Y Y Y 02 / 07 / 2005	
Mailing Address 108 S Frontage Rd West Ste 300		Transaction ID: 21249689	
City State Zip Code Vail CO 81657-5087	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Vail Summit Orthopaedics	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) B. Dr. Anthony J Balsano, MD		Date of Receipt M / D / Y Y Y Y 02 / 07 / 2005	
Mailing Address 821 Huntingdon Pike, Ste 13D		Transaction ID: 21249686	
City State Zip Code Huntingdon Valley PA 19066-8265	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
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) C. Dr. John A Barraso, MD		Date of Receipt M / D / Y Y Y Y 02 / 07 / 2005	
Mailing Address 4140 Centennial Hills Blvd Ste A		Transaction ID: 20994588	
City State Zip Code Casper WY 82609-5285	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
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) ► **1750.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 58 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Alan D Baronian, MD		Date of Receipt M / D / Y Y Y Y 02 / 07 / 2005
Mailing Address 16259 Sylvester Rd S W, #5D1		Transaction ID: 21249687
City Seattle	State WA	Zip Code 98166-3059
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SW Seattle Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Steven Berkowitz, MD		Date of Receipt M / D / Y Y Y Y 02 / 07 / 2005
Mailing Address 204D Sixth Ave		Transaction ID: 20994584
City Neptune	State NJ	Zip Code 07753-6101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Seaview Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Jesse Paul Butler, MD		Date of Receipt M / D / Y Y Y Y 02 / 07 / 2005
Mailing Address 150 N River Rd Ste 100		Transaction ID: 21249692
City Des Plaines	State IL	Zip Code 60018-1272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Illinois Bone & Joint	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 only)	▶	

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

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FOR LINE NUMBER: PAGE 60 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Charles H. Classen, Jr. MD		Date of Receipt MM / DD / YYYY 02 / 07 / 2005
Mailing Address Kinston Orthopaedic P O Box 1658		Transaction ID: 21249744
City Kinston	State NC	Zip Code 28503-1658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kinston Orthopaedic & Sports Med. Ctr.	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John Kirk Drake, MD		Date of Receipt MM / DD / YYYY 02 / 09 / 2005
Mailing Address 3635 Bienville Blvd		Transaction ID: 21008140
City Ocean Springs	State MS	Zip Code 39564-5711
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Bienville Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert Hall, MD		Date of Receipt MM / DD / YYYY 02 / 09 / 2005
Mailing Address 4100 Laka Otis Parkway Ste 208		Transaction ID: 21008131
City Anchorage	State AK	Zip Code 99508-5230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Sigvard T Hansen, Jr. MD		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 325 9th Ave Foot & Ankle, Box 358769		Transaction ID: 21008132
City Seattle	State WA	Zip Code 98104-2499
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Washington	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Gordon Henry Hsieh, DO		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 87th CSH/ MEDDAC Unit 28810 Box 181		Transaction ID: 21008135
City APO	State AE	Zip Code 09244-0181
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey Elmer Johnson, MD		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address Washington Univ Sch of Med 660 S Euclid, Box 8233		Transaction ID: 21008139
City Saint Louis	State MO	Zip Code 63110-1010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Washington University School of Medical	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 62 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Max R. Kassek, MD		Date of Receipt M / D / Y Y Y Y 02 / 09 / 2005
Mailing Address c/o Global Biomedical 2803 Pinehurst Dr		Transaction ID: 21008145
City Kinston	State NC	Zip Code 28504-1135
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Kenneth J. Krass, MD		Date of Receipt M / D / Y Y Y Y 02 / 09 / 2005
Mailing Address 5671 Peachtree Dunwoody Rd NE #B00		Transaction ID: 21008147
City Atlanta	State GA	Zip Code 30342-5000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Resurgens PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert Ball McGinley, MD		Date of Receipt M / D / Y Y Y Y 02 / 09 / 2005
Mailing Address The Orthopaedic Group PO Box 86144		Transaction ID: 21008144
City Mobile	State AL	Zip Code 36689-6144
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Spiro N Pappas, MD		Date of Receipt M / D / Y Y Y Y 02 / 09 / 2005
Mailing Address 200 Delafield Rd Ste 1040		Transaction ID: 21008133
City Pittsburgh	State PA	Zip Code 15215-3234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Douglas R Phillips, MD		Date of Receipt M / D / Y Y Y Y 02 / 09 / 2005
Mailing Address 811 13th St Ste 20		Transaction ID: 21008136
City Augusta	State GA	Zip Code 30901-2771
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Chitrang S Ranawat, MD		Date of Receipt M / D / Y Y Y Y 02 / 09 / 2005
Mailing Address Lenox Hill Hosp-W/ Black Hall 130 E 77th St 11th Fl		Transaction ID: 21008143
City New York	State NY	Zip Code 10021-1851
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Lenox Hill Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Ralph F Rashbaum, MD		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address Texas Back Institute 6300 W Parker Rd		Transaction ID: 21008134
City Plano	State TX	Zip Code 75093-8100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Texas Back Institute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Chris John Dangles, MD		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 802 W University		Transaction ID: 21020219
City Urbana	State IL	Zip Code 61801-2530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Carle Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Brian L Davison, MD		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 285 East State St Ste 500		Transaction ID: 21020215
City Columbus	State OH	Zip Code 43215-4359
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. John S Early, MD		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 3921 Marquette St		Transaction ID: 21021042
City	State	Zip Code
Dallas	TX	75225-5432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University of Texas	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. E Burke Evans, MD		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address Univ of Texas Med Branch Hosps 301 University Blvd		Transaction ID: 21020227
City	State	Zip Code
Galveston	TX	77555-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Univ of Texas	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Ira L Fedder, MD		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 7505 Osler Dr, #104		Transaction ID: 21021039
City	State	Zip Code
Towson	MD	21204-7737
FEC ID number of contributing federal political committee. C		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 ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 66 / 365
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Ray M Fitzgerald, MD		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 17270 Red Oak Dr, #200		Transaction ID: 21020205
City	State	Zip Code
Houston	TX	77060-2632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer KSF Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Joe L Gerold, MD		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 919 Medical Center Drive		Transaction ID: 21020213
City	State	Zip Code
Bessemer	AL	35022-6080
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert A. Kaye, MD		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 10467 S Sunup Ave		Transaction ID: 21020214
City	State	Zip Code
Yuma	AZ	85367-7338
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Marc I Maberg, MD		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2005
Mailing Address 1527 State Hwy 27, #1300		Transaction ID: 21020230
City Somerset	State NJ	Zip Code 08873-2879
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Center of N.J.	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. William J Robb, III, MD		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2005
Mailing Address 2401 Ravine Way Ste 200		Transaction ID: 21021031
City Glenview	State IL	Zip Code 60025-7645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Illinois Bone & Joint Ins- titute	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Scott Beecher Scutchfield, MD		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2005
Mailing Address 1591 Lexington Rd		Transaction ID: 21020228
City Danville	State KY	Zip Code 40422-9795
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)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 68 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. James A. Shapiro, MD		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2005
Mailing Address 830B 8th Ave, #505		Transaction ID: 21021038
City Kenosha	State WI	Zip Code 53143-5031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Ira Joel Singer, MD		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2005
Mailing Address 725 Reservoir Ave Ste 101		Transaction ID: 21021038
City Cranston	State RI	Zip Code 02910-4450
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Lance Slaco, MD		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2005
Mailing Address 108B Mountain Valley Dr		Transaction ID: 21020228
City Asheboro	State NC	Zip Code 27205-0548
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Brandon Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 68 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. J Andy Sullivan, MD		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 920 Stanton L Young RM WP1360		Transaction ID: 21021040
City Oklahoma City	State OK	Zip Code 73104-5020
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Oklahoma	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Edward Toriello, MD		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 78-15 Eliot Ave		Transaction ID: 21020229
City Middle Village	State NY	Zip Code 11373-1300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John William Urbe, MD		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 1150 Campo Sano Ave, #200		Transaction ID: 21020222
City Coral Gables	State FL	Zip Code 33148-1174
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Gerald R Williams, Jr. MD		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 1 Cupp Pavilion, Presbyterian Hosp 39th & Market Sts		Transaction ID: 21020225
City Philadelphia	State PA	Zip Code 19104-4228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hospital of the Univ of Pennsylvania	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey Jonathan Wise		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 52 West Shirley Avenue		Transaction ID: 21021028
City Warrenton	State VA	Zip Code 20186-3008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Blue Ridge Orthopaedic Associates, PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John Thomas Bolger, MD		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 1111 Delafield St #120		Transaction ID: 21020224
City Waukesha	State WI	Zip Code 53188-3402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates of Wisconsin	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 71 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Gary Worthington Bradley, MD		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 511 Bath St		Transaction ID: 21020209
City Santa Barbara	State CA	Zip Code 93101-3403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert William Bucholz, MD		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address U of TX Southwestern Med School 5323 Harry Hines Blvd		Transaction ID: 21020203
City Dallas	State TX	Zip Code 75390-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UT Southwestern	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Matthew J Bueche, MD		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 1-S 224 Summit Ave, #203		Transaction ID: 21021032
City Oakbrook Terrace	State IL	Zip Code 60181
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer M & M Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 72 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Lloyd G Cox, II, MD		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 22157 Breton Woods Ct		Transaction ID: 21021994
City Leonardtown	State MD	Zip Code 20650-2162
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Southern Maryland Orthopaedic & Sports	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Leslie P Dean, MD		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 328D Providence Dr #200		Transaction ID: 21022316
City Anchorage	State AK	Zip Code 99508-4603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Anchorage Fracture & Orthopedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jay P Githier, MD		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 1753 West Ridgeway #103		Transaction ID: 21022322
City Waterloo	State IA	Zip Code 50701-4544
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cedar Valley Medical Specialists, PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Mitchell Niles Goldstein, MD		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 70 E Sunrise Hwy		Transaction ID: 21021998
City Valley Stream	State NY	Zip Code 11581-1233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Wayne R Hardwick, MD		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 8008 Mt Bonnell Cove		Transaction ID: 21021992
City Austin	State TX	Zip Code 78731-3515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John H Healey, MD		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 1275 York Ave Memorial Sloan-Kettering Cancer Ce		Transaction ID: 21022328
City New York	State NY	Zip Code 10021-6094
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Memorial Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 74 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. John Charles Koford, MD		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 281 B Seminole Court		Transaction ID: 21022331
City Fairfield	State CA	Zip Code 94534-7871
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. S Gopal Krishnan, MD		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 1331 E 8th St		Transaction ID: 21022319
City Weslaco	State TX	Zip Code 78566-6688
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Krishnan and Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey L Lovato, MD		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 7025 Benjamin St		Transaction ID: 21022315
City Mc Lean	State VA	Zip Code 22101-1550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Anderson Orthopedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 75 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. David P Mesna, MD		Date of Receipt M / D / Y Y Y Y 02 / 11 / 2005
Mailing Address 3704 Camino Codorniz		Transaction ID: 21021987
City	State	Zip Code
Calabasas	CA	91302-3043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer Kaiser Permanente	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 240.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Frederick N Meyer, MD		Date of Receipt M / D / Y Y Y Y 02 / 11 / 2005
Mailing Address 8505 Sugar Pine Court		Transaction ID: 21022317
City	State	Zip Code
Mobile	AL	36695-2741
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University of South Alabama	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Peter B Salamon, MD		Date of Receipt M / D / Y Y Y Y 02 / 11 / 2005
Mailing Address 333 E Alpine		Transaction ID: 21022318
City	State	Zip Code
Stockton	CA	95204-3407
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1990.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 76 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Mitchell Seavey, MD		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 5700 North Federal Hwy Suite 2		Transaction ID: 21022321
City Fort Lauderdale	State FL	Zip Code 33308-2800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Broward Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael R. Sheen, MD		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 501 Midwestern Pkwy E		Transaction ID: 21022326
City Wichita Falls	State TX	Zip Code 76302-2302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Paul D. Shirley, MD		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address Sta 214A 3728 Phillips Hwy		Transaction ID: 21022332
City Jacksonville	State FL	Zip Code 32207-6880
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 77 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Dempsey S Springfield, MD		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address Mt Sinai School of Medicine 5 E 98th St		Transaction ID: 21022330
City New York	State NY	Zip Code 10029-6501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mt Sinai School of Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Stephen C Weber, MD		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 2801 K St, Suite 310		Transaction ID: 21021986
City Sacramento	State CA	Zip Code 95816-5119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. George W Weath, Jr. MD		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 333 E Alpine Ave		Transaction ID: 21022308
City Stockton	State CA	Zip Code 95204-5494
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Alpine Orthopaedic Med Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 78 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Peter White Whitfield, MD		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 201 E Wendover Ave		Transaction ID: 21021990
City Greensboro	State NC	Zip Code 27401-1200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Roland H Winker, MD		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 5409 Covey Creek Cir		Transaction ID: 21022314
City Stockton	State CA	Zip Code 95207-5341
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. George William Wood, II, MD		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address Campbell Clinic Inc 1211 Union Ave #500		Transaction ID: 21021885
City Memphis	State TN	Zip Code 38104-6858
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Campbell Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 78 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Charlotte E Alexander, MD		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address Alexander Orthopaedics, PA 100 Hospital Dr Ste 100		Transaction ID: 21022327
City Ketchum	State ID	Zip Code 83340
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Alexander Orthopaedics, PA	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jonathan L Chang, MD		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 500 N Garfield Ave #204		Transaction ID: 21022313
City Monterey Park	State CA	Zip Code 91754-1242
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pacific Orthopaedic Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Alan W Christensen, MD		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 100 W Gore St, Suite 500 Orlando Orthopaedic Center		Transaction ID: 21021891
City Orlando	State FL	Zip Code 32808-1049
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orlando Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 80 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Michael R. Cain, MD		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address B Greenwich Office Park		Transaction ID: 21022329
City Greenwich	State CT	Zip Code 06831-5151
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David B. Coward, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 2801 K St #310		Transaction ID: 21046867
City Sacramento	State CA	Zip Code 95816-5119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sacramento Knee and Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jack W. Grosland, III, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 5405 S 500 East, #203		Transaction ID: 21046795
City Ogden	State UT	Zip Code 84405-7417
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ogden Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Stephen M Cyphers, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 4300 Golden Center Dr Suite C		Transaction ID: 21046878
City Placerville	State CA	Zip Code 95667-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Donald A deGrange, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 3366 E Thousand Oaks Blvd 2nd Fl		Transaction ID: 21046803
City Thousand Oaks	State CA	Zip Code 91362-3443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. G Anderson Engh, Jr, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 2501 Parker's Ln #200		Transaction ID: 21046798
City Alexandria	State VA	Zip Code 22308-5208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Chris P Ethridge, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 709 Welford Court		Transaction ID: 21046833
City Madison	State MS	Zip Code 39110-7583
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John Lary Fambrough, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 15781 Professional Plaza		Transaction ID: 21046846
City Hammond	State LA	Zip Code 70403-1456
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William R Ford, Jr, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 2345 E Prater Way, #303		Transaction ID: 21046865
City Sparks	State NV	Zip Code 89434-9639
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 83 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Thomas G Friemood, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 880 Golden Ridge Rd #250		Transaction ID: 21046859
City Golden	State CO	Zip Code 80401-9541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Panorama Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard W Gamer, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 328D Providence Dr, Ste 200		Transaction ID: 21046839
City Anchorage	State AK	Zip Code 99508-4603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Anchorage Fracture & Orthopaedic Clnl	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William F Germin, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address St Elizabeth Medical Plaza Suite 200		Transaction ID: 21046847
City Lincoln	State NE	Zip Code 68510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Nebraska Orthopaedic & Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 84 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Thomas F Gleason, MD		Date of Receipt MM / DD / YYYY 02 / 15 / 2005
Mailing Address 734 Raleigh Road		Transaction ID: 21046862
City Glenview	State IL	Zip Code 60025-4326
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Illinois Bone & Joint Ins- titute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas A Greenwald, MD		Date of Receipt MM / DD / YYYY 02 / 15 / 2005
Mailing Address 839 Brookridge Ave		Transaction ID: 21046855
City Ames	State IA	Zip Code 50010-5864
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas P Gross, MD		Date of Receipt MM / DD / YYYY 02 / 15 / 2005
Mailing Address Midlands Orthopaedics 1910 Blanding St		Transaction ID: 21046797
City Columbia	State SC	Zip Code 29201-3520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Midlands Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 85 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Alan R Gurd, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 797D Darbys Run		Transaction ID: 21046817
City	State	Zip Code
Chagrin Falls	OH	44023-4839
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert A Gurtler, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 2192 Wagon Trail Rd		Transaction ID: 21046850
City	State	Zip Code
White Heath	IL	61884-9314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert D Hear		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 62 e 88th st		Transaction ID: 21046828
City	State	Zip Code
New York	NY	10128-1170
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TNs Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

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

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(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Larry D Heron, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 862 Meinecke Ave, #100		Transaction ID: 21046894
City San Luis Obispo	State CA	Zip Code 93405-3701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Central Coast Orthopaedic Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mark W Holmann, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 740 W Plymouth Ave		Transaction ID: 21046872
City Deland	State FL	Zip Code 32720-3292
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Melburn K Huebner, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 1901 Medi Park Dr, #1D		Transaction ID: 21046882
City Amarillo	State TX	Zip Code 79108-2105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. William Kenneth Jackson, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address Orthopedic Services 3600 Gaston Ave, LB 154		Transaction ID: 21046881
City Dallas	State TX	Zip Code 75246-1800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Edward M Jaffe, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 4500 Newberry Rd		Transaction ID: 21046823
City Gainesville	State FL	Zip Code 32607-2245
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Ortho Ctr of North Central Florida	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. D Marshall Jemison, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address Hayes Hand Center 979 E 3rd St, #C92D		Transaction ID: 21046841
City Chattanooga	State TN	Zip Code 37403-2138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hayes Hand Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 88 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Michael A Kelly, MD		Date of Receipt MM / DD / YYYY 02 / 15 / 2005
Mailing Address 178 E 85th St		Transaction ID: 21046871
City New York	State NY	Zip Code 10028-2119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John S Kirkpatrick, MD		Date of Receipt MM / DD / YYYY 02 / 15 / 2005
Mailing Address Univ of Alabama at Birmingham 510 20th Street South, FDT940		Transaction ID: 21046879
City Birmingham	State AL	Zip Code 35294-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Univ of Alabama at Birmingham	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard Sheldon Lashin, MD		Date of Receipt MM / DD / YYYY 02 / 15 / 2005
Mailing Address Hosp for Special Surgery 535 E 70th St		Transaction ID: 21046819
City New York	State NY	Zip Code 10021-4892
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hospital for Special Surgery	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
or each category of the
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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Paul S Lin, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 900 Buffalo Rd		Transaction ID: 21046856
City	State	Zip Code
Lewisburg	PA	17837-2600
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sun Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Edward C Littlejohn, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 14911 National Ave, Ste 3		Transaction ID: 21046829
City	State	Zip Code
Los Gatos	CA	95032-2632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Peter A Looby, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 810 East 23rd St Orthopaedic Institute		Transaction ID: 21046813
City	State	Zip Code
Sioux Falls	SD	57105-2135
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopedic Institute, PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 00 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Michael J Lucas, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 811 Lindsay, #200		Transaction ID: 21046830
City High Point	State NC	Zip Code 27262-4318
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Peter J Mandell, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 1663 Rollins Rd		Transaction ID: 21046837
City Burlingame	State CA	Zip Code 94010-2301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mathias A. Masera, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 3300 Webster St #202		Transaction ID: 21046873
City Oakland	State CA	Zip Code 94609-5120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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)
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FOR LINE NUMBER: PAGE 01 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Henry Rebon McCarroll, Jr, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 2351 Clay St, #510		Transaction ID: 21046868
City	State	Zip Code
San Francisco	CA	94115-1831
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Peter L Meehan, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 11685 Alpharetta Hwy, #285		Transaction ID: 21046845
City	State	Zip Code
Roswell	GA	30076-4882
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Clabome Lake Moseley, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 1007 E Matthews		Transaction ID: 21046838
City	State	Zip Code
Jonesboro	AR	72401-4308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Arkansas Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 02 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Tye Ouzounian, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 5620 Wilbur Ave, #216		Transaction ID: 21046804
City Tarzana	State CA	Zip Code 91356-1309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jacquelin Perry, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 12319 Brock Ave		Transaction ID: 21046854
City Downey	State CA	Zip Code 90242-3503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Retired	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. W Carlton Reckling, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 220B Omega		Transaction ID: 21046883
City Cheyenne	State WY	Zip Code 82009-1518
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 03 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Merrill A Ritter, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 119B Hadley Rd		Transaction ID: 21046866
City Mooreville	State IN	Zip Code 46158-1797
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mark J Rosen, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 2020 Palomino Ln, #220		Transaction ID: 21046849
City Las Vegas	State NV	Zip Code 89106-4891
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Samuel R Rosenfeld, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 131D W Stewart Dr, #508		Transaction ID: 21046840
City Orange	State CA	Zip Code 92668-3858
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer APOS	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 04 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Charles M Ruland, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 1507 Severncroft Road		Transaction ID: 21046835
City	State	Zip Code
Annapolis	MD	21401-5811
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Annis Arundel Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Andrew H Schmidt, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 363D Rosewood Lane		Transaction ID: 21046852
City	State	Zip Code
Plymouth	MN	55441-1126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hennepin Faculty Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert A Scortino, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 2821 N Ballas Rd, #C-15		Transaction ID: 21046805
City	State	Zip Code
Saint Louis	MO	63131-2300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer St Louis Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 05 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Stewart Sheffield, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 101 Laguna Rd, #A		Transaction ID: 21046796
City Fullerton	State CA	Zip Code 92835-3688
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Fullerton Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Kevin G Shea, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 800 N Robbins Rd Ste 4D1		Transaction ID: 21046816
City Boise	State ID	Zip Code 83702-4566
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Intermountain Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey R Smith, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 2846 N Foothill Dr		Transaction ID: 21046824
City Provo	State UT	Zip Code 84604-4390
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 06 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Edward F W Swan, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 1901 Jess Parrish Ct		Transaction ID: 21046820
City Tibusville	State FL	Zip Code 32786-2187
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David Teuscher, MD,		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 365D Laurel Ave Attn: Maris Mehaffey		Transaction ID: 21046892
City Beaumont	State TX	Zip Code 77707-2216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas H Thompson		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 250B NW Medical Park Drive		Transaction ID: 21046888
City Roseburg	State OR	Zip Code 97470-5505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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)
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FOR LINE NUMBER: PAGE 07 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. James K Ushiba, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 11623 Spur Road		Transaction ID: 21046821
City Monterey	State CA	Zip Code 93940-6666
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Precision Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Andrew J Vear, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 1801 N Senate Blvd		Transaction ID: 21046880
City Indianapolis	State IN	Zip Code 46202-1228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Lawrence R Walker, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address P O Box 925 294 N Fairway		Transaction ID: 21046890
City Lake Arrowhead	State CA	Zip Code 92352-0525
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer OMG Riverside CA	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
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or each category of the
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FOR LINE NUMBER: PAGE 08 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Mark Welisch, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 16311 Ventura Blvd, #800		Transaction ID: 21046800
City	State	Zip Code
Encino	CA	91436-2140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer OCMG Inc.	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey D Yoder, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 1907 W Sycamore St Medical Office Bldg 200		Transaction ID: 21046893
City	State	Zip Code
Kokomo	IN	46901-4197
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James H Armstrong, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 2000 Normandie Dr		Transaction ID: 21046828
City	State	Zip Code
Montgomery	AL	36111-2700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 08 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Marshall G Baca, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 241 D W Pierce		Transaction ID: 21046822
City Carlsbad	State NM	Zip Code 88220-3512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William P Barrett, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 4011 Talbot Rd S, #300		Transaction ID: 21046858
City Renton	State WA	Zip Code 98055-5791
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Valley Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Gary David Bothner, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 13753 Locust Ln		Transaction ID: 21046875
City Nampa	State ID	Zip Code 83688-9109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Medical Center Physicians	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Jeffrey Evan Budoff, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 855D Fannin #2525		Transaction ID: 21046814
City	State	Zip Code
Houston	TX	77030-2744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Scott J Cahoon, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 1506 Rock Quarry Rd		Transaction ID: 21046831
City	State	Zip Code
Stockbridge	GA	30281-5047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ReSurgeons Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jose A Colkzo-Borilla, MD		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address EDIF Prof Hospital Menonita, #306		Transaction ID: 21046889
City	State	Zip Code
Aibonito	PR	00705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TNs Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 101 / 365
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Barbara G Frieman, MD		Date of Receipt M / D / Y 02 / 16 / 2005
Mailing Address 925 Chestnut St 5th Fl		Transaction ID: 21070065
City Philadelphia	State PA	Zip Code 19107-4216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Audrey K Teas, MD		Date of Receipt M / D / Y 02 / 16 / 2005
Mailing Address Univ of Mississippi Med Ctr 2500 North State Street		Transaction ID: 21070058
City Jackson	State MS	Zip Code 39216-4505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Univ of Mississippi Medi- cal Ctr.	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Russell E Windsor, MD		Date of Receipt M / D / Y 02 / 16 / 2005
Mailing Address Hosp for Special Surgery 535 E 70th St		Transaction ID: 21070061
City New York	State NY	Zip Code 10021-4892
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hospital for Special Surg- ery	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 102 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Thomas E Baier, MD		Date of Receipt M / D / Y 02 / 16 / 2005
Mailing Address 725 Stonegate		Transaction ID: 21070053
City Libertyville	State IL	Zip Code 60048-1855
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Greenleaf Orthopedic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Dwight W Bumes, III, MD		Date of Receipt M / D / Y 02 / 16 / 2005
Mailing Address New Mexico Orthopaedics 201 Cedar SE Ste 8800		Transaction ID: 21070066
City Albuquerque	State NM	Zip Code 87106-5411
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer New Mexico Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael H Gordon, MD		Date of Receipt M / D / Y 02 / 18 / 2005
Mailing Address 3350 Highway 138 Building 2 Suite 125		Transaction ID: 21082885
City Wall Township	State NJ	Zip Code 07719-9693
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gordon Consulting	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 103 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. William C MacCarty, III, MD		Date of Receipt M / D / Y 02 / 18 / 2005
Mailing Address 422 Hamilton Blvd		Transaction ID: 21082983
City	State	Zip Code
South Boston	VA	24582-5200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Keith A Mayo, MD		Date of Receipt M / D / Y 02 / 18 / 2005
Mailing Address 1112 6th Ave		Transaction ID: 21082982
City	State	Zip Code
Tacoma	WA	98405-4040
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas D McElain, MD		Date of Receipt M / D / Y 02 / 18 / 2005
Mailing Address 3045 S National Ave Ste 100		Transaction ID: 21082981
City	State	Zip Code
Springfield	MO	65804-4288
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 104 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Mark W Woolf		Date of Receipt M / D / Y 02 / 18 / 2005
Mailing Address 800 ORTHOPEDIC WAY		Transaction ID: 21082986
City Arlington	State TX	Zip Code 76015-1629
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Arlington Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael J Berck, MD		Date of Receipt M / D / Y 02 / 18 / 2005
Mailing Address 711 Westminster Ave		Transaction ID: 21082980
City Elizabeth	State NJ	Zip Code 07208-2210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas W Gurray, MD		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 975 E 3rd St, Box 260		Transaction ID: 21147583
City Chattanooga	State TN	Zip Code 37403-2103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	1300.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 105 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Stephen F Emery, MD		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address Big Horn Basin Orthopaedic Clinic 720 Lindsay Lane Ste C		Transaction ID: 21146544
City	State	Zip Code
Cody	WY	82414-3434
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Big Horn Basin Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas L Erikson, MD		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 178D E Florence Blvd Ste 108		Transaction ID: 21147600
City	State	Zip Code
Casa Grande	AZ	85222-4782
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Sierra Orthopaedics PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Donald O Fareed, MD		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address PO Box 50547		Transaction ID: 21146531
City	State	Zip Code
Santa Barbara	CA	93150-0547
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 106 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Bruce T Faure, MD		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 8849 W Ridgeview Dr		Transaction ID: 21146570
City Mequon	State WI	Zip Code 53092-1008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David A Fisher, MD		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 1801 N Senate Blvd, #200		Transaction ID: 21147596
City Indianapolis	State IN	Zip Code 46202-1243
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedics of Indianapo- lis	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas M Florack, MD		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address Prevea Clinic 900 South Webster Avenue		Transaction ID: 21146571
City Green Bay	State WI	Zip Code 54301-3508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Prevea Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 107 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Kimberly Lee Fury, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address 375 E Park Ave, #200		Transaction ID: 21147605
City Durango	State CO	Zip Code 81301-5012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Durango Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Victor Goldberg, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address Case Western Reserve Univ 11100 Euclid Ave		Transaction ID: 21146588
City Cleveland	State OH	Zip Code 44106-5043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Case Western Reserve University	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael Lee Granberry, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address 381D Springhill Memorial Dr N		Transaction ID: 21146525
City Mobile	State AL	Zip Code 36608-1162
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Alabama Orthopaedic Clinics, PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 108 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Thomas Jeffrey Green, MD		Date of Receipt M / D / Y 03 / 02 / 2005	
Mailing Address 1 Dunwoody Dr		Transaction ID: 21147589	
City Carlisle	State PA	Zip Code 17013-9565	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. John McArthur Harris, III, MD		Date of Receipt M / D / Y 03 / 02 / 2005	
Mailing Address Boston VA Medical Ctr 150 S Huntington Ave		Transaction ID: 21146607	
City Boston	State MA	Zip Code 02130-4817	Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. C			
Name of Employer Dept. of Veterans Affairs. Boston VAMC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 350.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. David M Henneghan, MD		Date of Receipt M / D / Y 03 / 02 / 2005	
Mailing Address 824 Illinois Ave Rice Medical Center		Transaction ID: 21147577	
City Stevens Point	State WI	Zip Code 54481-3112	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Rice Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	2350.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 100 / 365
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. G Brian Holloway, MD		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 280 Fort Sanders West Blvd		Transaction ID: 21146594
City	State	Zip Code
Knoxville	TN	37822-3355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Dr. Raymond L Horwood, MD		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 1575 Balmoral Way		Transaction ID: 21147580
City	State	Zip Code
Westlake	OH	44145-2416
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Associates, Inc	Occupation Orthopaedic Surgeon	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Dr. Richard Johnston, MD		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 1050 Old Des Peres Rd Sta 100		Transaction ID: 21146573
City	State	Zip Code
Saint Louis	MO	63131-1873
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts TN's Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)
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13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Andrew Peter Kant, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address 17270 Red Oak Dr, #200		Transaction ID: 21146564
City	State	Zip Code
Houston	TX	77060-2632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Craig T Kerins, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address 1521 Anthony Rd		Transaction ID: 21146564
City	State	Zip Code
Augusta	GA	30904-4838
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Augusta Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Brian E Kozar, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address PO Box 975		Transaction ID: 21146562
City	State	Zip Code
Zachary	LA	70791-0575
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Zachary Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Robert C Kramer, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address 385D Laurel Ave		Transaction ID: 21147579
City	State	Zip Code
Beaumont	TX	77707-2216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Alan G Lewis, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address Eastern Oklahoma Orthopedic Center 8475 S. Yale Ave Ste. 301		Transaction ID: 21146539
City	State	Zip Code
Tulsa	OK	74136-7815
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Eastern Oklahoma Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David A Lewis, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address 12522 E Lambert Rd, Ste A		Transaction ID: 21146533
City	State	Zip Code
Whittier	CA	90608-2758
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 112 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Mark Grandell Luker, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005	
Mailing Address Rocky Mountain Orthopaedic Assoc, 627 25 1/2 Road		Transaction ID: 21146572	
City Grand Junction	State CO	Zip Code 81505-1001	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Rocky Mountain Orthopaedic Assoc Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. Dr. Robert R Madigan, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005	
Mailing Address PO Box 51090		Transaction ID: 21146599	
City Knoxville	State TN	Zip Code 37950-1090	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Southeastern Orthopaedics Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) C. Dr. Scott K McClelland, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005	
Mailing Address 135 East Shore Rd		Transaction ID: 21147588	
City Monroe	State LA	Zip Code 71203-6857	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopaedic Clinic of NE LA Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts TN's Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

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ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Karen Jane McRae, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address 107 Lands End Ct		Transaction ID: 21146595
City State Zip Code Piney Flats TN 37686-5103	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Watauga Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Anthony E Melonakos, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address 1420 North Monroe St		Transaction ID: 21146543
City State Zip Code Monroe MI 48162-4211	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John K Marson, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address 848 Miranda Creek Ct		Transaction ID: 21146598
City State Zip Code Alamo CA 94507-1467	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer East Bay Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

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

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

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(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Mark F Mills, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address 880 Golden Ridge Rd		Transaction ID: 21146587
City	State	Zip Code
Golden	CO	80401-9541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Panorama Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey G Makris, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address 1001 Blythe Blvd, #200		Transaction ID: 21147606
City	State	Zip Code
Charlotte	NC	28203-5863
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Miller Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert W Nolan, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address 111 Wakelee Ave		Transaction ID: 21146577
City	State	Zip Code
Ansonia	CT	06401-1151
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 115 / 365

(check only one)

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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Gregory G Orson, MD		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 204B Rose Creek Blvd		Transaction ID: 21146558
City Fargo	State ND	Zip Code 58104-6878
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Merit Care Health System	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Douglas Gerald Penkatz, MD		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 108D S Van Dyke		Transaction ID: 21146566
City Bad Axe	State MI	Zip Code 48113-9635
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey A Rodgers, MD		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address Des Moines Orthopaedic Surgeons 8001 Westown Parkway		Transaction ID: 21146567
City West Des Moines	State IA	Zip Code 50266-7702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer DMOS	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
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FOR LINE NUMBER: PAGE 116 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Ronald R. Romanelli, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005	
Mailing Address 3138 Old Jacksonville Rd Ste 150		Transaction ID: 21146583	
City Springfield	State IL	Zip Code 62704-6487	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopaedic Center of Illinois Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. Dr. Roberta Edmondson Rose, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005	
Mailing Address 800 E Center St PO Box 1222		Transaction ID: 21146528	
City Warsaw	State IN	Zip Code 46580-3397	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) C. Dr. Frank H. Schmidt, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005	
Mailing Address Big Horn Basin Orthopaedic Clinic 720 Lindsay Lane		Transaction ID: 21146545	
City Cody	State WY	Zip Code 82414-3434	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Big Horn Basin Orthopaedic Clinic Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

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

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

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Miguel Antonio Schmitz, MD		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 800 Hillside Ave		Transaction ID: 21147599
City Klamath Falls	State OR	Zip Code 97601-2214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William T. Sieco, MD		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address CSK Medical Partners 4110 22nd Place		Transaction ID: 21147603
City Lubbock	State TX	Zip Code 79410-1122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer CSK Medical Partners	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas Greg Sommerkamp, MD		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 20 Medical Village Dr, #177		Transaction ID: 21146803
City Edgewood	State KY	Zip Code 41017-5407
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hand Surgery Specialists, Inc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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Use separate schedule(s)
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13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. John E Spieker, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address 17005 Old Orchard Rd		Transaction ID: 21147590
City Lewes	State DE	Zip Code 19858-4828
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James M Timoney, DO		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address 126 Sunderland Dr		Transaction ID: 21146575
City Auburn	State ME	Zip Code 04210-9234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Russell A Wagner, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address 558 8th Ave		Transaction ID: 21146538
City Fort Worth	State TX	Zip Code 76104-2080
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Eugene Michael Wolf, MD		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 3000 California St 3rd Floor		Transaction ID: 21146530
City San Francisco	State CA	Zip Code 94115-2411
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Brant Allen, MD		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 4760 W Sunset Blvd		Transaction ID: 21147575
City Los Angeles	State CA	Zip Code 90027-6063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey John Anderson, MD		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 333 O'Connor Dr		Transaction ID: 21146528
City San Jose	State CA	Zip Code 95128-1623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 120 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Michael J Archibeck, MD		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 440B Chinlee Ave		Transaction ID: 21147602
City	State	Zip Code
Albuquerque	NM	87110-5715
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer New Mexico Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Philip R Basilla, Jr, MD		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 8424 Taylor Oaks		Transaction ID: 21147574
City	State	Zip Code
Alexandria	LA	71301-2772
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mid-State Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William Lamont Barger, MD		Date of Receipt M / D / Y 03 / 02 / 2005
Mailing Address 1020 29th St #450		Transaction ID: 21148554
City	State	Zip Code
Sacramento	CA	95818-5173
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Thomas J Blumenfeld, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address 1020 28th St Ste 450		Transaction ID: 21146553
City	State	Zip Code
Sacramento	CA	95816-5173
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Stephen L Brenneke, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address 351 D N E 122nd, #103		Transaction ID: 21146538
City	State	Zip Code
Portland	OR	97230-1500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Burnat Todd Clarke, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address 3850 Laurel Ave		Transaction ID: 21146581
City	State	Zip Code
Beaumont	TX	77707-2218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 365

(check only one)

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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Edward J Collins, Jr, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address 150 Mansfield Ave		Transaction ID: 21146597
City	State	Zip Code
Willimantic	CT	06226-2026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Conn Sports Med & Ortho Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Rick F Papandrea, MD		Date of Receipt M / D / Y Y Y Y 03 / 02 / 2005
Mailing Address 1111 Delafield St Ste 120		Transaction ID: 21146557
City	State	Zip Code
Waukesha	WI	53188-3402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Andrew Roger Cunen, MD		Date of Receipt M / D / Y Y Y Y 03 / 03 / 2005
Mailing Address 4262 S Rustler Lane		Transaction ID: 21147612
City	State	Zip Code
Meridian	ID	63642-6883
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Salzer Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Jack Farr, II, MD		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 5255 E Stop 11 Rd Ste 300		Transaction ID: 21147635
City Indianapolis	State IN	Zip Code 46237-6340
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John Wilbert Goldberg		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 24 Salt Pond Rd Sba E-1		Transaction ID: 21147642
City Wakefield	State RI	Zip Code 02879-4335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Frank A B Gottschalk, MD		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address U of TX Southwestern Med School Dept of Ortho Surgery		Transaction ID: 21147622
City Dallas	State TX	Zip Code 75390-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer UT Southwestern	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. William L Green, MD		Date of Receipt M / D / Y 03 / 03 / 2005	
Mailing Address 383B California St		Transaction ID: 21147640	
City	State	Zip Code	Amount of Each Receipt this Period 250.00
San Francisco	CA	94118-1522	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Clark Alan Gunderson, MD		Date of Receipt M / D / Y 03 / 03 / 2005	
Mailing Address 2815 Enterprise Blvd		Transaction ID: 21147626	
City	State	Zip Code	Amount of Each Receipt this Period 500.00
Lake Charles	LA	70001-7675	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. John G Haller, MD		Date of Receipt M / D / Y 03 / 03 / 2005	
Mailing Address The Emory Spine Center 59 Executive Park South NE #3000		Transaction ID: 21147630	
City	State	Zip Code	Amount of Each Receipt this Period 250.00
Atlanta	GA	30329-2208	
FEC ID number of contributing federal political committee. C			
Name of Employer Emory Spine Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 125 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Harry N Herkowitz, MD		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address Medical Office Building 3535 W 13 Mile Rd, Ste 604		Transaction ID: 21147638
City Royal Oak	State MI	Zip Code 48073-6710
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Stephen S Hurst, MD		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 77 N San Mateo Dr		Transaction ID: 21147620
City San Mateo	State CA	Zip Code 94401-2889
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer San Mateo Ortho Med Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Paul Alan Kammatocher, MD		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 111 D N Lee		Transaction ID: 21147624
City Oklahoma City	State OK	Zip Code 73103-2612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer McBride Clinic Inc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 126 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Kirk Kindsfater, MD		Date of Receipt M / D / Y Y Y Y 03 / 03 / 2005
Mailing Address 1713 Brentford Ln		Transaction ID: 21147636
City Fort Collins	State CO	Zip Code 80525-4704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Joseph M Lans, MD		Date of Receipt M / D / Y Y Y Y 03 / 03 / 2005
Mailing Address Hospital for Special Surgery 535 E 70th St		Transaction ID: 21147629
City New York	State NY	Zip Code 10021-4838
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hospital for Special Surgery	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Ann Wayne Lardna, MD		Date of Receipt M / D / Y Y Y Y 03 / 03 / 2005
Mailing Address 3850 Laurel		Transaction ID: 21147641
City Beaumont	State TX	Zip Code 77707-2218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1300.00
TOTAL This Period (last page this line number only)	

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

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

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(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. James H Lubowitz, MD		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 121B-A Gusdorf Rd		Transaction ID: 21147634
City	State	Zip Code
Taos	NM	87571-6499
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 475.00
Name of Employer Taos Orthopaedic Institute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 475.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Fred G McQueary, MD		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 1229 E Seminole St		Transaction ID: 21147607
City	State	Zip Code
Springfield	MO	65804-2227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer St John's Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William Robert Niedemeier, MD		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 35 Prairie Ave, #200		Transaction ID: 21147619
City	State	Zip Code
Prairie Du Sac	WI	53578-1500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates of Sauk Prairie	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1975.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 128 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Lyle Sorensen, MD		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 1100 9th Ave PO Box 980		Transaction ID: 21147609
City Seattle	State WA	Zip Code 98101-2799
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Virginia Mason Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James C Strazari, MD		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 11550 Indian Hills Rd, #351		Transaction ID: 21147639
City Mission Hills	State CA	Zip Code 91345-1252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Charles V Tatt, MD		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 170 Kimel Park Drive		Transaction ID: 21147631
City Winston-Salem	State NC	Zip Code 27103-6548
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Specialists of the Carolin	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 129 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Clay M Wertheimer, MD		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 1100 Pacific Ave, #300 Everett Bone and Joint		Transaction ID: 21147610
City Everett	State WA	Zip Code 98201-4261
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Everett Bone & Joint	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Brian P Wicks, MD		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 12784 Silverdale Way		Transaction ID: 21147611
City Silverdale	State WA	Zip Code 98283-7714
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Doctors Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John A Yezeraki, MD		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 300 S 8th St, #178		Transaction ID: 21147628
City Murray	State KY	Zip Code 42071-2400
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 130 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Alexander Blevens, MD		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 3635 Bienville Blvd		Transaction ID: 21147623
City	State	Zip Code
Ocean Springs	MS	39564-5711
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Blenville Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert H Bkolar, MD		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 1414 W Fair Ave Ste 149		Transaction ID: 21147617
City	State	Zip Code
Marquette	MI	49855-5408
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Surgery Associates of Marq	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Henry G Chambers, MD		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 3030 Children's Way, #410		Transaction ID: 21147615
City	State	Zip Code
San Diego	CA	92123-4228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Children's Specialists of San Diego	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 131 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Clifford W Colevel, Jr. MD		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 11025 N Torrey Pines Rd Ste 140		Transaction ID: 21147625
City La Jolla	State CA	Zip Code 92037-1030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Scripps Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Charles E Cook, MD		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 844D Walnut Hill Ln, #110		Transaction ID: 21147621
City Dallas	State TX	Zip Code 75231-3824
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Kourosh Karsh Jafari, MD		Date of Receipt M / D / Y 03 / 03 / 2005
Mailing Address 2 Marilana		Transaction ID: 21147633
City Houston	State TX	Zip Code 77007-7048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 365
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Douglas Mark Cooper, MD		Date of Receipt M / D / Y 03 / 04 / 2005
Mailing Address Iowa Orthopaedic Society 312 E Main St Ste 2400		Transaction ID: 21148992
City Marshalltown	State IA	Zip Code 50158-1885
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Iowa Orthopaedic Society	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Randolph Copeland, MD		Date of Receipt M / D / Y 03 / 04 / 2005
Mailing Address 1609 Red Rock Dr		Transaction ID: 21148991
City Gallup	State NM	Zip Code 87301-5651
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer US Public Health Service, IHS	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Elana Carla Hawkey, MD		Date of Receipt M / D / Y 03 / 04 / 2005
Mailing Address 1009 Goldenrod Ln		Transaction ID: 21148989
City San Luis Obispo	State CA	Zip Code 93401-7695
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Merian Community Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1300.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 133 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. John D Kelly, IV, MD		Date of Receipt M / D / Y Y Y Y 03 / 04 / 2005
Mailing Address Temple University Hospital 3400 N Broad Street		Transaction ID: 21148980
City Philadelphia	State PA	Zip Code 19140-5199
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Temple University	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard F McKay, MD		Date of Receipt M / D / Y Y Y Y 03 / 04 / 2005
Mailing Address 8 Medical Dr		Transaction ID: 21148981
City Amarillo	State TX	Zip Code 79106-4169
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David Karl Mehne, MD		Date of Receipt M / D / Y Y Y Y 03 / 04 / 2005
Mailing Address 32 Sandia Heights Drive NE		Transaction ID: 21148984
City Albuquerque	State NM	Zip Code 87122-2009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Mennonite General Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

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

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Rafat Nashed, MD		Date of Receipt M / D / Y 03 / 04 / 2005
Mailing Address 32 Sackston Woods Lane		Transaction ID: 21148987
City Creve Coeur	State MO	Zip Code 63141-8228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. D Gordon Newbern, MD		Date of Receipt M / D / Y 03 / 04 / 2005
Mailing Address 800 S McKinley St, #102		Transaction ID: 21148986
City Little Rock	State AR	Zip Code 72205-5211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mary I O'Connor, MD		Date of Receipt M / D / Y 03 / 04 / 2005
Mailing Address 4500 San Pablo Rd		Transaction ID: 21148990
City Jacksonville	State FL	Zip Code 32224-1885
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Mayo Clinic Jacksonville	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 135 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Alexander Pruitt, MD		Date of Receipt M / D / Y 03 / 04 / 2005
Mailing Address 20 West 8th St Suite 1		Transaction ID: 21148985
City Spencer	State IA	Zip Code 51301-3801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William David Weiss, MD		Date of Receipt M / D / Y 03 / 04 / 2005
Mailing Address 124D Jesse Jewell Pkwy SE Suite 300		Transaction ID: 21148988
City Gainesville	State GA	Zip Code 30501-3819
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Specialty Clinics of Georgia	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James Frank Bethea, MD		Date of Receipt M / D / Y 03 / 04 / 2005
Mailing Address Columbia Orthopaedic Specialists 1301 Taylor St., Ste. 3-0		Transaction ID: 21148879
City Columbia	State SC	Zip Code 29201-2548
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Columbia Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 136 / 365
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Jeffrey W Cook, MD		Date of Receipt M / D / Y Y Y Y 03 / 04 / 2005
Mailing Address Franklin Ortho & Sports Med 3310 Aspen Grove Dr, #102		Transaction ID: 21148982
City Franklin	State TN	Zip Code 37067-2841
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Franklin Ortho & Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William DB Hiller, MD		Date of Receipt M / D / Y Y Y Y 03 / 04 / 2005
Mailing Address 85-1230 Mamelahoa Hwy #C14		Transaction ID: 21148983
City Kamuela	State HI	Zip Code 96743-8445
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John C Emdin, MD		Date of Receipt M / D / Y Y Y Y 03 / 07 / 2005
Mailing Address 3880 N W Samaritan Dr		Transaction ID: 21152227
City Corvallis	State OR	Zip Code 97330-5781
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Corvallis Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

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

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

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(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Daniel A Funk, MD		Date of Receipt M / D / Y 03 / 07 / 2005
Mailing Address 2123 Aurbum Ave Ste 322		Transaction ID: 21152257
City Cincinnati	State OH	Zip Code 45219-2806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Brian E Gunnlaugson, MD		Date of Receipt M / D / Y 03 / 07 / 2005
Mailing Address 1257 Laurel View Dr		Transaction ID: 21152226
City Johnstown	State PA	Zip Code 15905-1509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey Keiner, MD		Date of Receipt M / D / Y 03 / 07 / 2005
Mailing Address 1411 S Potomac, #400		Transaction ID: 21152285
City Aurora	State CO	Zip Code 80012-4540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 138 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Howard B Krone, MD		Date of Receipt MM / DD / YYYY 03 / 07 / 2005
Mailing Address 3633 Tuxedo Rd NW		Transaction ID: 21152281
City Atlanta	State GA	Zip Code 30305-1015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas McEligott, MD		Date of Receipt MM / DD / YYYY 03 / 07 / 2005
Mailing Address 2415 Wald St Suite B		Transaction ID: 21152235
City Conyers	State GA	Zip Code 30013-6384
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Clabome Lake Moseley, MD		Date of Receipt MM / DD / YYYY 03 / 07 / 2005
Mailing Address 1007 E Matthews		Transaction ID: 21152238
City Jonesboro	State AR	Zip Code 72401-4308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Arkansas Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. S Glen Neale, MD		Date of Receipt M / D / Y 03 / 07 / 2005
Mailing Address 530 Washington Hwy Ste 8		Transaction ID: 21152233
City Morrisville	State VT	Zip Code 05661-8716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeffery L Pierson, MD		Date of Receipt M / D / Y 03 / 07 / 2005
Mailing Address 8402 Harcourt Rd Ste 128		Transaction ID: 21152255
City Indianapolis	State IN	Zip Code 46260-2094
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Joint Replacement Surgeons of Indiana	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert E Reeve, MD		Date of Receipt M / D / Y 03 / 07 / 2005
Mailing Address 3808 Woodcrest Rd		Transaction ID: 21152224
City Temple	State TX	Zip Code 76702-2140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Scott & White Memorial Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Jon A Simpson, MD		Date of Receipt M / D / Y Y Y Y 03 / 07 / 2005
Mailing Address Cumberland Orthopaedics 645 S Main St Ste 104		Transaction ID: 21152234
City Crossville	State TN	Zip Code 38555-5009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Cumberland Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Terry Smith, MD		Date of Receipt M / D / Y Y Y Y 03 / 07 / 2005
Mailing Address 1334 Hepaki		Transaction ID: 21152226
City Kailua	State HI	Zip Code 96734-4512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Norman Sweltek, DO		Date of Receipt M / D / Y Y Y Y 03 / 07 / 2005
Mailing Address 149-30 88th St		Transaction ID: 21152263
City Howard Beach	State NY	Zip Code 11414-1438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 141 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Michael L Svank, MD		Date of Receipt M / D / Y 03 / 07 / 2005	
Mailing Address 9825 Kenwood Rd, #200		Transaction ID: 21152268	
City Cincinnati	State OH	Zip Code 45242-6252	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Freiberg Spine Institute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Surash Velagapudi, MD		Date of Receipt M / D / Y 03 / 07 / 2005	
Mailing Address 2111 Ogden Ave		Transaction ID: 21152231	
City Aurora	State IL	Zip Code 60504-7597	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Castle Orthopaedics & Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Daniel D Weed, MD		Date of Receipt M / D / Y 03 / 07 / 2005	
Mailing Address 9411 N Oak Trafficway #240		Transaction ID: 21152228	
City Kansas City	State MO	Zip Code 64155-2262	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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FOR LINE NUMBER: PAGE 142 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Gunnar B J Andersson, MD		Date of Receipt MM / DD / YYYY 03 / 07 / 2005
Mailing Address Rush Presbyterian St Lukes Med Ctr 1653 W Congress Parkway		Transaction ID: 21152266
City Chicago	State IL	Zip Code 60612-3833
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Midwest Orthopaedics at Rush	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Husam Behrani, MD		Date of Receipt MM / DD / YYYY 03 / 07 / 2005
Mailing Address 17202 Red Oak Dr, #307		Transaction ID: 21152256
City Houston	State TX	Zip Code 77060-2647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Texas Orthopaedics & Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David F Bindegless, MD		Date of Receipt MM / DD / YYYY 03 / 07 / 2005
Mailing Address 75 Kings Highway Cutoff		Transaction ID: 21152269
City Fairfield	State CT	Zip Code 06824-5340
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Specialty Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 143 / 365
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Tomasz W Borowiecki, MD		Date of Receipt M / D / Y Y Y Y 03 / 07 / 2005
Mailing Address 49 Linden Lane		Transaction ID: 21152230
City Springfield	State IL	Zip Code 62712-8065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Springfield Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Hugo Victor Cweser, MD		Date of Receipt M / D / Y Y Y Y 03 / 07 / 2005
Mailing Address PO Box 8080		Transaction ID: 21152264
City Charlotte Amalie	State VI	Zip Code 00801-1080
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jack E Parr, PhD		Date of Receipt M / D / Y Y Y Y 03 / 07 / 2005
Mailing Address 358B Daviesshire Cove		Transaction ID: 21152287
City Memphis	State TN	Zip Code 38133-0509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Research Scientist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 144 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Louis Charles Rose, MD		Date of Receipt M / D / Y 03 / 07 / 2005
Mailing Address 305B East Tremont Ave		Transaction ID: 21152259
City Bronx	State NY	Zip Code 10461-5726
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Norman L Dunitz, MD		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address 4802 S 109 E Ave		Transaction ID: 21153661
City Tulsa	State OK	Zip Code 74146-5822
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Tulsa Bone and Joint Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David A Esposito, MD		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address 1717 Shipyard Blvd Ste 350		Transaction ID: 21153699
City Wilmington	State NC	Zip Code 28403-6022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 145 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. J William Follows, Jr, MD		Date of Receipt M / D / Y Y Y Y 03 / 08 / 2005
Mailing Address 1200 1st Ave E, #C		Transaction ID: 21153668
City Spencer	State IA	Zip Code 51301-4342
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NWB	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mark C Gebhardt		Date of Receipt M / D / Y Y Y Y 03 / 08 / 2005
Mailing Address 330 Brookline Ave Shapiro 298		Transaction ID: 21153660
City Boston	State MA	Zip Code 02215-5400
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Beth Israel Deaconess Med- ical Ctr	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John C Gordon, MD		Date of Receipt M / D / Y Y Y Y 03 / 08 / 2005
Mailing Address 6830 Hospital Dr Ste #202		Transaction ID: 21153703
City Baltimore	State MD	Zip Code 21237-4377
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 146 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. William J Holt, MD		Date of Receipt M / D / Y Y Y Y 03 / 08 / 2005	
Mailing Address Quincy Med Group 1025 Maine St		Transaction ID: 21153701	
City Quincy	State IL	Zip Code 62301-4038	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
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) B. Dr. Stephen T Icard, MD		Date of Receipt M / D / Y Y Y Y 03 / 08 / 2005	
Mailing Address PO Box 2447		Transaction ID: 21153705	
City Tuscaloosa	State AL	Zip Code 35403-2447	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer University Orthopaedics	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) C. Dr. Kenneth K Ishizu, MD		Date of Receipt M / D / Y Y Y Y 03 / 08 / 2005	
Mailing Address 12705 Costa Cordillera		Transaction ID: 21153871	
City Salinas	State CA	Zip Code 93508-8542	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
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) ► **1750.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 147 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Lowry Jones, Jr. MD		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address Dickson Driveley Midwest Orthopedic 3651 College Blvd.		Transaction ID: 21153672
City Leawood	State KS	Zip Code 66211-1804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Dickson Driveley Midwest Ortho Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey Lozman, MD		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address 1367 Washington Ave Ste 200		Transaction ID: 21153718
City Albany	State NY	Zip Code 12206-1043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Capital Region Orthopaedic Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William A. Matrese, MD		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address 342 Hamburg Tpke		Transaction ID: 21153683
City Wayne	State NJ	Zip Code 07470-2162
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 148 / 365
(check only one)
 11a 11b 11c 12
13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Scott M Marrell, MD		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address 3211 Iris Drive		Transaction ID: 21153667
City	State	Zip Code
Covington	GA	30016-0807
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Anbu Nataraj, MD		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address 236 East Cedar Dr		Transaction ID: 21153674
City	State	Zip Code
Pikeville	KY	41501-2021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas J Parr, MD		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address 14090 Southwest Fwy Ste 130		Transaction ID: 21153689
City	State	Zip Code
Sugar Land	TX	77478-3683
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Brian S Parsley, MD		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address Baylor Col of Med Hosps 6550 Fannin St, Suite 2600		Transaction ID: 21153664
City Houston	State TX	Zip Code 77030-2750
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Baylor College of Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Dennis P Rivara, MD		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address Dept of Orthopaedics UNM Health Science Ctr		Transaction ID: 21153679
City Albuquerque	State NM	Zip Code 87131-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UNM Health Science Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Charles P Schneider, MD		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address 208 E Elm St		Transaction ID: 21153678
City Caldwell	State ID	Zip Code 83605-4894
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 150 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Richard J Stenberg, MD		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address 1200 Norman Eskridge Hwy Ste 100		Transaction ID: 21153702
City Seaford	State DE	Zip Code 19073-1726
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Clarence A Temple, MD		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address 3435 NE Loop, #286		Transaction ID: 21153662
City Paris	State TX	Zip Code 75460-5088
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Paris Ortho Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Lesley J Anderson, MD		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address 2100 Webster St #308		Transaction ID: 21153678
City San Francisco	State CA	Zip Code 94115-2378
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

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(check only one)

11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. LeRoy Scott Atkins, Jr, MD Mailing Address PD Box 2447 City Tuscaloosa State AL Zip Code 35403-2447 FEC ID number of contributing federal political committee. C		Date of Receipt M / D / Y Y Y Y 03 / 08 / 2005 Transaction ID: 21153698 Amount of Each Receipt this Period 1000.00
Name of Employer University Orthopaedics Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00 Receipt For: Primary General Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Dr. David C Baker, MD Mailing Address 19 Brookwood Ave Ste 1D4 City Carlisle State PA Zip Code 17013-9142 FEC ID number of contributing federal political committee. C		Date of Receipt M / D / Y Y Y Y 03 / 08 / 2005 Transaction ID: 21153717 Amount of Each Receipt this Period 400.00
Name of Employer Self Employed Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 400.00 Receipt For: Primary General Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Dr. John W Blute, Jr, MD Mailing Address No 11 Brier Hill Road City Acton State MA Zip Code 01720-7751 FEC ID number of contributing federal political committee. C		Date of Receipt M / D / Y Y Y Y 03 / 08 / 2005 Transaction ID: 21153880 Amount of Each Receipt this Period 250.00
Name of Employer Concord Orthopaedics, Inc. Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00 Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ► **1650.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 152 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Tomasz W Borowiecki, MD		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address 49 Linden Lane		Transaction ID: 21153670
City Springfield	State IL	Zip Code 62712-8865
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Springfield Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. H Chester Boston, Jr, MD		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address PO Box 2447		Transaction ID: 21153682
City Tuscaloosa	State AL	Zip Code 35403-2447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University Orthopaedic Cl- inic PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John P Buckley, MD		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address PO Box 2447		Transaction ID: 21153708
City Tuscaloosa	State AL	Zip Code 35403-2447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2100.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 153 / 365

(check only one)

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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. David L Cohen, MD		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address Orthopaedic And Spine Specialists, 2339 S George St		Transaction ID: 21153663
City York	State PA	Zip Code 17403-5009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer OSS	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. J Dean Cole, MD		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address 2501 N Orange Ave Ste 340		Transaction ID: 21153706
City Orlando	State FL	Zip Code 32804-4601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert Ray Cunningham, MD		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address P O Box 0		Transaction ID: 21155294
City Columbia	State MO	Zip Code 65205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Columbia Orthopaedic Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Benjamin Guli, MD		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address 3366 Oakdale Ave N Ste 103		Transaction ID: 21155323
City Minneapolis	State MN	Zip Code 55422-2061
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Twin Cities Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mitchell B Harris, MD		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address Brigham and Women's Hospital Dept of Orthopaedics		Transaction ID: 21155311
City Boston	State MA	Zip Code 02115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Dolf R Ichtertz, MD		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address 1803 W Charles St		Transaction ID: 21155299
City Grand Island	State NE	Zip Code 68803-5504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer NHSI, PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Ramon L Jimenez, MD		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address 71 Corral de Tierra Rd		Transaction ID: 21155326
City Salinas	State CA	Zip Code 93908-9325
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Franklin Lynch, Jr, MD		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address Dartmouth-Hitchcock Med Center 1 Medical Center Dr		Transaction ID: 21155327
City Lebanon	State NH	Zip Code 03756-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Dartmouth Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Alan R McCall, MD		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address 7447 W Talcott Ave, #500		Transaction ID: 21155298
City Chicago	State IL	Zip Code 60631-5718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 156 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Scott A Meyer, MD		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address Iowa Orthopaedic Center, PC 411 Laurel Street, #3300		Transaction ID: 21155300
City Des Moines	State IA	Zip Code 50314-3027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Iowa Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Peter O Newton, MD		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address 3030 Children's Way, #410		Transaction ID: 21155329
City San Diego	State CA	Zip Code 92123-4228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Children's Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David N Palmer, MD		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address 38 Little Comfort Rd		Transaction ID: 21155312
City Savannah	State GA	Zip Code 31411-1438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 157 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. James H Reid, MD		Date of Receipt M / D / Y Y Y Y 03 / 09 / 2005	
Mailing Address 2005 Fairview Ave		Transaction ID: 21155310	
City Easton	State PA	Zip Code 18042-3880	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Michael L Reid, MD		Date of Receipt M / D / Y Y Y Y 03 / 09 / 2005	
Mailing Address 5851 First Blvd, #500		Transaction ID: 21155313	
City Hermitage	State TN	Zip Code 37076-2059	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. K. Byron Shubl, MD		Date of Receipt M / D / Y Y Y Y 03 / 09 / 2005	
Mailing Address 80 N Main St P O Box 770		Transaction ID: 21155309	
City Coupeville	State WA	Zip Code 98239-9500	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Whidbey Orthopedic Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts TN's Page (optional) ► **1250.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 158 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Lawson C Smart, MD		Date of Receipt M / D / Y 03 / 09 / 2005	
Mailing Address 840 Alden St		Transaction ID: 21155303	
City Meadville	State PA	Zip Code 16335-2348	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Edward A Stokol, MD		Date of Receipt M / D / Y 03 / 09 / 2005	
Mailing Address PO Box 618		Transaction ID: 21155324	
City Petoskey	State MI	Zip Code 49770-0618	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. John F Walter, MD		Date of Receipt M / D / Y 03 / 09 / 2005	
Mailing Address 1905 Donnybrook		Transaction ID: 21155304	
City Tyler	State TX	Zip Code 75701-4238	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Paul Fredrick Wit, MD		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address 2111 Ogden Ave		Transaction ID: 21155314
City Aurora	State IL	Zip Code 60504-7597
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Castle Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Saul M Bernstein, MD		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address 8815 Noble Ave		Transaction ID: 21155326
City Van Nuys	State CA	Zip Code 91405-3796
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer So. California Orthopedic Inst.	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Russell A Batcher, MD		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address 112B E Weisgarber Rd		Transaction ID: 21155293
City Knoxville	State TN	Zip Code 37509-2674
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 365
(check only one)
 11a 11b 11c 12
13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Richard W Cohen, MD		Date of Receipt M / D / Y Y Y Y 03 / 09 / 2005
Mailing Address Suite 100 2041 Mesa Valley Way		Transaction ID: 21155301
City Austell	State GA	Zip Code 30106-8157
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Donald Mark Arms, MD		Date of Receipt M / D / Y Y Y Y 03 / 09 / 2005
Mailing Address 207 Oak Park		Transaction ID: 21155330
City Mc Minnville	State TN	Zip Code 37110-1336
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John Z Edwards, MD		Date of Receipt M / D / Y Y Y Y 03 / 09 / 2005
Mailing Address 3115 Cowley Way, Apt 255		Transaction ID: 21155320
City San Diego	State CA	Zip Code 92117-6588
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Scripps Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. David Lovett, JD		Date of Receipt M / D / Y 03 / 11 / 2005
Mailing Address Director, AAOS Washington Office 317 Massachusetts Avenue NE		Transaction ID: 21186647
City Washington	State DC	Zip Code 20002-5769
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer American Academy of Orthopaedic Surgeon	Occupation Director, Washington Office	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mark W Diehl, MD		Date of Receipt M / D / Y 03 / 11 / 2005
Mailing Address 111D Hazeltine Lane		Transaction ID: 21187214
City Kennesaw	State GA	Zip Code 30152-4742
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Pinnacle Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David A Halsey, MD		Date of Receipt M / D / Y 03 / 11 / 2005
Mailing Address 29 Ridgewood Rd		Transaction ID: 21186649
City Springfield	State VT	Zip Code 05158-3050
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Connecticut Valley Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 162 / 365
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Robert S Kramer, MD		Date of Receipt M / D / Y 03 / 11 / 2005
Mailing Address 8 Vouga Lane		Transaction ID: 21187183
City	State	Zip Code
Saint Louis	MO	63131-2628
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Metropolitan Orthopaedics LTD	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Bruce M Leslie, MD		Date of Receipt M / D / Y 03 / 11 / 2005
Mailing Address 200D Washington St, #343		Transaction ID: 21186332
City	State	Zip Code
Newton	MA	02462-1625
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NWOA	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Kenneth L Moore, MD		Date of Receipt M / D / Y 03 / 11 / 2005
Mailing Address 1223 1/2 Trotwood Ave		Transaction ID: 21187184
City	State	Zip Code
Columbia	TN	38401-6430
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mid-Tennessee Bone & Joint Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 163 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Steven I Rabin, MD		Date of Receipt M / D / Y Y Y Y 03 / 11 / 2005	
Mailing Address Loyola Univ Medical Center Bldg 105 Dept of Ortho Rm 1700		Transaction ID: 21187182	
City Maywood	State IL	Zip Code 60153-3304	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Loyola University Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Fernando Rojas, MD		Date of Receipt M / D / Y Y Y Y 03 / 11 / 2005	
Mailing Address PO Box 6948		Transaction ID: 21187178	
City Caguas	State PR	Zip Code 00726-6948	Amount of Each Receipt this Period 750.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. William C Standafer, Jr, MD		Date of Receipt M / D / Y Y Y Y 03 / 11 / 2005	
Mailing Address University Orthopaedic Clinic Pc P.O. Box 2447		Transaction ID: 21187222	
City Tuscaloosa	State AL	Zip Code 35403-2447	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 365
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Timothy Patrick Tymon, MD		Date of Receipt M / D / Y 03 / 11 / 2005
Mailing Address 231 Granite Run Dr Lancaster Ortho Group		Transaction ID: 21187181
City Lancaster	State PA	Zip Code 17601-6823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James G Warmbrod, Jr, MD		Date of Receipt M / D / Y 03 / 11 / 2005
Mailing Address 818 W Forest Ave		Transaction ID: 21187212
City Jackson	State TN	Zip Code 38301-3886
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Jackson Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Paul Calvin Collins, MD		Date of Receipt M / D / Y 03 / 11 / 2005
Mailing Address 1520 West State Ste 220		Transaction ID: 21188648
City Boise	State ID	Zip Code 83702-4085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Intermountain Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 5000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	▶	6000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 165 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Marc Romayne Davidson, MD		Date of Receipt M / D / Y 03 / 14 / 2005
Mailing Address 208B Alpine Dr		Transaction ID: 21200953
City West Linn	State OR	Zip Code 97068-8618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Advantage Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Charles M Davis, III, MD		Date of Receipt M / D / Y 03 / 14 / 2005
Mailing Address Milton S Hershey Medical Center Department of Orthopaedics		Transaction ID: 21200957
City Hershey	State PA	Zip Code 17033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Milton S Hershey Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Brian G de Beaubien, MD		Date of Receipt M / D / Y 03 / 14 / 2005
Mailing Address 4701 Towne Centre Rd Ste 301		Transaction ID: 21200950
City Saginaw	State MI	Zip Code 48604-2800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1100.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 166 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Erik C Gryler, MD		Date of Receipt M / D / Y 03 / 14 / 2005
Mailing Address 55 West Tietan St		Transaction ID: 21201206
City Walla Walla	State WA	Zip Code 99362-4498
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Paul Conrad Horn, MD		Date of Receipt M / D / Y 03 / 14 / 2005
Mailing Address 235 E Rowan #117		Transaction ID: 21200851
City Spokane	State WA	Zip Code 99207-1240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Northwest Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Sheldon S Lin, MD		Date of Receipt M / D / Y 03 / 14 / 2005
Mailing Address 90 Bergen St Ste 7300 DOC Building		Transaction ID: 21201205
City Newark	State NJ	Zip Code 07103-2425
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UMDNJ	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 167 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Jay M Lipke, MD		Date of Receipt M / D / Y 03 / 14 / 2005	
Mailing Address 103D1 Kanis Rd		Transaction ID: 21200947	
City Little Rock	State AR	Zip Code 72205-6205	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Ortho Arkansas	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. James R McClurg, MD		Date of Receipt M / D / Y 03 / 14 / 2005	
Mailing Address 1855 First Ave, #10D		Transaction ID: 21201183	
City San Diego	State CA	Zip Code 92101-2650	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Daniel G Newman, MD		Date of Receipt M / D / Y 03 / 14 / 2005	
Mailing Address 286D N Broadway St #202		Transaction ID: 21200848	
City Chicago	State IL	Zip Code 60657-6017	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 168 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Paul E Papierski, MD		Date of Receipt M / D / Y 03 / 14 / 2005
Mailing Address 751 Kylemore Drive		Transaction ID: 21200955
City Des Plaines	State IL	Zip Code 60016-8718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Anthony G A Pollock, MD		Date of Receipt M / D / Y 03 / 14 / 2005
Mailing Address 818 N Emporia Ste 107		Transaction ID: 21200952
City Wichita	State KS	Zip Code 67214-3725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Stuart S Remer, MD		Date of Receipt M / D / Y 03 / 14 / 2005
Mailing Address 117D Seawane Drive		Transaction ID: 21200958
City Hewlett Harbor	State NY	Zip Code 11557-2649
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Steven Aaron Shapiro, MD		Date of Receipt M / D / Y Y Y Y 03 / 14 / 2005
Mailing Address 1714 West Anklam Ste 104		Transaction ID: 21200956
City	State	Zip Code
Tucson	AZ	85745-2690
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Saguaro Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey J Soldatis, MD		Date of Receipt M / D / Y Y Y Y 03 / 14 / 2005
Mailing Address Orthopaedics Indianapolis 10801 N. Meridian, Ste 200		Transaction ID: 21201209
City	State	Zip Code
Indianapolis	IN	46290-1100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedics Indianapolis	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Rocco Barbieri, Jr. MD		Date of Receipt M / D / Y Y Y Y 03 / 14 / 2005
Mailing Address 37 Bocage Rd		Transaction ID: 21201208
City	State	Zip Code
Hattiesburg	MS	39402-7804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Southern Bone & Joint	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 170/365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Robert L. Barrack, MD		Date of Receipt M / D / Y 03 / 14 / 2005
Mailing Address Washington Univ School of Med Dept of Ortho		Transaction ID: 21201207
City	State	Zip Code
Saint Louis	MO	63110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Washington University	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John J. Brasman, MD		Date of Receipt M / D / Y 03 / 14 / 2005
Mailing Address 250B Saddlebrook Dr		Transaction ID: 21200849
City	State	Zip Code
Vestal	NY	13850-2941
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Tier Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Douglas C. Brown, MD		Date of Receipt M / D / Y 03 / 14 / 2005
Mailing Address 312 Grammont St, #302		Transaction ID: 21201182
City	State	Zip Code
Monroe	LA	71201-7403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 171 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. John B Catalano, MD		Date of Receipt M / D / Y Y Y Y 03 / 14 / 2005
Mailing Address 298 S Delsea Drive		Transaction ID: 21201181
City Vineland	State NJ	Zip Code 08360-4568
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Premier Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Basil Bash, MD		Date of Receipt M / D / Y Y Y Y 03 / 14 / 2005
Mailing Address 3555 Beacon Ave		Transaction ID: 21201204
City Fremont	State CA	Zip Code 94538-1400
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	

Full Name (Last, First, Middle Initial) C. Dr. Kiran J Dave, MD		Date of Receipt M / D / Y Y Y Y 03 / 23 / 2005
Mailing Address 214 SW 26th Ave Ste A		Transaction ID: 21285858
City Mineral Wells	State TX	Zip Code 76067-6249
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 172 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Alexandre Barbosa de Moura, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 1101 E Stewart Ave		Transaction ID: 21285848
City	State	Zip Code
Garden City	NY	11530-4892
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James R. Dyrek, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address Northland Ortho Assoc PC 444 E Timber Dr		Transaction ID: 21275043
City	State	Zip Code
Rhineland	WI	54501-2852
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Northland Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David W Edelstein, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 2727 W Holcombe		Transaction ID: 21285897
City	State	Zip Code
Houston	TX	77025-1889
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Kelsey Seybold Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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13 14 15 16 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Kimberly Lee Fury, MD Mailing Address 375 E Park Ave, #200 <hr/> City State Zip Code Durango CO 81301-5012 <hr/> FEC ID number of contributing federal political committee. C		Date of Receipt M / D / Y 03 / 23 / 2005 <hr/> Transaction ID: 21265499 <hr/> Amount of Each Receipt this Period 500.00
Name of Employer Durango Orthopaedic Associates Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) B. Dr. Thomas B Grollman, MD Mailing Address PO Box 1807 <hr/> City State Zip Code Lihue HI 96766-5807 <hr/> FEC ID number of contributing federal political committee. C		Date of Receipt M / D / Y 03 / 23 / 2005 <hr/> Transaction ID: 21265491 <hr/> Amount of Each Receipt this Period 1000.00
Name of Employer Health South Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Dr. Robert J Hagen, MD Mailing Address 1411 South Creasy Lane Sta 120 <hr/> City State Zip Code Lafayette IN 47505-7433 <hr/> FEC ID number of contributing federal political committee. C		Date of Receipt M / D / Y 03 / 23 / 2005 <hr/> Transaction ID: 21274021 <hr/> Amount of Each Receipt this Period 1250.00
Name of Employer Lafayette Orthopaedic Clinic Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional) ▶ **2750.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Robert E Heeter, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 490 S Maple Ste 203		Transaction ID: 21285580
City Waconia	State MN	Zip Code 55387-1762
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Western Orthopaedic & Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John Tillman Hedges, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 578 Macedonia Rd		Transaction ID: 21285493
City Statesboro	State GA	Zip Code 30461-7843
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer East Georgia Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert H Home, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 9844 S 1300 East, #300		Transaction ID: 21285852
City Sandy	State UT	Zip Code 84064-4893
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1700.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1700.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2450.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 175 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Thomas R Huberty, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 2111 Ogden Ave		Transaction ID: 21274024
City Aurora	State IL	Zip Code 60504-7597
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Edward C Hughes, Jr, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 1460 N Camino Alto, #111		Transaction ID: 21265585
City Vallejo	State CA	Zip Code 94589-2567
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William Charles Jacobson, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 1801 NW 114th St Ste 142		Transaction ID: 21265498
City Des Moines	State IA	Zip Code 50325-7038
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Central Iowa Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 176 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Haik G Kevorkian, MD		Date of Receipt M / D / Y Y Y Y 03 / 23 / 2005
Mailing Address 555 Newfield Ave		Transaction ID: 21275058
City	State	Zip Code
Stamford	CT	06905-3330
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Alexandra S Kinds, MD		Date of Receipt M / D / Y Y Y Y 03 / 23 / 2005
Mailing Address 101 3rd Ave S W, #101		Transaction ID: 21265464
City	State	Zip Code
Minot	ND	58701-3880
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Trinity Health	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Sarah A Labib, MD		Date of Receipt M / D / Y Y Y Y 03 / 23 / 2005
Mailing Address 59 Executive Park South Suite 2000		Transaction ID: 21265698
City	State	Zip Code
Atlanta	GA	30329-2208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Emory Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Thomas A Lange, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address Regions Hospital 640 Jackson Street		Transaction ID: 21275049
City Saint Paul	State MN	Zip Code 55101-2502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University of Minnesota Physicians Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Mark J Lemos, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 1164 Ocean Boulevard		Transaction ID: 21275045
City Rye	State NH	Zip Code 03870-2835
FEC ID number of contributing federal political committee. C		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) C. Dr. Kent S Lemer		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 17 Jauncey Ave		Transaction ID: 21285492
City North Arlington	State NJ	Zip Code 07031-4700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
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
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 178 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Raphael S F Longobardi, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 82 Old Tappan		Transaction ID: 21285579
City Old Tappan	State NJ	Zip Code 07675-7434
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Northern Jersey Orthopaedic Center, PA	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. John D Lubahn, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 300 State St, #205		Transaction ID: 21285489
City Erie	State PA	Zip Code 16507-1429
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hand Microsurgery	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. John D McCalum, III, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 240B Whitney Ave		Transaction ID: 21285853
City Hamden	State CT	Zip Code 06518-5209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Connecticut Orthopaedic Specialists	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 179 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Mark McKenzie, MD		Date of Receipt M / D / Y Y Y Y 03 / 23 / 2005
Mailing Address 3000 W Leota St		Transaction ID: 21285488
City	State	Zip Code
North Platte	NE	69101-6395
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer North Platte Ortho & Sports Med	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jack G McNeil, MD		Date of Receipt M / D / Y Y Y Y 03 / 23 / 2005
Mailing Address 3850 Laurel St		Transaction ID: 21285855
City	State	Zip Code
Beaumont	TX	77707-2287
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Beaumont Bone & Joint	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. H B Morgan, Jr, MD		Date of Receipt M / D / Y Y Y Y 03 / 23 / 2005
Mailing Address 5890 N Fresno St, #110		Transaction ID: 21285577
City	State	Zip Code
Fresno	CA	93710-6332
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 180 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Daniel J Nagle, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 448 E Ontario, #500		Transaction ID: 21285578
City Chicago	State IL	Zip Code 60611-7108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. J Lockwood Ochsner, Jr, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 1514 Jefferson Hwy		Transaction ID: 21275052
City New Orleans	State LA	Zip Code 70121-2483
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Ochsner Clinic Foundation	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Kenneth David Palmer, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 222 Westchester Ave #101		Transaction ID: 21285899
City White Plains	State NY	Zip Code 10604-2531
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 181 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Mitchell Z Polak, MD		Date of Receipt M / D / Y 03 / 23 / 2005	
Mailing Address 4372 Geisler's Ct		Transaction ID: 21285487	
City	State	Zip Code	Amount of Each Receipt this Period 250.00
Bloomfield Hills	MI	48301-1233	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Andrew E Price, MD		Date of Receipt M / D / Y 03 / 23 / 2005	
Mailing Address 200 W 57th St Ste 1205		Transaction ID: 21285486	
City	State	Zip Code	Amount of Each Receipt this Period 750.00
New York	NY	10019-3211	
FEC ID number of contributing federal political committee. C			
Name of Employer Padiatric Orthopaedic Ser- vices	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Craig H Rosen, MD		Date of Receipt M / D / Y 03 / 23 / 2005	
Mailing Address 1802 Champlain Drive		Transaction ID: 21285857	
City	State	Zip Code	Amount of Each Receipt this Period 500.00
Voorhees Township	NJ	08043-2870	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 182 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Miguel Antonio Schmitz, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 800 Hillside Ave		Transaction ID: 21285495
City Klamath Falls	State OR	Zip Code 97601-2214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Donald S Scott, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address Univ Ortho Clinic, PC PO Box 2447		Transaction ID: 21275505
City Tuscaloosa	State AL	Zip Code 35403-2447
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Giles R Seuder, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address Insall Scott Kelly Institute 178 East 85th Street, 2nd Floor		Transaction ID: 21285472
City New York	State NY	Zip Code 10028-2119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 183 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Craig P Smith, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address Ste A 4140 Centennial Hills Blvd		Transaction ID: 21285466
City Casper	State WY	Zip Code 82609-3265
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Casper Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Donald B Smith, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 44 Circle St		Transaction ID: 21285846
City Franklin	State PA	Zip Code 16323-2509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Samuel E Smith, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address Front Range Orthopedic Surgery 1551 Professional Ln Ste 200		Transaction ID: 21285581
City Longmont	State CO	Zip Code 80501-6564
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Front Range Orthopedic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 184 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Thomas Greg Sommerkamp, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 20 Medical Village Dr, #177		Transaction ID: 21274016
City Edgewood	State KY	Zip Code 41017-5407
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hand Surgery Specialists, Inc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Scott P Steinmann, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address Mayo Clinic 200 First Street, SW, MSB 3-89		Transaction ID: 21265494
City Rochester	State MN	Zip Code 55905-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Mayo Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William B Stetson, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 1505 Willson Terrace Ste 200		Transaction ID: 21265483
City Glendale	State CA	Zip Code 91208-4073
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 185 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Steven Marc Stoller		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 30 west century rd		Transaction ID: 21285474
City Paramus	State NJ	Zip Code 07652-1433
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Steven Marc Stoller		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 30 west century rd		Transaction ID: 21285845
City Paramus	State NJ	Zip Code 07652-1433
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Ernest W Swanson, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 2151 Shewango Valley Freeway		Transaction ID: 21285858
City Hermitage	State PA	Zip Code 16148-2588
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1900.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 186 / 365
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Kenneth Warren Taylor, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 444D Sheridan St		Transaction ID: 21285490
City Hollywood	State FL	Zip Code 33021-3575
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert Gordon Veith, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 4011 Talbot Rd S, #300		Transaction ID: 21274025
City Renton	State WA	Zip Code 98055-5791
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Valley Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Daniel M Veith, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 102 Wetherell St Unit 27		Transaction ID: 21274019
City Manchester	State CT	Zip Code 06040-6452
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 187 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Robert G Viere, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address North Texas Spine Care 3600 Gaston Ave #651		Transaction ID: 21285587
City Dallas	State TX	Zip Code 75246-1806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer North Texas Spine Care	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Ronald P Williams, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address Univ TX Hlth Sci Ctr at San Antoni 7703 Floyd Curl Drive		Transaction ID: 21285582
City San Antonio	State TX	Zip Code 78229-3900
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Texas	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Scott Philip Wansel, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address Robinwood Medical Center 11110 Medical Campus Rd Sba 205		Transaction ID: 21285497
City Hagerstown	State MD	Zip Code 21742-6797
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Robinwood Orthopaedic Spe- cialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 365
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Gary M Zaitman, MD		Date of Receipt M / D / Y Y Y Y 03 / 23 / 2005
Mailing Address 231 Granite Run Lancaster Ortho Group		Transaction ID: 21285467
City Lancaster	State PA	Zip Code 17601-6823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Lancaster Orthopaedic Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert L Alred, MD		Date of Receipt M / D / Y Y Y Y 03 / 23 / 2005
Mailing Address 2301 S Clear Creek Rd, #2D4		Transaction ID: 21285851
City Killeen	State TX	Zip Code 76549-4119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael J Arehibeck, MD		Date of Receipt M / D / Y Y Y Y 03 / 23 / 2005
Mailing Address 4409 Chinlee Ave		Transaction ID: 21285500
City Albuquerque	State NM	Zip Code 87110-5715
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer New Mexico Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 180 / 365
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Richard David Barker, MD		Date of Receipt M / D / Y Y Y Y 03 / 23 / 2005
Mailing Address 970 W Wooster Ste 222		Transaction ID: 21285588
City Bowling Green	State OH	Zip Code 43402-2862
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Bowling Green Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard W Bath, MD		Date of Receipt M / D / Y Y Y Y 03 / 23 / 2005
Mailing Address 2021 K St, #40D		Transaction ID: 21285473
City Washington	State DC	Zip Code 20006-1008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert J Benz, MD		Date of Receipt M / D / Y Y Y Y 03 / 23 / 2005
Mailing Address 2500 E Prospect Rd		Transaction ID: 21285482
City Fort Collins	State CO	Zip Code 80525-9718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Center of the Rockies	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. H. Morton Bertram, III, MD		Date of Receipt M / D / Y Y Y Y 03 / 23 / 2005
Mailing Address 101 8th St S		Transaction ID: 21285485
City Naples	State FL	Zip Code 34102-6121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Bruce R Buhr, MD		Date of Receipt M / D / Y Y Y Y 03 / 23 / 2005
Mailing Address Wichita Clinic 3311 E Mundlock		Transaction ID: 21275056
City Wichita	State KS	Zip Code 67208-3054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Wichita Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert T Burks, MD		Date of Receipt M / D / Y Y Y Y 03 / 23 / 2005
Mailing Address University of Utah Orthopedic Cent 590 Wakara Way		Transaction ID: 21285849
City Salt Lake City	State UT	Zip Code 84108-1200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Utah	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 101 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Paul Joseph Cangemi, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 10 North Locust St Ste B1		Transaction ID: 21285854
City	State	Zip Code
Oxford	OH	45056-1182
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hamilton Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Fred M Carter, II, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 1505 West Mill Rd		Transaction ID: 21285883
City	State	Zip Code
Mattituck	NY	11952-2082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Kieran Daniel Cody, MD		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 800 W State St Ste 202		Transaction ID: 21285847
City	State	Zip Code
Doylestown	PA	18501-5842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mackel-Cody Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Philip F Corbett, MD		Date of Receipt M / D / Y 03 / 30 / 2005
Mailing Address 125 E Maxwell St #200		Transaction ID: 21377763
City Lexington	State KY	Zip Code 40508-2678
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas W Curray, MD		Date of Receipt M / D / Y 03 / 30 / 2005
Mailing Address 975 E 3rd St, Box 260		Transaction ID: 21377763
City Chattanooga	State TN	Zip Code 37409-2103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mark R Dzala, MD		Date of Receipt M / D / Y 03 / 30 / 2005
Mailing Address 6 Fox Hollow Rd		Transaction ID: 21377762
City Montville	State NJ	Zip Code 07045-9340
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 183 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Dirk H Dugan, MD		Date of Receipt M / D / Y 03 / 30 / 2005	
Mailing Address 1301 Trumansburg Rd Ste R		Transaction ID: 21377752	
City Ithaca	State NY	Zip Code 14850-1397	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. John English Feighan, MD		Date of Receipt M / D / Y 03 / 30 / 2005	
Mailing Address 2280 Harcourt Dr		Transaction ID: 21377747	
City Cleveland Heights	State OH	Zip Code 44106-4610	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Fred I Ferdinigos, MD		Date of Receipt M / D / Y 03 / 30 / 2005	
Mailing Address 2826 Tampa Rd #103		Transaction ID: 21377759	
City Palm Harbor	State FL	Zip Code 34684-5110	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 184 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Kevin S Finney, MD		Date of Receipt M / D / Y 03 / 30 / 2005
Mailing Address 50 S San Mateo Dr, #440		Transaction ID: 21377750
City San Mateo	State CA	Zip Code 94401-3833
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Dominic Linus Gross, MD		Date of Receipt M / D / Y 03 / 30 / 2005
Mailing Address 520 S Eagle Rd Ste 21D4		Transaction ID: 21377760
City Meridian	State ID	Zip Code 83642-6363
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Horizon Orthopaedics & Hand Surgery	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David M Hampton, MD		Date of Receipt M / D / Y 03 / 30 / 2005
Mailing Address 2931 Perryton Pkwy		Transaction ID: 21377755
City Pampa	State TX	Zip Code 79065-2823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 185 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Jerold E Lancourt, MD		Date of Receipt M / D / Y 03 / 30 / 2005
Mailing Address 7777 Forest Ln		Transaction ID: 21377765
City	State	Zip Code
Dallas	TX	75230-2505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer North Dallas Ortho & Rehab	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mark Herman Meyer, MD		Date of Receipt M / D / Y 03 / 30 / 2005
Mailing Address PO Box 2410		Transaction ID: 21377756
City	State	Zip Code
Kearney	NE	68848-2410
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Kearney Bone and Joint Cl- inic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Rodney Alan Miller, MD		Date of Receipt M / D / Y 03 / 30 / 2005
Mailing Address 8739 Private Road 343		Transaction ID: 21377757
City	State	Zip Code
Millersburg	OH	44654-8494
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Wooster Orthopaedic & Spo- rts	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 186 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Arnold Ray Penix, MD		Date of Receipt M / D / Y 03 / 30 / 2005
Mailing Address 462 Pineview Drive		Transaction ID: 21377758
City Gallipolis	State OH	Zip Code 45631-9039
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Holzer Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Ernest F Riles, MD		Date of Receipt M / D / Y 03 / 30 / 2005
Mailing Address 1474 W 33rd St		Transaction ID: 21377764
City Yuma	State AZ	Zip Code 85365-3929
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas M Shery, MD		Date of Receipt M / D / Y 03 / 30 / 2005
Mailing Address 9201 Sunset Blvd #305		Transaction ID: 21377748
City Los Angeles	State CA	Zip Code 90069-3704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Anthony T Yeung, MD		Date of Receipt M / D / Y 03 / 30 / 2005
Mailing Address 1635 E Myrtle, #400		Transaction ID: 21377761
City Phoenix	State AZ	Zip Code 85020-5514
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Arizona Inst for Minimally Invasive Su	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Charles H Alexander, MD		Date of Receipt M / D / Y 03 / 30 / 2005
Mailing Address 5549 Green Oak Dr		Transaction ID: 21377754
City Los Angeles	State CA	Zip Code 90068-2501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard H Gobden, MD		Date of Receipt M / D / Y 03 / 30 / 2005
Mailing Address Alaska Orthopaedic Society 1001 Noble St		Transaction ID: 21377749
City Fairbanks	State AK	Zip Code 99701-4548
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Tanana Valley Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TNs Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 188 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Edward J Collins, Jr, MD		Date of Receipt M / D / Y 03 / 30 / 2005
Mailing Address 150 Mansfield Ave		Transaction ID: 21377751
City Willimantic	State CT	Zip Code 06226-2026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Conn Sports Med & Ortho Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James M Donohue, MD		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 2309 23rd St PO Box 273		Transaction ID: 21381038
City Spirit Lake	State IA	Zip Code 51360-0273
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Iowa Lakes Orthopaedics PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Lawrence T Donovan, DO		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 2309 23rd St		Transaction ID: 21381043
City Spirit Lake	State IA	Zip Code 51360-0273
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Iowa Lakes Orthopaedics PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 100 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. David W Edehain, MD		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 2727 W Holcombe		Transaction ID: 21380928
City Houston	State TX	Zip Code 77025-1669
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kelsay Seyhold Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John W Gainer, MD		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address P O Box 1200		Transaction ID: 21381042
City Santa Barbara	State CA	Zip Code 93102-1200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Santa Barbara Medical Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Karl Robert Hanson, MD		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address Kaiser Medical Center 10500 Magnolia Avenue		Transaction ID: 21380829
City Riverside	State CA	Zip Code 92505-5000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kaiser Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 200 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Alan T Kanaguchi, MD		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 333 E Alpine Ave		Transaction ID: 21380926
City Stockton	State CA	Zip Code 95204-3494
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Alpine Orthopaedic Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David M Linner, MD		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 634B Mercer		Transaction ID: 21381155
City Houston	State TX	Zip Code 77005-3346
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Baylor College of Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John W Noble, Jr, MD		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 1717 Oak Park Blvd 3rd Floor		Transaction ID: 21380830
City Lake Charles	State LA	Zip Code 70601-8591
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Center for Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 365

(check only one)

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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Gregory G Orson, MD		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 2040 Rose Creek Blvd		Transaction ID: 21380732
City	State	Zip Code
Fargo	ND	58104-6878
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Merit Care Health System	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Daniel D Rhoads, MD		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address Albany Orthopaedic Center 2405 Osler Ct		Transaction ID: 21380733
City	State	Zip Code
Albany	GA	31707-0214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Albany Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Harinder S Sandhu, MD		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address Hospital for Special Surgery 535 E 72nd St		Transaction ID: 21380734
City	State	Zip Code
New York	NY	10021-4892
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hospital for Special Surgery	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Steven Brent Smith, MD		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 7321 NE 84th Terrace		Transaction ID: 21381154
City Kansas City	State MO	Zip Code 64157-9584
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Daniel J Berry, MD		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address Mayo Clinic 200 First St SW		Transaction ID: 21381040
City Rochester	State MN	Zip Code 55905-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Mayo Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert S Block, MD		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 332 Dewey St		Transaction ID: 21380824
City Bennington	State VT	Zip Code 05201-2225
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Taconic Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 203 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Jose A Calzao-Bonilla, MD		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address EDIF Prof Hospital Menonita, #308		Transaction ID: 21380615
City Aibonito	State PR	Zip Code 00705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert F Davis, MD		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 302 Riverway Pl		Transaction ID: 21401455
City Bedford	State NH	Zip Code 03110-6764
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Stanley D Hamon, MD		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address PO Box 895		Transaction ID: 21401452
City Depoe Bay	State OR	Zip Code 97341-0895
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Semi-Retired	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1550.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 204 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Arthur M Jansa, MD		Date of Receipt M / D / Y Y Y Y 04 / 04 / 2005
Mailing Address 1400 Herman Dr SE		Transaction ID: 21404603
City	State	Zip Code
Houston	TX	77004-7136
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University of Texas Medical School	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John R Kean, MD		Date of Receipt M / D / Y Y Y Y 04 / 04 / 2005
Mailing Address 20 S Drexel Ave		Transaction ID: 21403177
City	State	Zip Code
Columbus	OH	43204-1753
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Cardinal Orthopaedic Institute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard P Lawellen, MD		Date of Receipt M / D / Y Y Y Y 04 / 04 / 2005
Mailing Address 2900 12th Ave N Ste 100E		Transaction ID: 21400804
City	State	Zip Code
Billings	MT	59101-7504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Montana Ortho & Sports	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 205 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Hugh P MacMenamin, MD		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address Iowa Medical Clinic 600 7th St SE		Transaction ID: 21404602
City Cedar Rapids	State IA	Zip Code 52401-2112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Iowa Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Anthony E Melonakos, MD		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 1420 North Monroe St		Transaction ID: 21401450
City Monroe	State MI	Zip Code 48162-4211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David Moore, MD		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 348 E 800 South		Transaction ID: 21400803
City Saint George	State UT	Zip Code 84770-3549
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 206 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. James V Nepola, MD		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address Univ Of Iowa Hosp Dept of Ortho		Transaction ID: 21401449
City Iowa City	State IA	Zip Code 52242-1009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University of Iowa Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jacob M ONeil, MD		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 471 Klutzy Park Plaza Dr		Transaction ID: 21401456
City Henderson	State KY	Zip Code 42420-3347
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Henderson Orthopaedic Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mark A S Stuart, MD		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 17270 Red Oak Dr, #200		Transaction ID: 21404800
City Houston	State TX	Zip Code 77060-2632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer KSF Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2300.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 207 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Douglas Tappan, MD		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 512D Bayou Blvd, #2 Attr: NITA WILSON		Transaction ID: 21404604
City Pensacola	State FL	Zip Code 32503-2135
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Hugh B Watts, MD		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 530 Hickory Dr		Transaction ID: 21401457
City Salisbury	State NC	Zip Code 28144-2406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Semi-Retired	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Rodney P Wagle, MD		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 2473 NW Marken St		Transaction ID: 21404608
City Bend	State OR	Zip Code 97701-6639
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 365

(check only one)

11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. William J Williams, MD		Date of Receipt M M / D D / Y Y Y Y 04 / 04 / 2005	
Mailing Address 933 Alpine Ave		Transaction ID: 21404605	
City State Zip Code Boulder CO 80304-3396	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Boulder Orthopedic, PC	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) B. Dr. James J York, MD		Date of Receipt M M / D D / Y Y Y Y 04 / 04 / 2005	
Mailing Address 200 Hospital Drive Empire Medical Bldg, 2nd Floor		Transaction ID: 21401451	
City State Zip Code Glen Burnie MD 21061-5884	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Chesapeake Ortho & Sports Medicine	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) C. Dr. Brian S Ziegler, MD		Date of Receipt M M / D D / Y Y Y Y 04 / 04 / 2005	
Mailing Address 830 Executive Lane, Ste 120		Transaction ID: 21403178	
City State Zip Code Rockledge FL 32955-3595	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
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) ► **1750.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 200 / 365
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Richard A Brown, MD		Date of Receipt M / D / Y Y Y Y 04 / 04 / 2005
Mailing Address 985D Genesee Ave, #210		Transaction ID: 21403178
City La Jolla	State CA	Zip Code 92037-1206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Torrey Pines Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert J Cirincione, MD		Date of Receipt M / D / Y Y Y Y 04 / 04 / 2005
Mailing Address Midatlantic Orthopaedic Specialist 1120 A Professional Ct		Transaction ID: 21403078
City Hagerstown	State MD	Zip Code 21740-5848
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Midatlantic Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael M Durkee, MD		Date of Receipt M / D / Y Y Y Y 04 / 08 / 2005
Mailing Address 2751 Northgate Drive		Transaction ID: 21428863
City Iowa City	State IA	Zip Code 52245-9509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Steindler Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 210/365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Edward L Farrer, MD		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address 520 N Chelan		Transaction ID: 21428859
City Wenatchee	State WA	Zip Code 98801-6697
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Central Washington Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael R Green, MD		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address 1490 E Foremaster Dr Ste 280		Transaction ID: 21428860
City Saint George	State UT	Zip Code 84790-4502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William L Hennius, Jr, MD		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address 534 E Mariners Circle		Transaction ID: 21428877
City Fresno	State CA	Zip Code 93720-0847
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sequoia Pediatric Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 211 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Robert A. Kaye, MD		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address 10487 S Sunup Ave		Transaction ID: 21428868
City	State	Zip Code
Yuma	AZ	85367-7336
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Anthony Andres Sanchez, MD		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address 869 Inverness Circle		Transaction ID: 21428876
City	State	Zip Code
Spartanburg	SC	29306-6680
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopedic Specialties	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Paul A. Gauer, MD		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address 2858 Sarah Lane		Transaction ID: 21428889
City	State	Zip Code
Beloit	WI	53511-9559
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Beloit Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 212/365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Gary M Schriegenberg, MD		Date of Receipt M / D / Y Y Y Y 04 / 08 / 2005
Mailing Address 830 W High St, Ste 250		Transaction ID: 21428872
City	State	Zip Code
Lima	OH	45801-3881
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer West Central Ohio Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James A Sides, MD		Date of Receipt M / D / Y Y Y Y 04 / 08 / 2005
Mailing Address 51 S Souder Ave		Transaction ID: 21428870
City	State	Zip Code
Columbus	OH	43222-1517
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard M Terak, MD		Date of Receipt M / D / Y Y Y Y 04 / 08 / 2005
Mailing Address University Orthopaedics, Inc 2 Dudley Street Ste 200		Transaction ID: 21428874
City	State	Zip Code
Providence	RI	02905-5248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University Orthopaedics Inc	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 213 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Audrey K Tsao, MD		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address Univ of Mississippi Med Ctr 2500 North State Street		Transaction ID: 21428878
City Jackson	State MS	Zip Code 39216-4505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Univ. of Mississippi Medi- cal Ctr.	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David H Welt, MD		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address OAD Orthopaedics, Ltd 27850 Ferry Rd		Transaction ID: 21428878
City Warrenville	State IL	Zip Code 60555-3844
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer OAD Orthopaedics, LTD	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard L Watson, MD		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address 678 N St Clair St Ste 450		Transaction ID: 21428862
City Chicago	State IL	Zip Code 60611-2849
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Northwestern Center for Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 214 / 365
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Michael P Young, MD		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address 350 Fox Hunt Trail		Transaction ID: 21428865
City	State	Zip Code
Barrington	IL	60010-3423
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Charles H Alexander, MD		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address 5549 Green Oak Dr		Transaction ID: 21428866
City	State	Zip Code
Los Angeles	CA	90068-2501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Stephen G J Eckrich, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address PO Box 6850		Transaction ID: 21429220
City	State	Zip Code
Rapid City	SD	57709-6850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 215 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Waddell H Gilmore, III, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 913 Bowman Rd Ste 2B		Transaction ID: 21429494
City Mount Pleasant	State SC	Zip Code 29464-3235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Palmetto Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Victor Goldberg, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address Case Western Reserve Univ 11100 Euclid Ave		Transaction ID: 21429580
City Cleveland	State OH	Zip Code 44106-5043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Case Western Reserve University	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas M Green, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address Virginia Mason Med Ctr 1100 9th Avenue		Transaction ID: 21430184
City Seattle	State WA	Zip Code 98101-2758
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Virginia Mason	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 365
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Brian P Hecht, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 7595 County Road 236		Transaction ID: 21429224
City Findlay	State OH	Zip Code 45840-8738
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NWO Orthopaedics & Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. C Thomas Hopkins, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 717 S 8th St		Transaction ID: 21429491
City Griffin	State GA	Zip Code 30224-4818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic & Sports Inju- ry Center, PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William James Jekot, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 1029 N Highland Ave		Transaction ID: 21429228
City Murfreesboro	State TN	Zip Code 37130-2450
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Premier Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 217 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Henry Kim, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address South Bend Orthopaedic Associates 53880 Carmichael Drive		Transaction ID: 21429221
City South Bend	State IN	Zip Code 46635-1567
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer South Bend Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. S Gopal Krishnan, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 1331 E 8th St		Transaction ID: 21429551
City Weslaco	State TX	Zip Code 75786-6688
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Krishnan and Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jerold E Lancourt, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 7777 Forest Ln		Transaction ID: 21429500
City Dallas	State TX	Zip Code 75230-2505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer North Dallas Ortho & Rehab	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Daryl Sheldon Lake, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address PD Box 290		Transaction ID: 21429498
City Hastings	State MI	Zip Code 49058-0290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hastings Orthopaedic Clinic, PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Rodolfo E Lawson, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 7150W 20th Ave, Ste 215		Transaction ID: 21429548
City Hialeah	State FL	Zip Code 33016-1849
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Leo K Ludwig, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address Ortho Center of Illinois Ste 150		Transaction ID: 21429544
City Springfield	State IL	Zip Code 62704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopedic Center of Illinois	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 210 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Roger M Lyon, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address MACC Research Bldg, #301B 8701 Watertown Plank Rd		Transaction ID: 21429540
City Milwaukee	State WI	Zip Code 53226-3548
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Medical College Wisconsin	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael Evan Margolis, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 705D E Sunrise Dr Apt 7201		Transaction ID: 21429576
City Tucson	State AZ	Zip Code 85750-0865
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Southern Arizona Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas A McEnnemy, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address Lovelace Medical Ctr Dept of Orthopedics		Transaction ID: 21429235
City Albuquerque	State NM	Zip Code 87108-4729
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lovelace Health Systems	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
or each category of the
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(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Daniel Thompson McGuire, MD		Date of Receipt M / D / Y Y Y Y 04 / 11 / 2005	
Mailing Address Down East Orthopedics 404 State Street Ste 610		Transaction ID: 21429231	
City Bangor	State ME	Zip Code 04401-6623	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
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) B. Dr. William C McMaster, MD		Date of Receipt M / D / Y Y Y Y 04 / 11 / 2005	
Mailing Address 131D W Stewart Dr, #5D8		Transaction ID: 21430185	
City Orange	State CA	Zip Code 92668-3856	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
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) C. Dr. Michael A Meesa, MD		Date of Receipt M / D / Y Y Y Y 04 / 11 / 2005	
Mailing Address 839 Main St		Transaction ID: 21429548	
City Hackensack	State NJ	Zip Code 07601-4542	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
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) ► **1500.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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Detailed Summary Page

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. J Wesley Mesko, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 2815 South Pennsylvania Ave Suite 204		Transaction ID: 21429222
City Lansing	State MI	Zip Code 48810-3496
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey E Michaelson, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 22250 Providence Dr, #4D1		Transaction ID: 21429233
City Southfield	State MI	Zip Code 48075-6212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Pomella Center for Ortho Surgery	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James A Moore, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 3 Peter Cooper Road Apt 2F		Transaction ID: 21429225
City New York	State NY	Zip Code 10010-6612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Montefiore Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. James M Morgan, MD		Date of Receipt M / D / Y Y Y Y 04 / 11 / 2005
Mailing Address 584B South 300 East		Transaction ID: 21429492
City	State	Zip Code
Salt Lake City	UT	84107-6121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Intermountain Healthcare	Occupation Orthopaedic Surgeon	400.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Dr. Ward Sayre Oakley, Jr, MD		Date of Receipt M / D / Y Y Y Y 04 / 11 / 2005
Mailing Address PO Box 2000		Transaction ID: 21430187
City	State	Zip Code
Pinehurst	NC	28370-2000
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	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Dr. Adam J Olacamp, MD		Date of Receipt M / D / Y Y Y Y 04 / 11 / 2005
Mailing Address 850 Ironwood Dr Ste 202		Transaction ID: 21429550
City	State	Zip Code
Coeur D Alene	ID	83814-4503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	350.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 223 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. David M Oster, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 529D S Geneva Way		Transaction ID: 21429541
City Englewood	State CO	Zip Code 80111-6203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Denver-Vail Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Tye Ozounian, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 562D Wilbur Ave, #216		Transaction ID: 21429215
City Tarzana	State CA	Zip Code 91356-1309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael Palmer, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 108 Van Guilder Ave		Transaction ID: 21429545
City New Rochelle	State NY	Zip Code 10801-5400
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 224 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Lucas John Pavlovich, Jr. MD		Date of Receipt M / D / Y 04 / 11 / 2005	
Mailing Address 1502 Harrison Ave		Transaction ID: 21429214	
City Elkins	State WV	Zip Code 26241-3327	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
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) B. Dr. John H Pelozo, MD		Date of Receipt M / D / Y 04 / 11 / 2005	
Mailing Address 7115 Greenville Ave, Ste 210		Transaction ID: 21429495	
City Dallas	State TX	Zip Code 75231-5126	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
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) C. Dr. Mark J Rosen, MD		Date of Receipt M / D / Y 04 / 11 / 2005	
Mailing Address 2020 Palomino Ln, #220		Transaction ID: 21429237	
City Las Vegas	State NV	Zip Code 89108-4891	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts TNs Page (optional) ▶ **750.00**

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

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

Use separate schedule(s)
or each category of the
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(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Albert E Sanders, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 7107 Brookside		Transaction ID: 21430182
City San Antonio	State TX	Zip Code 78209-3519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UTHSC-SA, Dept of Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Alan Joseph Srokhan, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 10 Mountain Blvd		Transaction ID: 21429238
City Warren	State NJ	Zip Code 07059-5614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Surgical Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James F Scoggin, III, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address Honolulu Sports Med Inc 932 Ward Ave Ste 480		Transaction ID: 21430188
City Honolulu	State HI	Zip Code 96814-2193
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 226 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. James W Scott, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address PD Box 7630		Transaction ID: 21429578
City Tifton	State GA	Zip Code 31793-7630
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Georgia Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Steven L Shapiro, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 18 Captain's Crossing		Transaction ID: 21429499
City Savannah	State GA	Zip Code 31411-2104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer South Coast Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert R Slater, Jr. MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 2057 Boulder Mine Way		Transaction ID: 21429219
City Gold River	State CA	Zip Code 95670-6365
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kaiser Permanente	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. James Spiegel, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 1882 Dominican Way		Transaction ID: 21429234
City Santa Cruz	State CA	Zip Code 95065-1595
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Edward F W Swan, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 1901 Jess Parrish Ct		Transaction ID: 21429497
City Titusville	State FL	Zip Code 32796-2197
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Gary T Tenenacht, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 1010 N Beltline, #101		Transaction ID: 21429223
City Mesquite	State TX	Zip Code 75149-1770
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 228 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Peter J Thaler, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 321 N Larchmont Blvd Ste 404		Transaction ID: 21429574
City Los Angeles	State CA	Zip Code 90004-6404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Henry Clayton Thomason, III, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 820 Summitt Crossing Pl Ste 108		Transaction ID: 21429549
City Gastonia	State NC	Zip Code 28054-2176
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Carolina Ortho & Sports Med Ctr	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David B Thordarson, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 1520 San Pablo St Ste 2000		Transaction ID: 21429232
City Los Angeles	State CA	Zip Code 90033-5314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer USC Ortho Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 229 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Kriszy L Weber, MD		Date of Receipt M / D / Y 04 / 11 / 2005	
Mailing Address Johns Hopkins Outpatient Center 601 N Caroline Street Room #5251		Transaction ID: 21429539	
City Baltimore	State MD	Zip Code 21287-0001	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Johns Hopkins University	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) B. Dr. Matthew John Warech, MD		Date of Receipt M / D / Y 04 / 11 / 2005	
Mailing Address Des Moines Ortho Surg. PC 8001 Westown Parkway		Transaction ID: 21429213	
City West Des Moines	State IA	Zip Code 50266-7702	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Des Moines Orthopaedic Surgeons	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) C. Dr. George W Weath, Jr. MD		Date of Receipt M / D / Y 04 / 11 / 2005	
Mailing Address 333 E Alpine Ave		Transaction ID: 21429218	
City Stockton	State CA	Zip Code 95204-3494	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Alpine Orthopaedic Med Group	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 230 / 365
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. David L West, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 2301 25th St South		Transaction ID: 21429216
City	State	Zip Code
Fargo	ND	58103-6104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Associates of Fargo	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Edward W Younger, III, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 8555 Coyle Ave, #235		Transaction ID: 21429493
City	State	Zip Code
Carmichael	CA	95608-0370
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Northern California Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John W Adkison, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 111 S 11th Ave Suite 320		Transaction ID: 21429238
City	State	Zip Code
Yakima	WA	98502-5273
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopedics Northwest	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 231 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Peter C Amadio, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address Mayo Clinic 200 1st St S W		Transaction ID: 21429538
City Rochester	State MN	Zip Code 55902-3008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mayo Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Dale R Anderson, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 101 E Minnesota Ave		Transaction ID: 21429581
City Rapid City	State SD	Zip Code 57701-6204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Paul L Asdourian, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 3333 N Calvert St, #400		Transaction ID: 21429575
City Baltimore	State MD	Zip Code 21218-6501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 232 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. David M Ashkenze, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 31882 Coast Hwy, #400		Transaction ID: 21429239
City Laguna Beach	State CA	Zip Code 92651-6772
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Ravi S Bains, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 24 Hilldale Ct		Transaction ID: 21429496
City Orinda	State CA	Zip Code 94563-3927
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Permanente Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Daniel Rolfe Benson, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 4860 Y St Ste 3500		Transaction ID: 21429577
City Sacramento	State CA	Zip Code 95817-2307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 233 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Stephen E Blythe, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 1403 N Green Way Dr		Transaction ID: 21429230
City Coral Gables	State FL	Zip Code 33134-4774
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael Nolan Bohan, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 340 Spinnacle Court		Transaction ID: 21429536
City Pawleys Island	State SC	Zip Code 29585-7975
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Carolina Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John N Callender, MD		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 2540 Filbert St		Transaction ID: 21429535
City San Francisco	State CA	Zip Code 94123-5318
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer California Pacific Ortho & Sports Med	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 234 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Mark Lee Crawford, MD		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 1333 Lone Oak Road		Transaction ID: 21432877
City Paducah	State KY	Zip Code 42003-5092
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Bryan D Den Hartog, MD		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address Black Hills Orthopedic & Spine Ctr 7220 South Highway 16		Transaction ID: 21432879
City Rapid City	State SD	Zip Code 57702-8708
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Black Hills Orthopedic & Spine Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1200.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John Henry Doherty, Jr. MD		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 746 Jefferson Ave Ste 102		Transaction ID: 21435758
City Scranton	State PA	Zip Code 18510-1638
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Professional Orthopaedic Associates, L	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 235 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Ira L Fedder, MD		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 7505 Osler Dr, #104		Transaction ID: 21434269
City Towson	State MD	Zip Code 21204-7737
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John W Gainer, MD		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address P O Box 1200		Transaction ID: 21434273
City Santa Barbara	State CA	Zip Code 93102-1200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Santa Barbara Medical Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James W Gallantna, MD		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 3121 Sheridan Blvd		Transaction ID: 21432809
City Lincoln	State NE	Zip Code 68502-5232
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Nebraska Ortho & Sports Med	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 236 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Tarsem Garg, MD		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 1920 E High St		Transaction ID: 21432907
City Springfield	State OH	Zip Code 45505-1293
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Cyrus Ghavam, MD		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 8 Asbury Road		Transaction ID: 21432881
City Huntsville	State AL	Zip Code 35801-1102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Sportsmed Ortho Surg & Sp-ine Ctr	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Gerald Q Greenfield, Jr. MD		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 2829 Babcock Rd, #700		Transaction ID: 21432878
City San Antonio	State TX	Zip Code 78229-6015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer San Antonio Orthopaedic Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 237 / 365

(check only one)

11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Gregory P Harvey, MD		Date of Receipt M / D / Y 04 / 12 / 2005	
Mailing Address 1315 St Joseph Pkwy, #800		Transaction ID: 21432912	
City Houston	State TX	Zip Code 77002-8230	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. Dr. Peter R Heinzlmann, MD		Date of Receipt M / D / Y 04 / 12 / 2005	
Mailing Address PO Box 1608		Transaction ID: 21432874	
City Fayetteville	State AR	Zip Code 72702-1608	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Ozark Ortho & Sports Med Clinic	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) C. Dr. Alex M Herzberg, MD		Date of Receipt M / D / Y 04 / 12 / 2005	
Mailing Address 3181 S W Sam Jackson Park Rd OP31		Transaction ID: 21434270	
City Portland	State OR	Zip Code 97239-5068	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer OHSU	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ► **800.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 238 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Paul A Manner, MD		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address Dept of Orthopaedics 2150 Pennsylvania Ave NW		Transaction ID: 21436455
City Washington	State DC	Zip Code 20037-3201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Patricia C McKeever, MD		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 139 S Plymouth Blvd		Transaction ID: 21432875
City Los Angeles	State CA	Zip Code 90004-3835
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey Roberts, MD		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 24723 Detroit Rd		Transaction ID: 21436454
City Westlake	State OH	Zip Code 44145-2528
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Samuel R. Rosenfeld, MD		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 131D W Stewart Dr, #5D8		Transaction ID: 21434447
City Orange	State CA	Zip Code 92868-3856
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer APOS	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert A. Scardino, MD		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 2821 N Ballas Rd, #C-15		Transaction ID: 21434268
City Saint Louis	State MO	Zip Code 63131-2300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St Louis Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William H. Seltz, Jr. MD		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 173D W 25th St		Transaction ID: 21434050
City Cleveland	State OH	Zip Code 44113-5170
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 240/365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. J Lynn Smith, MD		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 577D South 250 East, #115		Transaction ID: 21432910
City	State	Zip Code
Murray	UT	84107-6171
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Kenneth C Spengler, Jr, MD		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 1 Hampton Rd		Transaction ID: 21436451
City	State	Zip Code
Exeter	NH	03833-4848
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Access Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Steven D Washburn, MD		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 4731 S White Mtn Rd Ste 1		Transaction ID: 21432884
City	State	Zip Code
Show Low	AZ	85501-7818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 241 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Frank Eugene Whitney, MD		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 940 Sylva Ln, #E		Transaction ID: 21432883
City Sonora	State CA	Zip Code 95370-5869
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Harvey M Wichman, MD		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 1575 N Rivercenter Dr, #180		Transaction ID: 21432883
City Milwaukee	State WI	Zip Code 53212-3865
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Milwaukee Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Ronald Y G Woo, MD		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 3015 Squalicum Pkwy, #200		Transaction ID: 21436457
City Bellingham	State WA	Zip Code 98225-1508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 242 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Michael C Albert, MD		Date of Receipt M / D / Y 04 / 12 / 2005	
Mailing Address Ortho Ctr Spinal & Ped Care One Children's Plaza		Transaction ID: 21434450	
City Dayton	State OH	Zip Code 45404-1815	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Ortho Ctr for Spinal & Pediatric Care	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Charles Rodney Bamhart, MD		Date of Receipt M / D / Y 04 / 12 / 2005	
Mailing Address 51 N Fifth Ave Ste 301		Transaction ID: 21436453	
City Arcadia	State CA	Zip Code 91006-3739	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer San Gabriel Orthopaedic Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Robert J Berek, MD		Date of Receipt M / D / Y 04 / 12 / 2005	
Mailing Address 1445 Raritan Rd		Transaction ID: 21434287	
City Clark	State NJ	Zip Code 07066-1230	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 243 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Donald W Breech, MD		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address Ste 410 E 605 E San Antonio St		Transaction ID: 21432908
City Victoria	State TX	Zip Code 77801-6053
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Victoria Orthopaedic Surgery Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Frank R DiMaio, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address Winthrop University Hosp Dept of Ortho Surgery		Transaction ID: 21492929
City Mineola	State NY	Zip Code 11501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Winthrop University Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas J Dittloff, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 6900 Orchard Lake Rd Ste #103		Transaction ID: 21492919
City West Bloomfield	State MI	Zip Code 48322-5424
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 244 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Timothy Eugene Doerr, MD		Date of Receipt M / D / Y 04 / 10 / 2005
Mailing Address 5780 S Horseshoe Pl		Transaction ID: 21492917
City Boise	State ID	Zip Code 83716-0031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William James Dowling, Jr, MD		Date of Receipt M / D / Y 04 / 10 / 2005
Mailing Address 150 N Finley Ave		Transaction ID: 21492992
City Basking Ridge	State NJ	Zip Code 07920-1686
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Ridge Orthopedic Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mark B Durbin, MD		Date of Receipt M / D / Y 04 / 10 / 2005
Mailing Address 2500 E Prospect Rd		Transaction ID: 21492918
City Fort Collins	State CO	Zip Code 80525-9718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Center of the Rockies	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 245 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Mark E Fahey, MD		Date of Receipt M / D / Y 04 / 10 / 2005	
Mailing Address Tallahassee Orthopaedic Clinic 3334 Capitol Medical Blvd, #400		Transaction ID: 21492976	
City Tallahassee	State FL	Zip Code 32308-4470	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Tallahassee Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Richard D Ferkel, MD		Date of Receipt M / D / Y 04 / 10 / 2005	
Mailing Address 8815 Noble Ave		Transaction ID: 21492871	
City Van Nuys	State CA	Zip Code 91405-3736	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Southern Cal. Orthopaedic Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. J William Follows, Jr. MD		Date of Receipt M / D / Y 04 / 10 / 2005	
Mailing Address 1200 1st Ave E, #C		Transaction ID: 21492890	
City Spencer	State IA	Zip Code 51301-4342	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer NWB	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 246 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Michael J Ford, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 511 N 12th St E		Transaction ID: 21492930
City Riverton	State WY	Zip Code 82501-3809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Howard I Freedberg, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 1691 S Roubie 59		Transaction ID: 21492931
City Bartlett	State IL	Zip Code 60103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Suburban Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Devon D Goetz, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 6001 Westown Pky		Transaction ID: 21492867
City West Des Moines	State IA	Zip Code 50266-7702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Des Moines Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 247 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Robert A Gomez, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 148D N Camino Alto Ste 21D		Transaction ID: 21492914
City Vallejo	State CA	Zip Code 94589-2567
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer North Bay Orthopaedic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Albert F Heas, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 8701 Airport Blvd, #D-146		Transaction ID: 21492942
City Mobile	State AL	Zip Code 36608-6701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedics and Sports Med of Mobile	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John H Healey, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 1275 York Ave Memorial Sloan-Kettering Cancer Ce		Transaction ID: 21492874
City New York	State NY	Zip Code 10021-6094
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Memorial Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 248 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Theodore R Hofstedt, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 9225 N 3rd St #203		Transaction ID: 21492941
City Phoenix	State AZ	Zip Code 85020-2464
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer North Phoenix Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John W Howes, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address P O Box 1808		Transaction ID: 21492952
City Twin Falls	State ID	Zip Code 83303-1808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Twin Falls Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Cameron B Huckel, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 235 North St		Transaction ID: 21492958
City Buffalo	State NY	Zip Code 14201-1401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 240 / 365

(check only one)

11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Russell A. Hudgens, MD		Date of Receipt M / D / Y Y Y Y 04 / 10 / 2005	
Mailing Address 381 D Springhill Memorial Dr N		Transaction ID: 21492868	
City State Zip Code Mobile AL 36608-1162	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Alabama Orthopaedic Clinic	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) B. Dr. Bruce Edward Katz, MD		Date of Receipt M / D / Y Y Y Y 04 / 10 / 2005	
Mailing Address First State Orthopaedics Medical Arts Pav 1 Ste 237		Transaction ID: 21492868	
City State Zip Code Newark DE 19711-6012	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer First State Orthopaedics	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) C. Dr. Brian E. Kozar, MD		Date of Receipt M / D / Y Y Y Y 04 / 10 / 2005	
Mailing Address PO Box 975		Transaction ID: 21492868	
City State Zip Code Zachary LA 70791-0575	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Zachary Orthopaedics	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 250 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Douglas M Lange, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address Muir Orthopaedic Specialists 2405 Shadelands Dr, #210		Transaction ID: 21492943
City Walnut Creek	State CA	Zip Code 94598-5805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Muir Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mark C Leeson, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address Akron General Hosp/Child Hosp Dept of Orthopaedic Surgery		Transaction ID: 21492994
City Akron	State OH	Zip Code 44302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Darin T Leeson, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address Portage Health System 500 Campus Drive		Transaction ID: 21492880
City Hancock	State MI	Zip Code 49830-1578
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bone & Joint Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 251 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Rafael Antonio Lopez, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address Zorzal 198 Montehiedra		Transaction ID: 21492977
City San Juan	State PR	Zip Code 00926-9535
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey L Lovello, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 7025 Benjamin St		Transaction ID: 21492868
City Mc Lean	State VA	Zip Code 22101-1550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Anderson Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Daniel J Meritt, Jr. MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 621 S New Ballas, #5015B		Transaction ID: 21492853
City Saint Louis	State MO	Zip Code 63141-6200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 252 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Scott K. McClelland, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 135 East Shore Rd		Transaction ID: 21492985
City Monroe	State LA	Zip Code 71203-8857
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Clinic of NE LA	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James M. McKenzie, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 2201 NW Vassar Ct		Transaction ID: 21492984
City Bentonville	State AR	Zip Code 72712-8582
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Gordon M. Mead, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address P O Box 51455		Transaction ID: 21492847
City Shreveport	State LA	Zip Code 71135-1455
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Highland Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 253 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Thomas E Merka, MD		Date of Receipt M / D / Y 04 / 10 / 2005
Mailing Address Orthopaedic Consultants, PSC 1760 Nicholasville Road Ste 604		Transaction ID: 21492986
City Lexington	State KY	Zip Code 40503-1474
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	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Dr. Kenneth S Meniman, MD		Date of Receipt M / D / Y 04 / 10 / 2005
Mailing Address PO Box 290		Transaction ID: 21492975
City Hastings	State MI	Zip Code 49058-0290
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hastings Orthopaedic Clinic	Occupation Orthopaedic Surgeon	1000.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Dr. Paul C Milling, MD		Date of Receipt M / D / Y 04 / 10 / 2005
Mailing Address 183 N Date St		Transaction ID: 21492915
City Escondido	State CA	Zip Code 92025-5405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 254 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Stephen G Morris, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 1800 Esplanade #C		Transaction ID: 21492988
City Chicago	State CA	Zip Code 95826-3369
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Roger A Mueller, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 4505 Memorial Cir		Transaction ID: 21492989
City Oklahoma City	State OK	Zip Code 73142-5001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Daniel E Murphy, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 802 S Howard Ave		Transaction ID: 21492933
City Tampa	State FL	Zip Code 33608-2413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tampa Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 255 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Saint Elmo Newton, III, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 801 Broadway 10th Fl		Transaction ID: 21492951
City Seattle	State WA	Zip Code 98122-4396
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Paul E Perry, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 225 Crosslake Dr		Transaction ID: 21492948
City Evansville	State IN	Zip Code 47715-8198
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Tri-State Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John S Place, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 213 South 11th Ave		Transaction ID: 21492881
City Yakima	State WA	Zip Code 98502-5241
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 256 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Robert H Quinn, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 1 University of New Mexico Department of Orthopaedic Surgery		Transaction ID: 21492944
City Albuquerque	State NM	Zip Code 87131-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Univ of New Mexico	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert Riedeman, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 8080 Falls Rd, #203		Transaction ID: 21492949
City Baltimore	State MD	Zip Code 21208-2498
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Specialty Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John Sargent Rogerson, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 2 Science Ct		Transaction ID: 21492881
City Madison	State WI	Zip Code 53711-1088
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 257 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Marc J Rosen		Date of Receipt M / D / Y 04 / 10 / 2005
Mailing Address 5805 W Eugie Ste 111		Transaction ID: 21492955
City Glendale	State AZ	Zip Code 85304-1273
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Phoenix Orthopaedic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Steve G Salyers, MD		Date of Receipt M / D / Y 04 / 10 / 2005
Mailing Address 1080 Rossview Rd		Transaction ID: 21492987
City Clarksville	State TN	Zip Code 37043-1908
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Premier Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Miguel Antonio Schmitz, MD		Date of Receipt M / D / Y 04 / 10 / 2005
Mailing Address 800 Hillside Ave		Transaction ID: 21492873
City Klamath Falls	State OR	Zip Code 97601-2214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1350.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 258 / 365
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Anthony A Stans, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address Mayo Clinic Dept of Ortho Surgery		Transaction ID: 21492875
City Rochester	State MN	Zip Code 55905-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Mayo Foundation	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Harvey A Taylor, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 85 Fremont St		Transaction ID: 21492889
City Marlborough	State MA	Zip Code 01752-1271
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Orthopedic Associates of Marlboro	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James M Timoney, DO		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 128 Sunderland Dr		Transaction ID: 21492840
City Auburn	State ME	Zip Code 04210-9234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 250 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Robert E Van Demark, Jr. MD		Date of Receipt M / D / Y 04 / 10 / 2005
Mailing Address Van Demark Orthopedic Specialists 1210 W 18th #G01		Transaction ID: 21492978
City Sioux Falls	State SD	Zip Code 57104-4651
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James H Van Olet, MD		Date of Receipt M / D / Y 04 / 10 / 2005
Mailing Address 3955 NW Lincoln Ave		Transaction ID: 21492879
City Corvallis	State OR	Zip Code 97330-2359
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Clay M Wertheimer, MD		Date of Receipt M / D / Y 04 / 10 / 2005
Mailing Address 1100 Pacific Ave, #300 Everett Bone and Joint		Transaction ID: 21492877
City Everett	State WA	Zip Code 98201-4261
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Everett Bone & Joint	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 260 / 365
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Joseph N Wilson, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 4701 85th St		Transaction ID: 21492935
City Lubbock	State TX	Zip Code 79424-4104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John H Bergren, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 1112 6th Ave Ste 30D		Transaction ID: 21492954
City Tacoma	State WA	Zip Code 98405-4048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard J Berry, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 2031 Anderson Rd, #A		Transaction ID: 21492834
City Davis	State CA	Zip Code 95618-0699
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Valley Oak Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 261 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Raymond E Bellamy, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 445D Rhoden Cove Ln		Transaction ID: 21492980
City Tallahassee	State FL	Zip Code 32312-1062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Dale W Boyd, Jr, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address Cape Fear Sports Med 5710 Oleander Dr, Ste 108		Transaction ID: 21492872
City Wilmington	State NC	Zip Code 28403-4723
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cape Fear Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Glenn H Garson, MD		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 4405 N Holland-Sylvania Bldg 1, Ste 101		Transaction ID: 21492845
City Toledo	State OH	Zip Code 43623-2509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sunforest Orthopedic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 262 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Thomas L Erickson, MD Mailing Address 1780 E Florence Blvd Ste 106 City State Zip Code Casa Grande AZ 85222-4782 FEC ID number of contributing federal political committee. C		Date of Receipt M / D / Y Y Y Y 04 / 20 / 2005 Transaction ID: 21499029 Amount of Each Receipt this Period 500.00
Name of Employer Sierra Orthopaedics PC Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B. Dr. Thomas John Haverbush, MD Mailing Address 315 E Warwick Rd, Ste A City State Zip Code Alma MI 48801-1083 FEC ID number of contributing federal political committee. C		Date of Receipt M / D / Y Y Y Y 04 / 20 / 2005 Transaction ID: 21499062 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 ▼ 450.00	
Full Name (Last, First, Middle Initial) C. Dr. Mark G Humphrey, MD Mailing Address 10800 Quivira Rd, #130 City State Zip Code Overland Park KS 66215-2311 FEC ID number of contributing federal political committee. C		Date of Receipt M / D / Y Y Y Y 04 / 20 / 2005 Transaction ID: 21499025 Amount of Each Receipt this Period 500.00
Name of Employer Associated Orthopaedics Receipt For: Primary General Other (specify) ▼	Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 263 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Glenn C Landon, MD		Date of Receipt M / D / Y 04 / 20 / 2005	
Mailing Address Kelsey Seybold Clinic 2727 West Holcombe Blvd.		Transaction ID: 21499240	
City Houston	State TX	Zip Code 77025-1669	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Kelsey-Seybold Clinic	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		
Full Name (Last, First, Middle Initial) B. Dr. Howard J Luks, MD		Date of Receipt M / D / Y 04 / 20 / 2005	
Mailing Address 36 Fieldstone Dr		Transaction ID: 21499026	
City Katonah	State NY	Zip Code 10526-3342	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer University Orthopaedics	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) C. Dr. Richard F McKay, MD		Date of Receipt M / D / Y 04 / 20 / 2005	
Mailing Address 8 Medical Dr		Transaction ID: 21499014	
City Amarillo	State TX	Zip Code 79108-4168	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
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) ► **2250.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 264 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Patrick V McMahon, MD		Date of Receipt M / D / Y 04 / 20 / 2005
Mailing Address 288 White Plains Rd		Transaction ID: 21499061
City Eastchester	State NY	Zip Code 10709-4429
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey M Nakano, MD		Date of Receipt M / D / Y 04 / 20 / 2005
Mailing Address 827 25 1/2 Road		Transaction ID: 21499066
City Grand Junction	State CO	Zip Code 81505-1001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Rocky Mountain Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John L Nehil, MD		Date of Receipt M / D / Y 04 / 20 / 2005
Mailing Address Audubon Medical Plaza, #84D 3 Audubon Plaza Dr		Transaction ID: 21499027
City Louisville	State KY	Zip Code 40217-1397
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 265 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. David L Nelson, MD		Date of Receipt M / D / Y 04 / 20 / 2005
Mailing Address 1363 S Eliseo Dr Ste B		Transaction ID: 21499060
City Greenbrae	State CA	Zip Code 94904-2012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James B Stetery, MD		Date of Receipt M / D / Y 04 / 20 / 2005
Mailing Address 250 SW 131st St		Transaction ID: 21499065
City Newberry	State FL	Zip Code 32669-3074
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas W Wright, MD		Date of Receipt M / D / Y 04 / 20 / 2005
Mailing Address 8314 SW 42nd Ave		Transaction ID: 21499067
City Gainesville	State FL	Zip Code 32608-3655
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 266 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. David Matthew Beard, MD		Date of Receipt M / D / Y Y Y Y 04 / 20 / 2005
Mailing Address 328D 20th St South		Transaction ID: 21499015
City	State	Zip Code
Fargo	ND	58104-5817
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Joseph W Carlson, MD		Date of Receipt M / D / Y Y Y Y 04 / 20 / 2005
Mailing Address 310 N 9th St		Transaction ID: 21499013
City	State	Zip Code
Bismarck	ND	58501-4508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bone and Joint Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Tye Ouzounian, MD		Date of Receipt M / D / Y Y Y Y 04 / 21 / 2005
Mailing Address 582D Wilbur Ave, #21B		Transaction ID: 22505644
City	State	Zip Code
Tarzana	CA	91358-1308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$1000.00 This changes the YTD Total to \$1-000.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 267 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Vincent G Desiderio, MD		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2005
Mailing Address 3301 New Mexico Ave Ste 248		Transaction ID: 21524193
City	State	Zip Code
Washington	DC	20016-3610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey C Diek, MD		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2005
Mailing Address 7373 France Ave S Ste 312		Transaction ID: 21523307
City	State	Zip Code
Edina	MN	55435-4549
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer TCO	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Pat D Do., MD		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2005
Mailing Address 8300 Steeplechase St		Transaction ID: 21524197
City	State	Zip Code
Wichita	KS	67208-4423
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mid America Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 268 / 365
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Gary Dilings, MD		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2005
Mailing Address 1777 Hamburg Turnpike #305		Transaction ID: 21524194
City Wayne	State NJ	Zip Code 07470-5243
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jay Herman Eppings, MD		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2005
Mailing Address 1414 W Fair #149		Transaction ID: 21523385
City Marquette	State MI	Zip Code 49855-5408
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert I Forster, MD		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2005
Mailing Address 202 SW Palm Cove Dr		Transaction ID: 21523408
City Palm City	State FL	Zip Code 34960-6529
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Florida Orthopaedic Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 269 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Martin Jacob Greenberg, MD		Date of Receipt M / D / Y 04 / 27 / 2005
Mailing Address 918 Merry Ln		Transaction ID: 21524219
City Oak Brook	State IL	Zip Code 60523-1422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Deborah A Hanley, MD		Date of Receipt M / D / Y 04 / 27 / 2005
Mailing Address 7005 Shore Road Apt. 3F		Transaction ID: 21523399
City Brooklyn	State NY	Zip Code 11209-1044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Associates of New York	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Shelton G Hopkins, MD		Date of Receipt M / D / Y 04 / 27 / 2005
Mailing Address 7777 Forest Lane C106		Transaction ID: 21524187
City Dallas	State TX	Zip Code 75230-6831
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 270 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Charles Nicholas Hubbard, MD		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2005	
Mailing Address Georgia Orthopaedic Society 150 Clinic Ave		Transaction ID: 21523405	
City Carrollton	State GA	Zip Code 30117-4401	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Carrollton Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Kenneth K Ishizu, MD		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2005	
Mailing Address 12705 Corte Cordillera		Transaction ID: 21523409	
City Salinas	State CA	Zip Code 93908-8842	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Scott D Karr, MD		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2005	
Mailing Address 5050 N Clinton St		Transaction ID: 21523401	
City Fort Wayne	State IN	Zip Code 46825-5850	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopaedics Northeast	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 271 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Scott Taylor McMullen, MD		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2005
Mailing Address 771 D Mercy Rd #224		Transaction ID: 21523325
City	State	Zip Code
Omaha	NE	68124-2346
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer GIKK	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Edwin M Melendez, MD		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2005
Mailing Address 2509 W Crest Ave Ste 2		Transaction ID: 21524217
City	State	Zip Code
Tampa	FL	33614-6821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William C Nesh, MD		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2005
Mailing Address 1113 Woodland Dr		Transaction ID: 21523397
City	State	Zip Code
Elizabethtown	KY	42701-2797
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Elizabethtown Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 272 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Peter O Newton, MD		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2005
Mailing Address 3030 Children's Way, #410		Transaction ID: 21549709
City	State	Zip Code
San Diego	CA	92123-4228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Children's Specialists	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas J Parr, MD		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2005
Mailing Address 14090 Southwest Fwy Ste 130		Transaction ID: 21523384
City	State	Zip Code
Sugar Land	TX	77478-3683
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Paul David Peterson, MD		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2005
Mailing Address 2950 S Elm Pl Ste 460		Transaction ID: 21523388
City	State	Zip Code
Broken Arrow	OK	74012-7883
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Broken Arrow Bone & Joint	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 273 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Samuel Puleo, MD		Date of Receipt M / D / Y 04 / 27 / 2005
Mailing Address PD Box 778		Transaction ID: 21524186
City Gwynedd Valley	State PA	Zip Code 19437-0778
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Montgomery Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Scott Gunnar Quising, MD		Date of Receipt M / D / Y 04 / 27 / 2005
Mailing Address Ste 100 758 Old Norcross Rd		Transaction ID: 21524192
City Lawrenceville	State GA	Zip Code 30045-3386
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Joseph C Randolph, MD		Date of Receipt M / D / Y 04 / 27 / 2005
Mailing Address Indiana Orthopaedic Society 8450 Northwest Blvd		Transaction ID: 21524251
City Indianapolis	State IN	Zip Code 46278-1381
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedics Indianapolis	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 274 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Ronald R Reschly, MD		Date of Receipt M / D / Y 04 / 27 / 2005
Mailing Address 413 N Main		Transaction ID: 21523394
City Mount Pleasant	State IA	Zip Code 52641-1657
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Benjamin D Rubin, MD		Date of Receipt M / D / Y 04 / 27 / 2005
Mailing Address Orthopaedic Specialty Institute 280 S Main Ste 200		Transaction ID: 21524221
City Orange	State CA	Zip Code 92668-3852
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic Specialty Institute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael John Ruddy, MD		Date of Receipt M / D / Y 04 / 27 / 2005
Mailing Address 617 Flamingo Dr		Transaction ID: 21523381
City Fort Lauderdale	State FL	Zip Code 33301-2605
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TNs Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 275 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Philip L. Schneider, MD		Date of Receipt M / D / Y 04 / 27 / 2005
Mailing Address 10400 Connecticut Ave Concourse Level		Transaction ID: 21523383
City Kensington	State MD	Zip Code 20885-3835
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Montgomery Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Perry L. Schoenecker, MD		Date of Receipt M / D / Y 04 / 27 / 2005
Mailing Address 2001 S Lindbergh Blvd		Transaction ID: 21523382
City Saint Louis	State MO	Zip Code 63131-3597
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Washington Univ School of Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John Edward Stratton, MD		Date of Receipt M / D / Y 04 / 27 / 2005
Mailing Address 4201 Torrance Blvd, #640		Transaction ID: 21523410
City Torrance	State CA	Zip Code 90503-4524
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 276 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Patrick M Sullivan, MD		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2005	
Mailing Address 8001 Westown Pkwy		Transaction ID: 21523403	
City State Zip Code West Des Moines IA 50266-7702	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer DMOS	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) B. Dr. Russell G Tigges, MD		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2005	
Mailing Address 1 Webster Ave Ste 400		Transaction ID: 21523380	
City State Zip Code Poughkeepsie NY 12601-1363	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
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) C. Dr. Bradford A Urquhart, MD		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2005	
Mailing Address 1315 St Joseph Pkwy Ste 800		Transaction ID: 21523408	
City State Zip Code Houston TX 77002-8230	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
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) ► **1750.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 277 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Julie Wehner, MD		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2005
Mailing Address 916 Merry Lane		Transaction ID: 21524220
City Oak Brook	State IL	Zip Code 60523-1422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Dirk H Alender, MD		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2005
Mailing Address Dept of Ortho Surgery 3835 Vista Ave		Transaction ID: 21523324
City Saint Louis	State MO	Zip Code 63110-0250
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St Louis University	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Brant Allen, MD		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2005
Mailing Address 4780 W Sunset Blvd		Transaction ID: 21523389
City Los Angeles	State CA	Zip Code 90027-6083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 278 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Edward J Adler, MD		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2005	
Mailing Address 151B Plaza Encantada NW		Transaction ID: 21524196	
City State Zip Code Albuquerque NM 87107-3255	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer New Mexico Orthopaedic Associates	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. Dr. Carl E Becker, MD		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2005	
Mailing Address Westphal Group 809 N Cherry St		Transaction ID: 21523402	
City State Zip Code Lancaster PA 17602-2201	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
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) C. Dr. James Ashley Britton, MD		Date of Receipt M / D / Y Y Y Y 04 / 27 / 2005	
Mailing Address 138D Tulip, #N		Transaction ID: 21524189	
City State Zip Code Longmont CO 80501-3157	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
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) ▶ **750.00**

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

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

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

FOR LINE NUMBER: PAGE 279 / 365
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. S Terry Canale, MD		Date of Receipt M / D / Y 04 / 27 / 2005
Mailing Address 1400 S Germantown Pkwy		Transaction ID: 21523396
City	State	Zip Code
Germantown	TN	38138-2205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Campbell Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William Lewis Chalick, MD		Date of Receipt M / D / Y 04 / 27 / 2005
Mailing Address 1401 Bethlehem Pike		Transaction ID: 21524190
City	State	Zip Code
Flourtown	PA	19031-1804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Christian P Christensen, MD		Date of Receipt M / D / Y 04 / 27 / 2005
Mailing Address 1700 Lakewood Lane		Transaction ID: 21524188
City	State	Zip Code
Lexington	KY	40502-2832
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Lexington Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 280 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Joseph E Ahedeff, MD		Date of Receipt M / D / Y 04 / 27 / 2005
Mailing Address 1555 Strawberry Mountain Drive		Transaction ID: 21524222
City Roanoke	State VA	Zip Code 24018-7686
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Roanoke Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jon Alan Dickinson, MD		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address PO Box 976		Transaction ID: 21716355
City Ross	State CA	Zip Code 94957-0976
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Calif Pacific Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Kenneth A Davenport, MD		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address 1414 W Fair Ave, #149		Transaction ID: 21712534
City Marquette	State MI	Zip Code 49855-5408
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Orthopaedic Associates of Marquette	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 281 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. James A Goulet, MD		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address Univ of Michigan Hosp 1500 E Medical Ctr Dr TC2914		Transaction ID: 21709914
City Ann Arbor	State MI	Zip Code 48109-0328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer The Univ. of Michigan Hospitals	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Patricia A Kolwisch, MD		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address Henry Ford Medical Center Dept of Ortho		Transaction ID: 21709913
City West Bloomfield	State MI	Zip Code 48322
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Henry Ford Hospital	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Douglas W Lundy, MD		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address Orthopaedic Center of the Rockies 2500 E Prospect Rd		Transaction ID: 21712527
City Fort Collins	State CO	Zip Code 80525-9718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Center of the Rockies	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 282 / 365
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Mark P Madden, MD		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address 185D Town Center Pkwy #400		Transaction ID: 21712716
City Reston	State VA	Zip Code 20180-3219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Commonwealth Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Paul C Makson, MD		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address 1431 Premier Drive P O Box 4389		Transaction ID: 21714979
City Mankato	State MN	Zip Code 56001-6076
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopedic & Fracture Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David A McGuire, MD		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address 4100 Lake Otis Parkway #320		Transaction ID: 21715585
City Anchorage	State AK	Zip Code 99508-5231
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 283 / 365

(check only one)

11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Keith W Miller, MD		Date of Receipt M / D / Y 05 / 06 / 2005	
Mailing Address Central Indiana Ortho 3600 W Bethel Ave		Transaction ID: 21716357	
City Muncie	State IN	Zip Code 47304-5407	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer Central Indiana Orthopaed- ics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 450.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Eric A Monesmith, MD		Date of Receipt M / D / Y 05 / 06 / 2005	
Mailing Address 5255 E Stop 11 Road, Ste 300		Transaction ID: 21712711	
City Indianapolis	State IN	Zip Code 46237-6341	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer OrthoIndy	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Robert P Nirschl, MD		Date of Receipt M / D / Y 05 / 06 / 2005	
Mailing Address 1715 N George Mason Dr Ste 504		Transaction ID: 21714881	
City Arlington	State VA	Zip Code 22205-5609	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Nirschl Orthopaedic Sports Medicine	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **2150.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 284 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Stephen H Noel, MD		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address 575 Sioux Point Road		Transaction ID: 21712726
City Dakota Dunes	State SD	Zip Code 57049-5312
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer CNOS	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. J Lockwood Ochsner, Jr, MD		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address 1514 Jefferson Hwy		Transaction ID: 21712705
City New Orleans	State LA	Zip Code 70121-2483
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ochsner Clinic Foundation	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William L Oppenheim, MD		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address UCLA Medical Center 10833 LeConte Ave		Transaction ID: 21712707
City Los Angeles	State CA	Zip Code 90095-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UCLA Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 285 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. John R Payne, MD		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address 731 Leighton Ave Ste 300		Transaction ID: 21709915
City Anniston	State AL	Zip Code 36207-5762
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Anniston Orthopaedics Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jay David Pond, MD		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address 800 Orthopedic Way		Transaction ID: 21716358
City Arlington	State TX	Zip Code 76015-1629
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Arlington Orthopedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard Mills Roberts, MD		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address 2120 N MacArthur Blvd Ste 100		Transaction ID: 21712714
City Irving	State TX	Zip Code 75061-2280
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Irving Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 286 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. David B Robie, MD		Date of Receipt M / D / Y Y Y Y 05 / 06 / 2005
Mailing Address 8585 Pleasanton Dr S		Transaction ID: 21712717
City Worthington	State OH	Zip Code 43085-2844
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Benjamin N Rosenberg		Date of Receipt M / D / Y Y Y Y 05 / 06 / 2005
Mailing Address 1436 Exchange St		Transaction ID: 21712719
City Middlebury	State VT	Zip Code 05753-1185
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Champlain Valley Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Alan I Roth, MD		Date of Receipt M / D / Y Y Y Y 05 / 06 / 2005
Mailing Address PO Box 72130		Transaction ID: 21712720
City Louisville	State KY	Zip Code 40272-0130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Healthcare Initiatives, LLC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 287 / 365
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. J Steven Shockey, MD		Date of Receipt M / D / Y Y Y Y 05 / 06 / 2005
Mailing Address Eastern Kentucky Bone & Joint Surg 108 N. Auxier Ave		Transaction ID: 21712535
City Pikeville	State KY	Zip Code 41501-1201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Kentucky Orthopaedic Society	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Theodore Lee Stinger, MD		Date of Receipt M / D / Y Y Y Y 05 / 06 / 2005
Mailing Address 3207 N Academy Blvd, #103		Transaction ID: 21713711
City Colorado Springs	State CO	Zip Code 80917-5117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Stuart Winkler, MD		Date of Receipt M / D / Y Y Y Y 05 / 06 / 2005
Mailing Address 8322 Bellona Ave		Transaction ID: 21713353
City Towson	State MD	Zip Code 21204-2012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 288 / 365
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Andrew Matthew Wong, MD		Date of Receipt M / D / Y Y Y Y 05 / 06 / 2005
Mailing Address Tallahassee Orthopaedic Clinic 3334 Capital		Transaction ID: 21709910
City Tallahassee	State FL	Zip Code 32312-3100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tallahassee Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John D Bailey, MD		Date of Receipt M / D / Y Y Y Y 05 / 06 / 2005
Mailing Address 414D Centennial Hills Blvd Ste C		Transaction ID: 21716349
City Casper	State WY	Zip Code 82409-3265
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Casper Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James H Beatty, MD		Date of Receipt M / D / Y Y Y Y 05 / 06 / 2005
Mailing Address Campbell Clinic 1211 Union Ave Ste 500		Transaction ID: 21716350
City Memphis	State TN	Zip Code 38104-6858
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Campbell Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 280 / 365

(check only one)

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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Timothy Lamar Beck, MD		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address 3414 Golden Rd		Transaction ID: 21709911
City Tyler	State TX	Zip Code 75701-8336
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Azalea Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Gary Worthington Bradley, MD		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address 511 Bath St		Transaction ID: 21712724
City Santa Barbara	State CA	Zip Code 93101-3403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mark R Brinker, MD		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address Texas Orthopedic Hospital 7401 S Main		Transaction ID: 21714878
City Houston	State TX	Zip Code 77030-4509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Fondren Orthopedic Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 280 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Percival Alcubas Caballero, MD		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address 15 Kiel Ave, #101		Transaction ID: 21712712
City Kinnelon	State NJ	Zip Code 07405-1326
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Timothy J Clader, MD		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address 1415 Portland Ave, #500		Transaction ID: 21714346
City Rochester	State NY	Zip Code 14621-3043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Edward Ashton Connolly, MD		Date of Receipt M / D / Y 05 / 06 / 2005
Mailing Address 520 Valley View Dr		Transaction ID: 21716352
City Moline	State IL	Zip Code 61265-6152
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Orthopaedic & Rheumatology Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 281 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. John D Bloom, MD		Date of Receipt M / D / Y 05 / 12 / 2005
Mailing Address 237 Route 1D8, #205		Transaction ID: 22117591
City Somersworth	State NH	Zip Code 03878-1517
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SOS Med	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James O Gemmer, MD		Date of Receipt M / D / Y 05 / 13 / 2005
Mailing Address 11 Country Club Dr		Transaction ID: 22118316
City Fairfield	State CA	Zip Code 94534-1305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Victor Goldberg, MD		Date of Receipt M / D / Y 05 / 13 / 2005
Mailing Address Case Western Reserve Univ 11100 Euclid Ave		Transaction ID: 22118314
City Cleveland	State OH	Zip Code 44108-5043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Case Western Reserve Univ- ersity	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 282 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Larry D Heron, MD		Date of Receipt M / D / Y 05 / 13 / 2005
Mailing Address 862 Meinecke Ave, #100		Transaction ID: 22118309
City San Luis Obispo	State CA	Zip Code 93405-3701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Central Coast Orthopaedic Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Julie Isaacson, MD		Date of Receipt M / D / Y 05 / 13 / 2005
Mailing Address 410 Villa Rd		Transaction ID: 22118312
City Newberg	State OR	Zip Code 97132-1853
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Allen G Lang, MD		Date of Receipt M / D / Y 05 / 13 / 2005
Mailing Address VAMC 3600 30th St		Transaction ID: 22118254
City Des Moines	State IA	Zip Code 50310-5885
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Veteran's Administration	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 283 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. James Hon-Kit Law, MD		Date of Receipt M / D / Y 05 / 13 / 2005
Mailing Address 301 D W Orange Ave Ste 303		Transaction ID: 22118311
City	State	Zip Code
Anaheim	CA	92804-3172
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	450.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Dr. Gregg Louis Massanelli, MD		Date of Receipt M / D / Y 05 / 13 / 2005
Mailing Address 704 West Grove Ste 5		Transaction ID: 22118330
City	State	Zip Code
El Dorado	AR	71730-4469
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	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Dr. Todd Buesse Orvald, MD		Date of Receipt M / D / Y 05 / 13 / 2005
Mailing Address 1515 W Yakima Ave		Transaction ID: 22118307
City	State	Zip Code
Yakima	WA	98502-2567
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedics Northwest PLC	Occupation Orthopaedic Surgeon	1000.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	1700.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 284 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Christopher S Proctor, MD		Date of Receipt M / D / Y 05 / 13 / 2005
Mailing Address 511 Bath St		Transaction ID: 22118308
City Santa Barbara	State CA	Zip Code 93101-3403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Alta Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Donald Ray Schengal, MD		Date of Receipt M / D / Y 05 / 13 / 2005
Mailing Address 105 E Noble		Transaction ID: 22118337
City Visalia	State CA	Zip Code 93277-2717
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James C Valles, MD		Date of Receipt M / D / Y 05 / 13 / 2005
Mailing Address Orthopaedic Center 35 Kosciuszko St		Transaction ID: 22118338
City Manchester	State NH	Zip Code 03101-1808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer The Orthopaedic Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

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(check only one)

11a 11b 11c 12
13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. William W Brien, MD		Date of Receipt M / D / Y 05 / 13 / 2005	
Mailing Address 444 S San Vicente Blvd # 603		Transaction ID: 22118339	
City Los Angeles	State CA	Zip Code 90048-4174	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Karl F Dickson, MD		Date of Receipt M / D / Y 05 / 23 / 2005	
Mailing Address 500 W Main St Ste 200 PO BOX 977		Transaction ID: 22166448	
City Lewisville	State TX	Zip Code 75057-3639	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. James R Dyrek, MD		Date of Receipt M / D / Y 05 / 23 / 2005	
Mailing Address Northland Ortho Assoc PC 444 E Timber Dr		Transaction ID: 22166419	
City Rhinelander	State WI	Zip Code 54501-2852	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Northland Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 286 / 365

(check only one)

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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Brian Stuart Grossman, MD		Date of Receipt M / D / Y 05 / 23 / 2005
Mailing Address 2985 Vista Grande		Transaction ID: 22166320
City Camarillo	State CA	Zip Code 93012-8892
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SCCI	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Marvin R Lavanthal, MD		Date of Receipt M / D / Y 05 / 23 / 2005
Mailing Address 374 Bluff Ridge Cove		Transaction ID: 22166322
City Cordova	State TN	Zip Code 38018-7617
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Memphis Orthopaedic Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Steven M Marjotta, MD		Date of Receipt M / D / Y 05 / 23 / 2005
Mailing Address 2454 E Dempster Ste 400		Transaction ID: 22166450
City Des Plaines	State IL	Zip Code 60018-5320
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Illinois Bone & Joint	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 287 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Mary I O'Connor, MD		Date of Receipt M / D / Y Y Y Y 05 / 23 / 2005	
Mailing Address 4500 San Pablo Rd		Transaction ID: 22166417	
City Jacksonville	State FL	Zip Code 32224-1865	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Mayo Clinic Jacksonville	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		
Full Name (Last, First, Middle Initial) B. Dr. Gregory S Slappey, MD		Date of Receipt M / D / Y Y Y Y 05 / 23 / 2005	
Mailing Address 128 Ole Hickory Trail		Transaction ID: 22166432	
City Carrollton	State GA	Zip Code 30117	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Carrollton Orthopaedic Cl- Inc	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) C. Dr. William B Smith, MD		Date of Receipt M / D / Y Y Y Y 05 / 23 / 2005	
Mailing Address Blount Orthopaedic Clinic 625 E St Paul Ave		Transaction ID: 22166413	
City Milwaukee	State WI	Zip Code 53202-5507	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Blount Orthopaedic Clinic	Occupation Orthopaedic Surgeon		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 288 / 365

(check only one)

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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Eugene E Taylor, MD		Date of Receipt M / D / Y 05 / 23 / 2005
Mailing Address 151 Jefferson Davis Blvd		Transaction ID: 22166429
City Natchez	State MS	Zip Code 39120-5140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Taylor Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Christopher S Wilson, MD		Date of Receipt M / D / Y 05 / 23 / 2005
Mailing Address 855D W 38th Ave, #106		Transaction ID: 22166449
City Wheat Ridge	State CO	Zip Code 80033-4341
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hand Specialists, PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Norman P Zemel, MD		Date of Receipt M / D / Y 05 / 23 / 2005
Mailing Address 6801 Park Terrace Dr		Transaction ID: 22166418
City Los Angeles	State CA	Zip Code 90045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kerlan Jobe Orthopaedic Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 289 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Jimmie G Biles, MD		Date of Receipt M / D / Y 05 / 23 / 2005
Mailing Address Big Horn Basin Ortho Clinic 720 Lindsay Lane		Transaction ID: 22166323
City	State	Zip Code
Cody	WY	82414-3434
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Big Horn Basin Ortho Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Dudley S Burwell, MD		Date of Receipt M / D / Y 05 / 23 / 2005
Mailing Address 2781 C T Switzer Sr Dr, #402		Transaction ID: 22166321
City	State	Zip Code
Biloxi	MS	39531-4535
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Advanced Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Bertrand Paul Kaper, MD		Date of Receipt M / D / Y 05 / 23 / 2005
Mailing Address 3855 Crossings Drive c/o Orthopaedic Specialists Centra		Transaction ID: 22166415
City	State	Zip Code
Prescott	AZ	86305-7101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 300 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Jacob George, MD		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 2301 N Thomas		Transaction ID: 22193391
City Clovis	State NM	Zip Code 88101-9485
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Abbott Kagan, II, MD		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address Florida Orthopaedic Society 8710 College Pky		Transaction ID: 22193385
City Fort Myers	State FL	Zip Code 33919-4811
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Florida Orthopaedic Society	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mark W Mason, MD		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 75 S Skyline Drive Box 54-13		Transaction ID: 22193389
City Roosevelt	State UT	Zip Code 84068-2688
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 301 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. James W Moore, MD		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address B Rue Verte		Transaction ID: 22193388
City Newport Beach	State CA	Zip Code 92660-5205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Philip T Regala, MD		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 1112 Goodlette Rd N #100		Transaction ID: 22193388
City Naples	State FL	Zip Code 34102-5493
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Florida Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Milton J Smit, MD		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 400 S Kennedy Dr Ste 100		Transaction ID: 22193384
City Bradley	State IL	Zip Code 60915-2685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 302 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. William W Bohn, MD		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 20375 W 151st #106		Transaction ID: 22193387
City Olathe	State KS	Zip Code 66061-5353
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Johnson Co Orthopedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard R Briggs, MD		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 7200 Cathedral Rock Dr #170		Transaction ID: 22193390
City Las Vegas	State NV	Zip Code 89128-0438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William S Buncick, MD		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address Bone & Joint Clinic 1202 Louisiana Ave		Transaction ID: 22193388
City Shreveport	State LA	Zip Code 71101-3510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Bone & Joint Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 303 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. John J. Callaghan, MD		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address University of Iowa Hospital Dept of Orthopaedics		Transaction ID: 22193969
City Iowa City	State IA	Zip Code 52242
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University of Iowa Hospital and Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Chandra Dissanayake, MD		Date of Receipt M / D / Y 06 / 01 / 2005
Mailing Address 19112 Chauncey Dr		Transaction ID: 22194460
City Cerritos	State CA	Zip Code 90709-7220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Joseph F. Curtis, Jr, MD		Date of Receipt M / D / Y 06 / 01 / 2005
Mailing Address 2000 Normandie Dr		Transaction ID: 22194458
City Montgomery	State AL	Zip Code 36111-2700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Southern Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 304 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. T David Hayes, MD		Date of Receipt M / D / Y 06 / 01 / 2005
Mailing Address 200 NE Mother Joseph Pl #110		Transaction ID: 22194466
City Vancouver	State WA	Zip Code 98664-3299
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Victor W Maska, MD		Date of Receipt M / D / Y 06 / 01 / 2005
Mailing Address 1901 N California St		Transaction ID: 22194463
City Stockton	State CA	Zip Code 95204-6098
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Stockton Orthopaedic Medi- cal Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert Louis Marow, Jr. MD		Date of Receipt M / D / Y 06 / 01 / 2005
Mailing Address 317 Woodbluff Dr		Transaction ID: 22194464
City Lafayette	State LA	Zip Code 70503-4449
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 305 / 365
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Sebastian B Ruggeri, MD		Date of Receipt M / D / Y 06 / 01 / 2005
Mailing Address 3104 E Indian School Rd, #200		Transaction ID: 22194459
City Phoenix	State AZ	Zip Code 85016-6889
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Aft. Arm, Shoulder & Hand Surgery	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Albert E Sanders, MD		Date of Receipt M / D / Y 06 / 01 / 2005
Mailing Address 7107 Brookside		Transaction ID: 22194470
City San Antonio	State TX	Zip Code 78209-3519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UTHSC-SA, Dept of Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John Walter Swanson, MD		Date of Receipt M / D / Y 06 / 01 / 2005
Mailing Address 14587 Fosberg Rd		Transaction ID: 22194488
City Lake Oswego	State OR	Zip Code 97035-1815
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 306 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Neil B Calisher, MD		Date of Receipt M / D / Y 06 / 01 / 2005
Mailing Address 1802 Quail Run Dr		Transaction ID: 22194467
City	State	Zip Code
Opden	UT	84403-3266
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Charles C Craig, MD		Date of Receipt M / D / Y 06 / 07 / 2005
Mailing Address Axell Orthopaedic PA Newton 215 S. Pine Street, Suite 201		Transaction ID: 22206292
City	State	Zip Code
Newton	KS	67114-3765
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Axell Orthopaedic PA	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Frank W Jobe, MD		Date of Receipt M / D / Y 06 / 07 / 2005
Mailing Address 6801 Park Terrace 5th Flr		Transaction ID: 22206291
City	State	Zip Code
Los Angeles	CA	90045-1543
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kerlan Jobe Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 307 / 365
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Kevin L Moore, MD		Date of Receipt M / D / Y 06 / 07 / 2005
Mailing Address 5801 DeSota Ave		Transaction ID: 22206287
City Woodland Hills	State CA	Zip Code 91367-6798
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kaiser Permanente	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. John Michael Rayback, MD		Date of Receipt M / D / Y 06 / 07 / 2005
Mailing Address 4728 N Habana Ave #204		Transaction ID: 22206283
City Tampa	State FL	Zip Code 33614-7100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer The Wrist & Hand Center	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Robert P Roys, MD		Date of Receipt M / D / Y 06 / 07 / 2005
Mailing Address 1324 Brown St, Ste 100 Regional Orth & Spts Med		Transaction ID: 22206293
City Waxahachie	State TX	Zip Code 75165-1422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 308 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Lawrence Michael Rubens, MD		Date of Receipt M / D / Y 06 / 07 / 2005
Mailing Address Physicians Clinic Norfolk Med Grp 301 N 27th St		Transaction ID: 22206290
City Norfolk	State NE	Zip Code 68701-4457
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Norfolk Medical Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. George G Telesh, MD		Date of Receipt M / D / Y 06 / 07 / 2005
Mailing Address 330 Clyde Morris Blvd		Transaction ID: 22206281
City Daytona Beach	State FL	Zip Code 32114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Florida Health	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Philip L Bury, MD		Date of Receipt M / D / Y 06 / 07 / 2005
Mailing Address 2100 Lynn Rd, #115		Transaction ID: 22206289
City Thousand Oaks	State CA	Zip Code 91380-8031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 300 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Andrew A. Brooks, MD		Date of Receipt M / D / Y 06 / 07 / 2005
Mailing Address 8815 Noble Ave		Transaction ID: 22206282
City Van Nuys	State CA	Zip Code 91405-3796
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Southern California Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Wallace Bradley Brucker, MD		Date of Receipt M / D / Y 06 / 07 / 2005
Mailing Address 1100 Carson Ave Ste 100		Transaction ID: 22206288
City La Junta	State CO	Zip Code 81050-2748
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Arkansas Valley Regional Medical Ctr	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert Joseph Goetz, MD		Date of Receipt M / D / Y 06 / 08 / 2005
Mailing Address University of Pittsburgh Dept of Ortho Surgery		Transaction ID: 22206411
City Pittsburgh	State PA	Zip Code 15213-3221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UPMC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 310 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. George F Muschler, MD		Date of Receipt M / D / Y 06 / 08 / 2005
Mailing Address 9500 Euclid Ave Desk A-41		Transaction ID: 22206410
City Cleveland	State OH	Zip Code 44195-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer The Cleveland Clinic Foundation	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Kevin J Reagan, MD		Date of Receipt M / D / Y 06 / 08 / 2005
Mailing Address Ortho Assoc of Windham County 35 Kennedy Dr		Transaction ID: 22206451
City Putnam	State CT	Zip Code 06260-1839
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Steven M Sanders, MD		Date of Receipt M / D / Y 06 / 08 / 2005
Mailing Address 2020 Palomino Ln, #220		Transaction ID: 22206412
City Las Vegas	State NV	Zip Code 89108-4891
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 311 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Jeff Alan Traub, MD		Date of Receipt M / D / Y 06 / 08 / 2005
Mailing Address 2975 Coles Way		Transaction ID: 22206467
City Dunwoody	State GA	Zip Code 30350-1077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Kevin F Walsh, MD		Date of Receipt M / D / Y 06 / 08 / 2005
Mailing Address 1637 Imperial Circle		Transaction ID: 22206414
City Naperville	State IL	Zip Code 60563-0132
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer DuPage Medical Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Charles Edward Barnes, MD		Date of Receipt M / D / Y 06 / 08 / 2005
Mailing Address 330B Bondwood Cir		Transaction ID: 22206462
City Johnson City	State TN	Zip Code 37604-8507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Appalachian Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 312 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Philip C Benton, MD		Date of Receipt M / D / Y 06 / 08 / 2005
Mailing Address 1717 North E St, #534		Transaction ID: 22206454
City Pensacola	State FL	Zip Code 32501-6342
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Southern Orthopaedic & Sports Med	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William R Kemme, MD		Date of Receipt M / D / Y 06 / 08 / 2005
Mailing Address Outpatient Center, Suite A 1125 Sir Francis Drake Blvd		Transaction ID: 22206413
City Kentfield	State CA	Zip Code 94904-1418
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William H Davidson, MD		Date of Receipt M / D / Y 06 / 10 / 2005
Mailing Address 4080 4th Ave, #700		Transaction ID: 22217875
City San Diego	State CA	Zip Code 92103-2121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 313 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Lynn E Foret, MD		Date of Receipt M / D / Y 06 / 10 / 2005
Mailing Address 840 S Ryan St		Transaction ID: 22217517
City Lake Charles	State LA	Zip Code 70601-5783
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David D Gallagher, MD		Date of Receipt M / D / Y 06 / 10 / 2005
Mailing Address 840 N Marr Rd		Transaction ID: 22217873
City Columbus	State IN	Zip Code 47201-2609
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Southern Indiana Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Paul K Kosmatka, MD		Date of Receipt M / D / Y 06 / 10 / 2005
Mailing Address Marshfield Clinic Dept of Ortho, 2K2		Transaction ID: 22217518
City Marshfield	State WI	Zip Code 54449
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Marshfield Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 314 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Peter J Lund, MD		Date of Receipt M / D / Y 06 / 10 / 2005
Mailing Address 129 Oakwood Dr		Transaction ID: 22217872
City	State	Zip Code
Martin	TN	38237-3634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Surgical Associates of Ma- rtin	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Eric D Phillips, MD		Date of Receipt M / D / Y 06 / 10 / 2005
Mailing Address 11819 Miracle Hills Dr, #102		Transaction ID: 22217876
City	State	Zip Code
Omaha	NE	68154-4428
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Nebraska Spine Center	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas J Brodrick, MD		Date of Receipt M / D / Y 06 / 10 / 2005
Mailing Address 521 W State Rd 434, #203		Transaction ID: 22217871
City	State	Zip Code
Longwood	FL	32750-5165
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 315 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Paul A Cavale, MD		Date of Receipt M / D / Y 06 / 10 / 2005
Mailing Address 201 E Orangeburg Ave, #F		Transaction ID: 22217519
City Modesto	State CA	Zip Code 95350-5355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Eugene P Christian, MD		Date of Receipt M / D / Y 06 / 10 / 2005
Mailing Address 9073 Flint Way		Transaction ID: 22217516
City Park City	State UT	Zip Code 84068-5851
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Granger Medical Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Stephen M Cyphers, MD		Date of Receipt M / D / Y 06 / 21 / 2005
Mailing Address 4300 Golden Center Dr Suite C		Transaction ID: 22308205
City Placerville	State CA	Zip Code 95667-6278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 316 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Daniel Thomas Davis, MD		Date of Receipt M / D / Y 06 / 21 / 2005
Mailing Address 208 Gamble Drive, Suite A		Transaction ID: 22306584
City Lincolnton	State NC	Zip Code 28082-4439
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jeanne L DeSignore, MD		Date of Receipt M / D / Y 06 / 21 / 2005
Mailing Address 10 Hagen Dr, #210		Transaction ID: 22306201
City Rochester	State NY	Zip Code 14625-2659
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Frederick F Fakherzadeh, MD		Date of Receipt M / D / Y 06 / 21 / 2005
Mailing Address 22 Madison Ave		Transaction ID: 22306203
City Paramus	State NJ	Zip Code 07652-2734
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 317 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Marshall Stewart Frumin, MD		Date of Receipt M / D / Y 06 / 21 / 2005
Mailing Address 7777 Southwest Fwy Ste 344		Transaction ID: 22306321
City	State	Zip Code
Houston	TX	77074-1813
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Frank P Giammattei, MD		Date of Receipt M / D / Y 06 / 21 / 2005
Mailing Address Crozer-Chester Med Ctr, Ste#324 Professional Office Bldg #2		Transaction ID: 22306324
City	State	Zip Code
Upland	PA	19013
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Premier Orthopaedics	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Stanley L Grabias, MD		Date of Receipt M / D / Y 06 / 21 / 2005
Mailing Address 2201 Ridgewood Rd Ste 200		Transaction ID: 22306230
City	State	Zip Code
Reading	PA	19610-1158
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 318 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Daniel Patrick Hely, MD		Date of Receipt M / D / Y 06 / 21 / 2005
Mailing Address 1 Dunwoody Dr		Transaction ID: 22306253
City Carlisle	State PA	Zip Code 17013-9565
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James A. Hill, MD		Date of Receipt M / D / Y 06 / 21 / 2005
Mailing Address Northwestern Medical Faculty Found Suite 17-100		Transaction ID: 22306327
City Chicago	State IL	Zip Code 60611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Northwestern Medical Faculty Foundatio	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David G. Lavelle, MD		Date of Receipt M / D / Y 06 / 21 / 2005
Mailing Address Mayo Clinic 200 1st St SW		Transaction ID: 22306231
City Rochester	State MN	Zip Code 55505-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Mayo Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 319 / 365

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. John William Miles, III, MD		Date of Receipt M / D / Y 06 / 21 / 2005
Mailing Address 451 D Viewridge Ave		Transaction ID: 22306206
City San Diego	State CA	Zip Code 92123-1689
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. J Lockwood Ochsner, Jr, MD		Date of Receipt M / D / Y 06 / 21 / 2005
Mailing Address 1514 Jefferson Hwy		Transaction ID: 22306319
City New Orleans	State LA	Zip Code 70121-2483
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Ochsner Clinic Foundation	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mark C Remington, MD		Date of Receipt M / D / Y 06 / 21 / 2005
Mailing Address 4011 Talbot Rd South #300		Transaction ID: 22306320
City Renton	State WA	Zip Code 98055-5791
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Valley Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 320 / 365

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Ronald R. Romanelli, MD		Date of Receipt M / D / Y 06 / 21 / 2005
Mailing Address 3138 Old Jacksonville Rd Ste 150		Transaction ID: 22306322
City Springfield	State IL	Zip Code 62704-6487
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Orthopaedic Center of Illinois	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas C. Schuler, MD		Date of Receipt M / D / Y 06 / 21 / 2005
Mailing Address 1831 Wiehle Ave Second Floor		Transaction ID: 22306290
City Reston	State VA	Zip Code 20190-5266
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Virginia Spine Institute	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Willie Thompson, MD		Date of Receipt M / D / Y 06 / 21 / 2005
Mailing Address 10814 Cherry Blossom Ct		Transaction ID: 22306325
City Adelphi	State MD	Zip Code 20783-1043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

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

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Martin A Torch, MD		Date of Receipt M / D / Y Y Y Y 06 / 21 / 2005
Mailing Address Greater Ohio Orthopaedic Surgeons 259 Taylor Station Rd		Transaction ID: 22306255
City Columbus	State OH	Zip Code 43213-1445
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Greater Ohio Orthopaedic Surgeons	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael Vener, MD		Date of Receipt M / D / Y Y Y Y 06 / 21 / 2005
Mailing Address 1201 Mickelson Dr		Transaction ID: 22306289
City Watertown	State SD	Zip Code 57201-7100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William F Webb, MD		Date of Receipt M / D / Y Y Y Y 06 / 21 / 2005
Mailing Address 1455 E Bart Kouns Ind Loop		Transaction ID: 22306328
City Shreveport	State LA	Zip Code 71105-5634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Stephen E Conrad, MD		Date of Receipt M / D / Y 06 / 21 / 2005
Mailing Address 1800 Sullivan Ave, #307		Transaction ID: 22306585
City	State	Zip Code
Daly City	CA	94015-2223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Peninsula Orthopaedic Associates	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Hussein Adel Elkousy, MD		Date of Receipt M / D / Y 06 / 21 / 2005
Mailing Address 15200 Southwest Frwy Ste 29D		Transaction ID: 22306207
City	State	Zip Code
Sugar Land	TX	77478
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Fondren Orthopaedic Group	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Kent Jason Lowry, MD		Date of Receipt M / D / Y 06 / 21 / 2005
Mailing Address Northland Orthopedic Associates PC 444 E. Timber Dr.		Transaction ID: 22306200
City	State	Zip Code
Rhineland	WI	54501-2852
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Northland Orthopedic Associates PC	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 323 / 365
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Thomas J Ellis, MD		Date of Receipt M / D / Y 06 / 28 / 2005
Mailing Address 10920 SW Park Way		Transaction ID: 22317543
City Portland	State OR	Zip Code 97225-5227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer OHSU	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Howard R Epps, MD		Date of Receipt M / D / Y 06 / 28 / 2005
Mailing Address 7401 S Main St		Transaction ID: 22317535
City Houston	State TX	Zip Code 77030-4509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Fondren Orthopedic Group, LLP	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Daniel J Gallagher, MD		Date of Receipt M / D / Y 06 / 28 / 2005
Mailing Address Bone & Joint Clinic 4633 Wichers Dr		Transaction ID: 22317544
City Marrero	State LA	Zip Code 70072-5084
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Bone & Joint Clinic	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

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(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Dr. Jaufer M Bazih, MD		Date of Receipt M / D / Y 06 / 28 / 2005
Mailing Address 4802 S 109th East Ave		Transaction ID: 22317548
City	State	Zip Code
Tulsa	OK	74146-5822
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tulsa Bone and Joint Associates	Occupation Orthopaedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Gregory Alfred Bisignani, MD		Date of Receipt M / D / Y 06 / 28 / 2005
Mailing Address 82 Laurel Dr		Transaction ID: 22317540
City	State	Zip Code
Greensburg	PA	15601-4589
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)	▶	750.00
TOTAL This Period (last page this line number only)	▶	506790.00

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

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

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
 Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 01 / 21 / 2005
Mailing Address 8300 N River Road		Transaction ID: 20911133
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 308.21
Name of Employer	Occupation	Reimbursement of bank fees from Affil Organization
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 308.21	

Full Name (Last, First, Middle Initial) B. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 02 / 17 / 2005
Mailing Address 8300 N River Road		Transaction ID: 21082871
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 263.15
Name of Employer	Occupation	Reimb for bank fees from affiliated organization
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 571.38	

Full Name (Last, First, Middle Initial) C. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 8300 N River Road		Transaction ID: 21288278
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2281.83
Name of Employer	Occupation	Reimb from affil organiza- tion for bank fees
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2853.19	

SUBTOTAL of Receipts TNs Page (optional)	▶	2853.19
TOTAL This Period (last page this line number only)	▶	

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 04 / 22 / 2005
Mailing Address 8300 N River Road		Transaction ID: 21700047
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2679.20
Name of Employer	Occupation	Reimb bank fees from Affiliated Organization
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5532.39	

Full Name (Last, First, Middle Initial) B. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 05 / 18 / 2005
Mailing Address 8300 N River Road		Transaction ID: 22158327
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1690.18
Name of Employer	Occupation	Reimb bank fees from Affiliated Organization
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 7222.57	

Full Name (Last, First, Middle Initial) C. American Assoc of Orthopaedic Surgeons		Date of Receipt M / D / Y 06 / 16 / 2005
Mailing Address 8300 N River Road		Transaction ID: 22264179
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 523.32
Name of Employer	Occupation	Refund bank fees from Affiliated Organization
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 7745.89	

SUBTOTAL of Receipts This Page (optional)	▶	4892.70
TOTAL This Period (last page this line number only)	▶	7745.89

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Northern Trust Company		Transaction ID: 20910845 Date of Disbursement 01 / 05 / 2005	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 290.33	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Northern Trust Company		Transaction ID: 21079654 Date of Disbursement 01 / 24 / 2005	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 137.08	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Northern Trust Company		Transaction ID: 21079733 Date of Disbursement 02 / 04 / 2005	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 126.07	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	553.48
TOTAL This Period (last page this line number only)	

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

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

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(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<p>A. Full Name (Last, First, Middle Initial) Northern Trust Company</p> <p>Mailing Address 50 S LaSalle St</p> <p>City Chicago State IL Zip Code 60675</p> <p>Purpose of Disbursement Bank fees deducted from account</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: Primary General Other (specify) ▼</p>	<p>Transaction ID: 21151507 Date of Disbursement 02 / 24 / 2005</p> <p>Amount of Each Disbursement this Period 981.92</p> <p>Bank fees deducted from account</p> <p style="text-align: center;">001 Category/ Type</p>	
<p>B. Full Name (Last, First, Middle Initial) Northern Trust Company</p> <p>Mailing Address 50 S LaSalle St</p> <p>City Chicago State IL Zip Code 60675</p> <p>Purpose of Disbursement Bank fees deducted from account</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: Primary General Other (specify) ▼</p>	<p>Transaction ID: 21255507 Date of Disbursement 03 / 04 / 2005</p> <p>Amount of Each Disbursement this Period 1290.91</p> <p>Bank fees deducted from account</p> <p style="text-align: center;">001 Category/ Type</p>	
<p>C. Full Name (Last, First, Middle Initial) Northern Trust Company</p> <p>Mailing Address 50 S LaSalle St</p> <p>City Chicago State IL Zip Code 60675</p> <p>Purpose of Disbursement Bank fees deducted from account</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: Primary General Other (specify) ▼</p>	<p>Transaction ID: 21409794 Date of Disbursement 03 / 24 / 2005</p> <p>Amount of Each Disbursement this Period 688.15</p> <p>Bank fees deducted from account</p> <p style="text-align: center;">001 Category/ Type</p>	
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>		<p>2970.98</p>
<p>TOTAL This Period (last page this line number only) ▶</p>		

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<p>A. Full Name (Last, First, Middle Initial) Northern Trust Company</p> <p>Mailing Address 50 S LaSalle St</p> <p>City Chicago State IL Zip Code 60675</p> <p>Purpose of Disbursement Bank fees deducted from account</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: Primary General Other (specify) ▼</p>	<p>Transaction ID: 21458659 Date of Disbursement 04 / 14 / 2005</p> <p>Amount of Each Disbursement this Period 1990.05</p> <p>Bank fees deducted from account</p> <p style="text-align: right;">001 Category/ Type</p>	
<p>B. Full Name (Last, First, Middle Initial) Northern Trust Company</p> <p>Mailing Address 50 S LaSalle St</p> <p>City Chicago State IL Zip Code 60675</p> <p>Purpose of Disbursement Bank fees deducted from account</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: Primary General Other (specify) ▼</p>	<p>Transaction ID: 22118544 Date of Disbursement 04 / 25 / 2005</p> <p>Amount of Each Disbursement this Period 835.92</p> <p>Bank fees deducted from account</p> <p style="text-align: right;">001 Category/ Type</p>	
<p>C. Full Name (Last, First, Middle Initial) Northern Trust Company</p> <p>Mailing Address 50 S LaSalle St</p> <p>City Chicago State IL Zip Code 60675</p> <p>Purpose of Disbursement Bank fees deducted from account</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District</p> <p>Disbursement For: Primary General Other (specify) ▼</p>	<p>Transaction ID: 22118616 Date of Disbursement 05 / 05 / 2005</p> <p>Amount of Each Disbursement this Period 854.26</p> <p>Bank fees deducted from account</p> <p style="text-align: right;">001 Category/ Type</p>	
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>		<p>3680.23</p>
<p>TOTAL This Period (last page this line number only) ▶</p>		

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

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

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Northern Trust Company		Transaction ID: 22205058 Date of Disbursement 05 / 25 / 2005	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 269.76	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Northern Trust Company		Transaction ID: 22235883 Date of Disbursement 06 / 06 / 2005	
Mailing Address 50 S LaSalle St		Amount of Each Disbursement this Period 259.56	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Northern Trust Company		Transaction ID: 22372824 Date of Disbursement 06 / 24 / 2005	
Mailing Address 50 S. LaSalle St.		Amount of Each Disbursement this Period 233.94	
City Chicago State IL Zip Code 60675	Purpose of Disbursement Bank fees deducted from account Candidate Name	001 Category/ Type	Bank fees deducted from account
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	757.26
TOTAL This Period (last page this line number only)	7961.95

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

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Volunteer PAC		Transaction ID: 20847170 Date of Disbursement 01 / 07 / 2005	
Mailing Address PO Box 158552		Amount of Each Disbursement this Period 5000.00	
City Nashville	State TN	Zip Code 37215	011 Category/ Type
Purpose of Disbursement PAC Contribution		PAC Contribution	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Keep Our Majority PAC (KOMPAC)		Transaction ID: 20847167 Date of Disbursement 01 / 07 / 2005	
Mailing Address PO Box 20209		Amount of Each Disbursement this Period 5000.00	
City Alexandria	State VA	Zip Code 22320	011 Category/ Type
Purpose of Disbursement PAC contribution		PAC contribution	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Johnson For Congress Committee		Transaction ID: 20847171 Date of Disbursement 01 / 07 / 2005	
Mailing Address P.O. Box 1888		Amount of Each Disbursement this Period 1000.00	
City New Britain	State CT	Zip Code 06050	011 Category/ Type
Purpose of Disbursement Contribution for 2008 Primary		Contribution for 2008 Pri- mary	
Candidate Name Rep. Nancy L. Johnson			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CT District 5			

SUBTOTAL of Disbursements This Page (optional) ► **11000.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Santorum 2006

Mailing Address One Tower Bridge Suite 1440

City West Conshohocken State PA Zip Code 19426

Purpose of Disbursement
Contribution for 2006 Senate Primary

Candidate Name
Sen. Rick Santorum

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President Other (specify) ▼

State: PA District: 2

Transaction ID: 20847173
Date of Disbursement
01 / 07 / 2005

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

Contribution for 2006 Sen-
ate Primary

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

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Funds Reported On <Enter Report Name Here>

Candidate Name
Rep. Sam Farr

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President X Other (specify) ▼
 2004 General Congres

State: CA District: 17

Transaction ID: 20934275
Date of Disbursement
10 / 20 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

[MEMO ITEM]
Funds Reported On <Enter
Report Name Here>

Full Name (Last, First, Middle Initial)
C. Friends Of Farr

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Re-designated funds for trans. dated 10/

Candidate Name
Rep. Sam Farr

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President Other (specify) ▼

State: CA District: 17

Transaction ID: 20934276
Date of Disbursement
01 / 28 / 2005

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

[MEMO ITEM]
Re-designated funds for
trans. dated 10/20/2004

SUBTOTAL of Disbursements This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Norwood For Congress

Mailing Address PO Box 499
PO Box 499

City Evans State GA Zip Code 30809

Purpose of Disbursement

Candidate Name
Rep. Charlie Norwood

Office Sought: House
Senate
President
State: GA District 9

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 20970427
Date of Disbursement

02 / 02 / 2005

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
B. TOGETHER FOR OUR MAJORITY POLITICAL ACTION COMMITT

Mailing Address PO Box 16488

City Arlington State VA Zip Code 22215

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 20970403
Date of Disbursement

02 / 02 / 2005

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)
C. Friends Of Kent Conrad

Mailing Address PO Box 812

City Bismarck State ND Zip Code 58502

Purpose of Disbursement

Candidate Name
Sen. Kent Conrad

Office Sought: House
 Senate
President
State: ND District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21013526
Date of Disbursement

02 / 10 / 2005

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Friends Of George Allen

Full Name (Last, First, Middle Initial)
Friends Of George Allen

Mailing Address Post Office Box 87

City Alexandria State VA Zip Code 22313

Purpose of Disbursement

Candidate Name Sen. George Allen

Office Sought: House Senate President
 Senate

Disbursement For: 2006 Primary General Other (specify) ▼
 Primary

State: VA District 2

011
Category/
Type

Transaction ID: 21013580
Date of Disbursement
02 / 10 / 2005

Amount of Each Disbursement this Period
1000.00

B. Democratic Congressional Campaign Committee

Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Dues

Candidate Name

Office Sought: House Senate President
Senate

Disbursement For: Primary General Other (specify) ▼
Primary

State: District

011
Category/
Type

Transaction ID: 21152550
Date of Disbursement
03 / 08 / 2005

Amount of Each Disbursement this Period
5000.00

Dues

C. Democratic Congressional Campaign Committee

Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Dues

Candidate Name

Office Sought: House Senate President
Senate

Disbursement For: Primary General Other (specify) ▼
Primary

State: District

011
Category/
Type

Transaction ID: 21152552
Date of Disbursement
03 / 08 / 2005

Amount of Each Disbursement this Period
5000.00

Dues

SUBTOTAL of Disbursements This Page (optional) ▶ **11000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement Dues

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 21152553
Date of Disbursement
03 / 08 / 2005

Amount of Each Disbursement this Period
5000.00

Dues

Full Name (Last, First, Middle Initial)
B. Democratic Senatorial Campaign Committee

Mailing Address 430 South Capitol St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Dues

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 21152554
Date of Disbursement
03 / 08 / 2005

Amount of Each Disbursement this Period
5000.00

Dues

Full Name (Last, First, Middle Initial)
C. Democratic Senatorial Campaign Committee

Mailing Address 430 South Capitol St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Dues

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 21152556
Date of Disbursement
03 / 08 / 2005

Amount of Each Disbursement this Period
5000.00

Dues

SUBTOTAL of Disbursements This Page (optional) ▶ **15000.00**

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

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

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

FOR LINE NUMBER: (check only one)

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21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
 Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Democratic Senatorial Campaign Committee

Mailing Address 430 South Capitol St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
 Dues

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General Other (specify) ▼

011
 Category/Type

Transaction ID: 21152567
 Date of Disbursement
 03 / 08 / 2005

Amount of Each Disbursement this Period
 5000.00

Dues

Full Name (Last, First, Middle Initial)
B. Michael Burgess For Congress

Mailing Address P.O. Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

Candidate Name
 Mr. Michael C. Burgess

Office Sought: House Senate President
 State: TX District 26

Disbursement For: 2006
 Primary General Other (specify) ▼

011
 Category/Type

Transaction ID: 21152560
 Date of Disbursement
 03 / 08 / 2005

Amount of Each Disbursement this Period
 2500.00

Full Name (Last, First, Middle Initial)
C. Friends Of John Peterson

Mailing Address 114 W. State Street
 PO Box 295

City Pleasantville State PA Zip Code 16341

Purpose of Disbursement

Candidate Name
 Rep. John E. Peterson

Office Sought: House Senate President
 State: PA District 5

Disbursement For: 2006
 Primary General Other (specify) ▼

011
 Category/Type

Transaction ID: 21152564
 Date of Disbursement
 03 / 08 / 2005

Amount of Each Disbursement this Period
 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **8500.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Simpson For Congress

Mailing Address 131 N. Oak

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement

Candidate Name
Rep. Michael K. Simpson

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: ID District 2

011
Category/
Type

Transaction ID: 21152562
Date of Disbursement
03 / 08 / 2005

Amount of Each Disbursement this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Kirk For Congress

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60003

Purpose of Disbursement

Candidate Name
Rep. Mark Kirk

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: IL District 10

011
Category/
Type

Transaction ID: 21152566
Date of Disbursement
03 / 08 / 2005

Amount of Each Disbursement this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Santorum 2006

Mailing Address One Tower Bridge Suite 1440

City West Conshohocken State PA Zip Code 19428

Purpose of Disbursement

Candidate Name
Sen. Rick Santorum

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: PA District 2

011
Category/
Type

Transaction ID: 21152558
Date of Disbursement
03 / 08 / 2005

Amount of Each Disbursement this Period
4000.00

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

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Northern Lights PAC

Mailing Address 1155 21st Street, NW
Suite 30D

City Washington State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 21152549

Date of Disbursement

03 / 08 / 2005

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Texans For Henry Bonilla

Mailing Address P.O. Box 17292

City San Antonio State TX Zip Code 78217

Purpose of Disbursement

Candidate Name
Rep. Henry Bonilla

Office Sought: House Senate President
State: TX District 23

Disbursement For: 2006
 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 21197252

Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Kent Conrad

Mailing Address PO Box 812

City Bismarck State ND Zip Code 58502

Purpose of Disbursement

Candidate Name
Sen. Kent Conrad

Office Sought: House Senate President
State: ND District 1

Disbursement For: 2006
 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 21197284

Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Nathan Deal For Congress		Transaction ID: 21197283 Date of Disbursement 03 / 14 / 2005	
Mailing Address PO Box 902 PO Box 902		Amount of Each Disbursement this Period 2500.00	
City Gainesville	State GA	Zip Code 30503	011 Category/ Type
Purpose of Disbursement			
Candidate Name Rep. Nathan Deal			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: GA District: 10			

Full Name (Last, First, Middle Initial) B. People With Hart Inc		Transaction ID: 21197276 Date of Disbursement 03 / 14 / 2005	
Mailing Address P.O. Box 435		Amount of Each Disbursement this Period 1000.00	
City Wexford	State PA	Zip Code 15000	011 Category/ Type
Purpose of Disbursement			
Candidate Name Rep. Melissa Hart			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA District: 4			

Full Name (Last, First, Middle Initial) C. Price For Congress		Transaction ID: 21250495 Date of Disbursement 03 / 22 / 2005	
Mailing Address PO Box 425		Amount of Each Disbursement this Period 1000.00	
City Roswell	State GA	Zip Code 30077	011 Category/ Type
Purpose of Disbursement			
Candidate Name Dr. Thomas Price			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: GA District: 6			

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Pete Sessions For Congress

Mailing Address P.O. Box 38585

City Dallas State TX Zip Code 75238

Purpose of Disbursement

Candidate Name
Rep. Pete Sessions

Office Sought: House Senate President
State: TX District: 32

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21250484
Date of Disbursement
03 / 22 / 2005

Amount of Each Disbursement this Period
2000.00

Full Name (Last, First, Middle Initial)
B. Nathan Deal For Congress

Mailing Address PO Box 802
PO Box 802

City Gainesville State GA Zip Code 30503

Purpose of Disbursement

Candidate Name
Rep. Nathan Deal

Office Sought: House Senate President
State: GA District: 10

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21250488
Date of Disbursement
03 / 22 / 2005

Amount of Each Disbursement this Period
2500.00

Full Name (Last, First, Middle Initial)
C. Friends Of George Allen

Mailing Address Post Office Box B7

City Alexandria State VA Zip Code 22313

Purpose of Disbursement

Candidate Name
Sen. George Allen

Office Sought: House Senate President
State: VA District: 2

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21250496
Date of Disbursement
03 / 22 / 2005

Amount of Each Disbursement this Period
4000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **8500.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Nelson 2006

Mailing Address P O Box 8686

City Omaha State NE Zip Code 68103

Purpose of Disbursement

Candidate Name Sen. E. Nelson

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: NE District 2 Other (specify) ▼

Transaction ID: 21250497
Date of Disbursement
03 / 22 / 2005

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

B. Full Name (Last, First, Middle Initial)
Westmoreland For Congress

Mailing Address 25 Brett'S Bend

City Sharpsburg State GA Zip Code 30277

Purpose of Disbursement

Candidate Name Lynn Westmoreland

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: GA District B Other (specify) ▼

Transaction ID: 21285639
Date of Disbursement
03 / 29 / 2005

Amount of Each Disbursement this Period
2000.00

011
Category/
Type

C. Full Name (Last, First, Middle Initial)
A Lot of People Who Support Jeff Bingaman

Mailing Address PO Box 2048

City Albuquerque State NM Zip Code 87111

Purpose of Disbursement

Candidate Name Jeff Bingaman

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: NM District 2 Other (specify) ▼

Transaction ID: 21406632
Date of Disbursement
04 / 05 / 2005

Amount of Each Disbursement this Period
2000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ **5000.00**

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

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

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Johnson For Congress Committee

Mailing Address P.O. Box 1986

City New Britain State CT Zip Code 06050

Purpose of Disbursement

Candidate Name
Rep. Nancy L. Johnson

Office Sought: House
Senate
President
State: CT District 5

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21406637
Date of Disbursement

04 / 05 / 2005

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
Friends Of Clay Shaw

Mailing Address 2600 NE 14th Street Causeway

City Pompano Beach State FL Zip Code 33062

Purpose of Disbursement

Candidate Name
Rep. E. Clay Shaw, Jr.

Office Sought: House
Senate
President
State: FL District 22

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21406636
Date of Disbursement

04 / 05 / 2005

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
Promoting Republicans You Can Elect Project

Mailing Address 1155 21ST STREET NW SUITE 300

City Washington State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21406634
Date of Disbursement

04 / 05 / 2005

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Cantor For Congress

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement

Candidate Name
Rep. Eric I. Cantor

Office Sought: House Senate President
State: VA District 7

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21406631
Date of Disbursement
04 / 05 / 2005

Amount of Each Disbursement this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Chocola For Congress Inc

Mailing Address PO Box 6728

City South Bend State IN Zip Code 46660

Purpose of Disbursement

Candidate Name
Rep. Christopher Chocola

Office Sought: House Senate President
State: IN District 2

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21406635
Date of Disbursement
04 / 05 / 2005

Amount of Each Disbursement this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Johnson For Congress Committee

Mailing Address P.O. Box 1888

City New Britain State CT Zip Code 06050

Purpose of Disbursement

Candidate Name
Rep. Nancy L. Johnson

Office Sought: House Senate President
State: CT District 5

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21429151
Date of Disbursement
04 / 09 / 2005

Amount of Each Disbursement this Period
2000.00

SUBTOTAL of Disbursements This Page (optional) ► **5500.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Friends Of Sam Johnson

Mailing Address 1611 Avenue K

City Plano State TX Zip Code 75074

Purpose of Disbursement

Candidate Name Rep. Sam Johnson

Office Sought: House Senate President
State: TX District 3

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21429153
Date of Disbursement
04 / 09 / 2005

Amount of Each Disbursement this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Friends Of Roger Wicker 2004

Mailing Address PO Box 874

City Tupelo State MS Zip Code 38802

Purpose of Disbursement

Candidate Name Roger Wicker

Office Sought: House Senate President
State: MS District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21429155
Date of Disbursement
04 / 09 / 2005

Amount of Each Disbursement this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Promoting Republicans You Can Elect Project

Mailing Address 1155 21ST STREET NW SUITE 300

City Washington State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For:
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21429149
Date of Disbursement
04 / 09 / 2005

Amount of Each Disbursement this Period
3000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Leadership Encouraging Excellence PAC (LEE PAC)

Mailing Address 4451 Brookfield Corp Drive
#200

City Chantilly State VA Zip Code 20151

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 21429150
Date of Disbursement
04 / 09 / 2005

Amount of Each Disbursement this Period
5000.00

Full Name (Last, First, Middle Initial)
B. Every Republican Is Crucial (ERIC) PAC

Mailing Address 25 East Main Street
Suite 200

City Richmond State VA Zip Code 23210

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 21429152
Date of Disbursement
04 / 09 / 2005

Amount of Each Disbursement this Period
2500.00

Full Name (Last, First, Middle Initial)
C. Friends Of Craig Thomas

Mailing Address 1808 Crook Avenue

City Cheyenne State WY Zip Code 82001

Purpose of Disbursement

Candidate Name
Sen. Craig Thomas

Office Sought: House Senate President State: WY District 1

Disbursement For: 2006 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 21429154
Date of Disbursement
04 / 09 / 2005

Amount of Each Disbursement this Period
2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **10000.00**

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

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

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Friends Of Sam Johnson

Mailing Address 1611 Avenue K

City Plano State TX Zip Code 75074

Purpose of Disbursement
Void - Friends Of Sam Johnson

Candidate Name
Rep. Sam Johnson

Office Sought: House Senate President
State: TX District 3

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21429186
Date of Disbursement
04 / 11 / 2005

Amount of Each Disbursement this Period
-1000.00

Void - Friends Of Sam Johnson

B. Full Name (Last, First, Middle Initial)
Friends Of Sam Johnson

Mailing Address 1611 Avenue K

City Plano State TX Zip Code 75074

Purpose of Disbursement

Candidate Name
Rep. Sam Johnson

Office Sought: House Senate President
State: TX District 3

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21429187
Date of Disbursement
04 / 11 / 2005

Amount of Each Disbursement this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Friends Of Roger Wicker 2004

Mailing Address PO Box 874

City Tupelo State MS Zip Code 38802

Purpose of Disbursement
Void - Friends Of Roger Wicker 2004

Candidate Name
Roger Wicker

Office Sought: House Senate President
State: MS District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21429181
Date of Disbursement
04 / 11 / 2005

Amount of Each Disbursement this Period
-2000.00

Void - Friends Of Roger Wicker 2004

SUBTOTAL of Disbursements This Page (optional) ▶ **-2000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Friends Of Roger Wicker 2004

Mailing Address PO Box 874

City State Zip Code
Tupelo MS 38802

Purpose of Disbursement

Candidate Name
Roger Wicker

Office Sought: House
Senate
President
State: MS District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21429189
Date of Disbursement

04 / 11 / 2005

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
B. People With Hart Inc

Mailing Address P.O. Box 435

City State Zip Code
Wexford PA 15000

Purpose of Disbursement
Void - People With Hart Inc

Candidate Name
Rep. Melissa Hart

Office Sought: House
Senate
President
State: PA District 4

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21443052
Date of Disbursement

04 / 12 / 2005

Amount of Each Disbursement this Period

-1000.00

Void - People With Hart Inc

Full Name (Last, First, Middle Initial)
C. Cubin For Congress Inc

Mailing Address P.O. Box 4857

City State Zip Code
Casper WY 82604

Purpose of Disbursement

Candidate Name
Rep. Barbara Cubin

Office Sought: House
Senate
President
State: WY District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21484909
Date of Disbursement

04 / 18 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Friends Of Mark Foley

Mailing Address 1318 Lake Victoria Dr

City Lake Worth State FL Zip Code 33461

Purpose of Disbursement

Candidate Name Rep. Mark Foley

Office Sought: House Senate President
State: FL District 16

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21484907
Date of Disbursement
04 / 18 / 2005

Amount of Each Disbursement this Period
5000.00

Full Name (Last, First, Middle Initial)
B. Congressman Joe Barton Committee, The

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement

Candidate Name Rep. Joe L. Barton

Office Sought: House Senate President
State: TX District 8

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21524357
Date of Disbursement
04 / 27 / 2005

Amount of Each Disbursement this Period
2000.00

Full Name (Last, First, Middle Initial)
C. Frelinghuysen For Congress

Mailing Address 19 Cattano Ave

City Morristown State NJ Zip Code 07960

Purpose of Disbursement

Candidate Name Rodney P. Frelinghuysen

Office Sought: House Senate President
State: NJ District 11

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21524367
Date of Disbursement
04 / 27 / 2005

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ► **8000.00**

TOTAL This Period (last page this line number only) ►

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

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. John Shadegg For Congress

Mailing Address P.O. Box 45444

City Phoenix State AZ Zip Code 85004

Purpose of Disbursement

Candidate Name
Rep. John B. Shadegg

Office Sought: House
Senate
President
State: AZ District 3

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21524368
Date of Disbursement

04 / 27 / 2005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)
B. Rehberg For Congress

Mailing Address P.O. Box 1587

City Helena State MT Zip Code 59624

Purpose of Disbursement

Candidate Name
Rep. Dennis Rehberg

Office Sought: House
Senate
President
State: MT District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21524360
Date of Disbursement

04 / 27 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Friends Of Conrad Burns - 2006

Mailing Address PO Box 1586

City Helena State MT Zip Code 59624

Purpose of Disbursement

Candidate Name
Sen. Conrad Burns

Office Sought: House
 Senate
President
State: MT District 2

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21524358
Date of Disbursement

04 / 27 / 2005

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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

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

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Sue Myrick For Congress

Full Name (Last, First, Middle Initial)
Sue Myrick For Congress

Mailing Address P.O. Box 37091

City Charlotte State NC Zip Code 28237

Purpose of Disbursement

Candidate Name
Rep. Sue Myrick

Office Sought: House Senate President
State: NC District 9

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21530123
Date of Disbursement
04 / 28 / 2005

Amount of Each Disbursement this Period
2500.00

B. Michael Burgess For Congress

Full Name (Last, First, Middle Initial)
Michael Burgess For Congress

Mailing Address P.O. Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

Candidate Name
Mr. Michael C. Burgess

Office Sought: House Senate President
State: TX District 26

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21535085
Date of Disbursement
05 / 03 / 2005

Amount of Each Disbursement this Period
2500.00

C. Jim Ramstad Volunteer Committee

Full Name (Last, First, Middle Initial)
Jim Ramstad Volunteer Committee

Mailing Address 1809 Plymouth Road South #310

City Minnetonka State MN Zip Code 55305

Purpose of Disbursement

Candidate Name
Rep. Jim Ramstad

Office Sought: House Senate President
State: MN District 3

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21535108
Date of Disbursement
05 / 03 / 2005

Amount of Each Disbursement this Period
1500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **6500.00**

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

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

Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Kenny Marchant For Congress

Mailing Address PO Box 110187

City State Zip Code
Carrollton TX 75011

Purpose of Disbursement

Candidate Name
Rep. Kenneth Marchant

Office Sought: House
Senate
President
State: TX District: 24

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21695081
Date of Disbursement

05 / 03 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Dave Camp For Congress

Mailing Address 5915 Eastman Ave. Suite 100

City State Zip Code
Midland MI 48640

Purpose of Disbursement

Candidate Name
Rep. Dave Camp

Office Sought: House
Senate
President
State: MI District: 4

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21694018
Date of Disbursement

05 / 05 / 2005

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)
C. DOC PAC

Mailing Address PO BOX 85788

City State Zip Code
Washington DC 20035

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21694020
Date of Disbursement

05 / 05 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

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

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
J.D. Hayworth For Congress

Mailing Address 14300 N. Northsight Blvd. #105

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement

Candidate Name
Rep. J.D. Hayworth

Office Sought: House Senate President
State: AZ District 5

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21712887
Date of Disbursement
05 / 06 / 2005

Amount of Each Disbursement this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Congressman Bart Gordon Committee

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement

Candidate Name
Rep. Bart Gordon

Office Sought: House Senate President
State: TN District 8

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21712804
Date of Disbursement
05 / 06 / 2005

Amount of Each Disbursement this Period
2500.00

C. Full Name (Last, First, Middle Initial)
HEART PAC

Mailing Address 2250 N Rock Rd
#118-224

City Wichita State KS Zip Code 67226

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For:
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21712725
Date of Disbursement
05 / 06 / 2005

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ► **4500.00**

TOTAL This Period (last page this line number only) ►

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

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

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Texas Freedom Fund

Full Name (Last, First, Middle Initial)
Texas Freedom Fund

Mailing Address PO Box 6136

City Alexandria State VA Zip Code 22906

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 22118534
Date of Disbursement
05 / 13 / 2005

Amount of Each Disbursement this Period
1000.00

B. Gingrey For Congress

Full Name (Last, First, Middle Initial)
Gingrey For Congress

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement

Candidate Name
Mr. Phil Gingrey

Office Sought: House Senate President State: GA District 11

Disbursement For: 2006
 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 22118535
Date of Disbursement
05 / 13 / 2005

Amount of Each Disbursement this Period
2000.00

C. Charles Boustany Jr For Congress

Full Name (Last, First, Middle Initial)
Charles Boustany Jr For Congress

Mailing Address 331 Beverly Drive

City Lafayette State LA Zip Code 70503

Purpose of Disbursement

Candidate Name
Mr. Charles Boustany

Office Sought: House Senate President State: LA District 7

Disbursement For: 2006
 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 22118532
Date of Disbursement
05 / 13 / 2005

Amount of Each Disbursement this Period
2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **5000.00**

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

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

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

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Rick Renzi For Congress

Mailing Address P.O. Box 2383

City Prescott State AZ Zip Code 86302

Purpose of Disbursement

Candidate Name Rep. Rick Renzi

Office Sought: House Senate President
State: AZ District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22186533
Date of Disbursement
05 / 13 / 2005

Amount of Each Disbursement this Period
1000.00

B. Full Name (Last, First, Middle Initial)
The Blue Dog PAC

Mailing Address 227 Massachusetts Avenue, NE
Suite 101

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For:
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22186628
Date of Disbursement
05 / 23 / 2005

Amount of Each Disbursement this Period
1000.00

C. Full Name (Last, First, Middle Initial)
John Lewis For Congress

Mailing Address 1520 Pinehurst Drive Sw

City Atlanta State GA Zip Code 30311

Purpose of Disbursement

Candidate Name Rep. John Lewis

Office Sought: House Senate President
State: GA District 5

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22186627
Date of Disbursement
05 / 23 / 2005

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **3000.00**

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

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

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

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Fitzpatrick for Congress

Mailing Address 115 North Broad Street

City Doylestown State PA Zip Code 18901

Purpose of Disbursement

Candidate Name
Michael G Fitzpatrick

Office Sought: House Senate President
State: PA District B

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22186625
Date of Disbursement
05 / 29 / 2005

Amount of Each Disbursement this Period
1000.00

B. Full Name (Last, First, Middle Initial)
PETE PAC

Mailing Address 7804 Evening Lane

City Alexandria State VA Zip Code 22306

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For:
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22186629
Date of Disbursement
05 / 29 / 2005

Amount of Each Disbursement this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Jim Gerlach For Congress Committee

Mailing Address B11 Welsh Ayres Way

City Downingtown State PA Zip Code 19335

Purpose of Disbursement

Candidate Name
Mr. Jim Gerlach

Office Sought: House Senate President
State: PA District B

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22174868
Date of Disbursement
05 / 26 / 2005

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **3000.00**

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

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

Use separate schedule(s)
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Donald A. Manzullo For Congress

Mailing Address PO Box 7783

City State Zip Code
Rockford IL 61126

Purpose of Disbursement

Candidate Name
Rep. Donald A. Manzullo

Office Sought: House
Senate
President
State: IL District 16

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22174869
Date of Disbursement

05 / 26 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Elizabeth Dole Committee Inc

Mailing Address PO Box 2918

City State Zip Code
Raleigh NC 27601

Purpose of Disbursement

Candidate Name
Sen. Elizabeth Dole

Office Sought: House
Senate
President
State: NC District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22174870
Date of Disbursement

05 / 26 / 2005

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
C. Schwarz For Congress

Mailing Address Post Office Box 2083

City State Zip Code
Battle Creek MI 49016

Purpose of Disbursement

Candidate Name
Rep. John Schwarz

Office Sought: House
Senate
President
State: MI District 7

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22174867
Date of Disbursement

05 / 26 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

Use separate schedule(s)
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Anna Eshoo For Congress

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

Candidate Name
Rep. Anna G. Eshoo

Office Sought: House Senate President
State: CA District 14

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22176478
Date of Disbursement
05 / 31 / 2005

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Pickering For Congress

Mailing Address P.O. Box 6440
P.O. Box 6440

City Laurel State MS Zip Code 39441

Purpose of Disbursement

Candidate Name
Rep. Charles W. Pickering, Jr.

Office Sought: House Senate President
State: MS District 3

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22176522
Date of Disbursement
05 / 31 / 2005

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Friends Of Rosa DeLauro

Mailing Address 49 Huntington Street

City New Haven State CT Zip Code 06511

Purpose of Disbursement

Candidate Name
Rep. Rosa L. DeLauro

Office Sought: House Senate President
State: CT District 3

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22215635
Date of Disbursement
06 / 09 / 2005

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **3000.00**

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

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

Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. John D. Dingell For Congress Committee

Mailing Address 607 14th Street N.W.
Suite 80D
City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name
Rep. John D. Dingell

Office Sought: House
Senate
President
State: MI District 15

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22215638
Date of Disbursement

06 / 09 / 2005

Amount of Each Disbursement this Period

2500.00

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

Mailing Address PO Box 4945
City East Lansing State MI Zip Code 48826

Purpose of Disbursement

Candidate Name
Sen. Debbie Stabenow

Office Sought: House
Senate
President
State: MI District 2

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22215642
Date of Disbursement

06 / 09 / 2005

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
C. Upton For All Of Us

Mailing Address 402 State Street
PO Box 490
City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

Candidate Name
Rep. Fred Upton

Office Sought: House
Senate
President
State: MI District 6

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22215643
Date of Disbursement

06 / 09 / 2005

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

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

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

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Price For Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

Candidate Name
Dr. Thomas Price

Office Sought: House Senate President
State: GA District 6

Disbursement For: 2006
 Primary General
Other (specify) ▼

Transaction ID: 22215640
Date of Disbursement
06 / 09 / 2005

Amount of Each Disbursement this Period
4000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
B. Schwarz For Congress

Mailing Address Post Office Box 2063

City Battle Creek State MI Zip Code 49016

Purpose of Disbursement

Candidate Name
Rep. John Schwarz

Office Sought: House Senate President
State: MI District 7

Disbursement For: 2006
 Primary General
Other (specify) ▼

Transaction ID: 22215639
Date of Disbursement
06 / 09 / 2005

Amount of Each Disbursement this Period
2500.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
C. Reynolds For Congress

Mailing Address PO Box 15388
Pittsford

City Rochester State NY Zip Code 14615

Purpose of Disbursement

Candidate Name
Rep. Thomas Reynolds

Office Sought: House Senate President
State: NY District 26

Disbursement For: 2006
 Primary General
Other (specify) ▼

Transaction ID: 22215641
Date of Disbursement
06 / 09 / 2005

Amount of Each Disbursement this Period
2500.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ► **9000.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Boren For Congress

Mailing Address PO Box 149

City Okemah State OK Zip Code 74859

Purpose of Disbursement

Candidate Name
Rep. Daniel Boren

Office Sought: House Senate President
State: OK District 2

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22215633
Date of Disbursement
06 / 09 / 2005

Amount of Each Disbursement this Period
2000.00

Full Name (Last, First, Middle Initial)
B. Cantor For Congress

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement

Candidate Name
Rep. Eric I. Cantor

Office Sought: House Senate President
State: VA District 7

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22217139
Date of Disbursement
06 / 10 / 2005

Amount of Each Disbursement this Period
2500.00

Full Name (Last, First, Middle Initial)
C. Friends Of Craig Thomas

Mailing Address 1806 Crook Avenue

City Cheyenne State WY Zip Code 82001

Purpose of Disbursement

Candidate Name
Sen. Craig Thomas

Office Sought: House Senate President
State: WY District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22217148
Date of Disbursement
06 / 10 / 2005

Amount of Each Disbursement this Period
2500.00

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

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

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

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Hatch Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City State Zip Code
Salt Lake City UT 84101

Purpose of Disbursement

Candidate Name
Sen. Orrin Hatch

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: UT District: 1 Other (specify) ▼

011
Category/
Type

Transaction ID: 22217140
Date of Disbursement

06 / 10 / 2005

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)
B. Poe For Congress

Mailing Address P.O. Box 14222

City State Zip Code
Humble TX 77347

Purpose of Disbursement

Candidate Name
Rep. Ted Poe

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: TX District: 2 Other (specify) ▼

011
Category/
Type

Transaction ID: 22217142
Date of Disbursement

06 / 10 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Demint For Senate Committee Inc

Mailing Address Post Office Box 10407

City State Zip Code
Greenville SC 29603

Purpose of Disbursement

Candidate Name
Mr. James Demint

Office Sought: House Disbursement For: 2010
 Senate X Primary General
 President
 State: SC District: 2 Other (specify) ▼

011
Category/
Type

Transaction ID: 22239652
Date of Disbursement

06 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

Use separate schedule(s)
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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Ed Bryant For Us Senate Inc

Mailing Address 115 Penn Warren Drive Ste 300-309

City Brentwood State TN Zip Code 37027

Purpose of Disbursement

Candidate Name
Mr. Edward Bryant

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: TN District 2 Other (specify) ▼

011
Category/
Type

Transaction ID: 22239662
Date of Disbursement

06 / 14 / 2005

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
B. Friends Of Mike Ferguson

Mailing Address C/O Ron Gravino P.O. Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement

Candidate Name
Rep. Mike Ferguson

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: NJ District 7 Other (specify) ▼

011
Category/
Type

Transaction ID: 22280162
Date of Disbursement

06 / 17 / 2005

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)
C. Bill Thomas Campaign Committee

Mailing Address PO Box 395

City Bakersfield State CA Zip Code 93302

Purpose of Disbursement

Candidate Name
Rep. William M. Thomas

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: CA District 22 Other (specify) ▼

011
Category/
Type

Transaction ID: 22312087
Date of Disbursement

06 / 23 / 2005

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

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

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

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Friends Of Roy Blunt

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement

Candidate Name
Rep. Roy Blunt

Office Sought: House
Senate
President
State: MO District 7

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22312000
Date of Disbursement

06 / 23 / 2005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)
B. Mary Bono Committee

Mailing Address P.O. Box 3370

City Palm Springs State CA Zip Code 02263

Purpose of Disbursement

Candidate Name
Rep. Mary Bono

Office Sought: House
Senate
President
State: CA District 45

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22312335
Date of Disbursement

06 / 23 / 2005

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

202000.00

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

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. Dr. Kenneth Jeff Matteoni, , MD

Mailing Address 689 Sierra Rose Dr, Ste B

City State Zip Code
Reno NV 89511-2076

Purpose of Disbursement
Refund contribution to individual

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

010
Category/
Type

Transaction ID: 20934058
Date of Disbursement

01 / 26 / 2005

Amount of Each Disbursement this Period

750.00

Refund contribution to individual

Full Name (Last, First, Middle Initial)

B. Dr. Tye Ouzounian, , MD

Mailing Address 5620 Wilbur Ave, #216

City State Zip Code
Tarzana CA 01356-1300

Purpose of Disbursement
Refund duplicate contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

010
Category/
Type

Transaction ID: 21700048
Date of Disbursement

04 / 21 / 2005

Amount of Each Disbursement this Period

1000.00

Refund duplicate contribution

SUBTOTAL of Disbursements This Page (optional) ▶

1750.00

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 365 / 365

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input checked="" type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)
A. National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2005 Annual Dues

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: 20847161

Date of Disbursement

01 / 07 / 2005

Amount of Each Disbursement this Period

15000.00

2005 Annual Dues

Full Name (Last, First, Middle Initial)
B. National Republican Congressional Committee Contr

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2005 Membership Dues

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: 20847176

Date of Disbursement

01 / 07 / 2005

Amount of Each Disbursement this Period

15000.00

2005 Membership Dues

Full Name (Last, First, Middle Initial)
C. Republican National Committee

Mailing Address 310 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2005 Annual Dues

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: 20847179

Date of Disbursement

01 / 07 / 2005

Amount of Each Disbursement this Period

15000.00

2005 Annual Dues

SUBTOTAL of Disbursements This Page (optional) ▶

45000.00

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

45000.00