

**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

TFP-FOJB Committee

ADDRESS (number and street)

320 FIRST STREET, SE

☒Check if different
than previously
reported. (ACC)

Washington

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00492355

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☒July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

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

04

01

2011

through

06

30

2011

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

Lisa Lisker

Signature of Treasurer

Electronically Filed by Lisa Lisker

Date

07

15

2011

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. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
TFP-FOJB Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	<div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>2011</div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><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☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
TFP-FOJB Committee

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	279800.00	404650.00
(ii) Unitemized	17850.00	18200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	297650.00	422850.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	169000.00	546500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	466650.00	969350.00
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)	245.00	245.00
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))	466895.00	969595.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	466895.00	969595.00

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.....	87297.48	160995.21	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	87297.48	160995.21	
22. Transfers to Affiliated/Other Party Committees.....	325606.38	671599.80	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
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	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (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))..	412903.86	832595.01	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	412903.86	832595.01	

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)	466650.00	969350.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	466650.00	969350.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	87297.48	160995.21
37. Offsets to Operating Expenditures (from Line 15, page 3)	245.00	245.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	87052.48	160750.21

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

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

FOR LINE NUMBER: PAGE 6 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. ROSENBERG G. AARON, M.D.

Mailing Address 200 OAKMONT DR.

City

DEERFIELD

State

IL

Zip Code

60015-5089

FEC ID number of contributing
federal political committee.

C

Name of Employer
MIDWEST ORTHOPAEDICS AT
RUSH

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 1

Transaction ID: SA11.1751

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOHN A. ABRAHAM, M.D.

Mailing Address 925 CHESTNUT ST.

City

PHILADELPHIA

State

PA

Zip Code

19107

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROTHMAN INSTITUTE

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2121

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JOHN W. ADKISON

Mailing Address 806 CREST DR.

City

YAKIMA

State

WA

Zip Code

98908-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1853

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. AMIT O. AGARWALA, M.D.

Mailing Address 660 GOLDEN RIDGE RD.

City

GOLDEN

State

CO

Zip Code

80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer
PANORAMA ORTHOPEDICS & SP-
INE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2122

Amount of Each Receipt this Period

217.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JAMAL AHMAD, M.D.

Mailing Address 849 N. WOODSTOCK ST.

City

PHILADELPHIA

State

PA

Zip Code

19130-1439

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROTHMAN INSTITUTE

Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2123

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. DIRK ALANDER, M.D.

Mailing Address 1302 W. ADAMS AVE.

City

KIRKWOOD

State

MO

Zip Code

63122-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST. LOUIS UNIVERSITY

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2162

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1217.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. TODD J. ALBERT, M.D.

Mailing Address 1434 FLAT ROCK RD.

City

PENN VALLEY

State

PA

Zip Code

19072-1216

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROTHMAN INSTITUTE

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: SA11.1766

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

WILLIAM E. ALBERS

Mailing Address 4210 CHANWIL PL.

City

MEMPHIS

State

TN

Zip Code

38117-2355

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1855

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. PETER C. AMADIO, M.D.

Mailing Address 816 9TH ST. SW.

City

ROCHESTER

State

MN

Zip Code

55902-6317

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAYO CLINIC

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2124

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 168

(check only one)

<input checked="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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. DAVID G. ANDERSON, M.D.

Mailing Address 361 TOM BROWN RD.

City

MOORESTOWN

State

NJ

Zip Code

08057-4001

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROTHMAN INSTITUTE

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: SA11.1774

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. FRANK M. ARMOCIDA, M.D.

Mailing Address 6 RUBY LAKE LN.

City

SIMPSONVILLE

State

SC

Zip Code

29681-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2125

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DOUGLAS G. ARMSTRONG

Mailing Address 1329 QUAIL HOLLOW RD.

City

HUMMELSTOWN

State

PA

Zip Code

17036-8516

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1856

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. WILLIAM V. ARNOLD, M.D.

Mailing Address 1881 HARTE RD.

City

JENKINTOWN

State

PA

Zip Code

19046-1532

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROTHMAN INSTITUTE

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 1

Transaction ID: SA11.1753

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. STANLEY R. ASKIN, M.D.

Mailing Address 2 SURREY RD.

City

ELKINS PARK

State

PA

Zip Code

19027-2928

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1857

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. LUKE S. AUSTIN, M.D.

Mailing Address 105 E. BURKSHIRE AVE.

City

LINWOOD

State

NJ

Zip Code

08221-2308

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROTHMAN INSTITUTE

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2126

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. MATTHEW S. AUSTIN, M.D.

Mailing Address 840 HARRITON RD.

City

BRYN MAWR

State

PA

Zip Code

19010-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROTHMAN INSTITUTE

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: SA11.1763

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. FREDERICK M. AZER, M.D.

Mailing Address 385 GOODWYN ST.

City

MEMPHIS

State

TN

Zip Code

38111-3311

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAMPBELL CLINIC

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2181

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. SEPEHR BADY, M.D.

Mailing Address 3889 CODY RD.

City

SHERMAN OAKS

State

CA

Zip Code

91403-5020

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADVANCED ORTHOPEDICS & SP-
ORT MED.

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2127

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. GEORGE W. BALFOUR, M.D.

Mailing Address 14624 SHERMAN WY.

City

VAN NUYS

State

CA

Zip Code

91405-2241

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11.2676

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. DAVID BANKOFF

Mailing Address 3343 S. TWYCKENHAN DR.

City

SOUTH BEND

State

IN

Zip Code

46614-2153

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTH BEND ORTHOPAEDICS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2180

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

SAMUEL J. BAPTISTA

Mailing Address 2015 LORRAINE AVE.

City

MCLEAN

State

VA

Zip Code

22101-5331

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2489

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

JAMES W. BARBER

Mailing Address 222 PINENEEDLE RD.

City

DOUGLAS

State

GA

Zip Code

31535-6518

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Transaction ID: SA11.1859

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. GLEN A. BARDEN, M.D.

Mailing Address 1417 BRIARWOOD LANE

City

LAKELAND

State

FL

Zip Code

33803-2372

FEC ID number of contributing
federal political committee.**C**Name of Employer
UNIVERSITY OF SOUTH FLORI-
DA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPEDIC SURGEON

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: SA11.2209

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MICHELLE L. BARKER

Mailing Address 360 ADAMS RD.

City

KITTANNING

State

PA

Zip Code

16201-8210

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	3	/	2	0	1	1

Transaction ID: SA11.2703

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. BRIAN K. BARNARD, M.D.

Mailing Address 1285 ORANGE AVE.

City

WINTER PARK

State

FL

Zip Code

32789-4984

FEC ID number of contributing
federal political committee.

C

Name of Employer
JEWETT ORTHOPAEDIC CLINIC

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2128

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MARK A. BARRY, M.D.

Mailing Address 2800 E. DESERT INN RD.

City

LAS VEGAS

State

NV

Zip Code

89121-3608

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ORTHOPEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2208

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

RICHARD W. BARTH

Mailing Address 6516 GOLDLEAF DR.

City

BETHESDA

State

MD

Zip Code

20817-5837

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1860

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

MR. DOYLE C. BARTLETT

Mailing Address 609 OAKLEY PL.

City

ALEXANDRIA

State

VA

Zip Code

22302-3611

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	1

Transaction ID: SA11.2349

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. HUGH BASSEWITZ, M.D.

Mailing Address 2800 E. DESERT INN RD. STE. 100

City

LAS VEGAS

State

NV

Zip Code

89121-3608

FEC ID number of contributing
federal political committee.

C

Name of Employer
DESERT ORTHOPEDIC CLINIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2129

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JAMES W. BEAN

Mailing Address 5823 N. MESA ST. #641

City

EL PASO

State

TX

Zip Code

79912-4607

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: SA11.1861

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

JAMES H. BEATY

Mailing Address 4367 WYNSLOW CV

City

MEMPHIS

State

TN

Zip Code

38117-3723

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Transaction ID: SA11.1862

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. SCOTT W. BECK, M.D.

Mailing Address 625 6TH AVE. SOUTH
SUITE 450

City

ST. PETERSBURG

State

FL

Zip Code

33701-4629

FEC ID number of contributing
federal political committee.

C

Name of Employer
COSSA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: SA11.2191

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MARK A. BECKNER, M.D.

Mailing Address 1285 ORANGE AVE.

City

WINTER PARK

State

FL

Zip Code

32789-4984

FEC ID number of contributing
federal political committee.

C

Name of Employer
JEWETT ORTHOPAEDIC CLINIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11.2130

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

ROBERT R. BELL

Mailing Address 1700 MURCHISON STE. C

City

EL PASO

State

TX

Zip Code

79902-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1864

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. DAVID A. BELLAMY, M.D.

Mailing Address 3334 CAPITAL MEDICAL BLVD. STE. 40

City

TALLAHASSEE

State

FL

Zip Code

32308-8405

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1865

Amount of Each Receipt this Period

400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JEFFREY L. BENDT

Mailing Address 4921 CARRIAGE HILLS CT.

City

RAPID CITY

State

SD

Zip Code

57702-9213

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1866

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. LEON BENSON, M.D.

Mailing Address 1728 SUNNYSIDE AVE.

City

HIGHLAND PARK

State

IL

Zip Code

60035-2157

FEC ID number of contributing
federal political committee.

C

Name of Employer
ILLINOIS BONE & JOINT INS-
TITUTE

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2132

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MICHAEL J. BERCIK, M.D.

Mailing Address 711 WESTMINSTER AVE.

City

ELIZABETH

State

NJ

Zip Code

07208-2210

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2133

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. D. CHRISTIAN BERG, M.D.

Mailing Address 3334 CAPITAL MEDICAL BLVD. STE. 40

City

TALLAHASSEE

State

FL

Zip Code

32308-8405

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1867

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. RICHARD A. BERGER, M.D.

Mailing Address 3660 N. LAKE SHORE DR. #4302

City

CHICAGO

State

IL

Zip Code

60613-5300

FEC ID number of contributing
federal political committee.

C

Name of Employer
MIDWEST ORTHOPAEDICS AT RU-
SH

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2134

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. STEPHEN B. BERNARD, M.D.

Mailing Address 3036 PALMER DR.

City

RAPID CITY

State

SD

Zip Code

57702-5016

FEC ID number of contributing
federal political committee.

C

Name of Employer
RAPID CITY MEDICAL CENTER

Occupation

OPHTHALMOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2135

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. THOMAS L. BERNASEK, M.D.

Mailing Address 13020 TELECOM PKWY. N.

City

TAMPA

State

FL

Zip Code

33637-0925

FEC ID number of contributing
federal political committee.

C

Name of Employer
FLORIDA ORTHOPAEDIC INSTI-
TUTE

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2136

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. DANIEL J. BERRY

Mailing Address 8953 11TH AVE. NE

City

ROCHESTER

State

MN

Zip Code

55906-3308

FEC ID number of contributing
federal political committee.**C**Name of Employer
MAYO CLINIC

Occupation

ORTHOPEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	1

Transaction ID: SA11.2177

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MARCIA J. BESHARA, M.D.

Mailing Address 5151 BERGLUND RD.

City

RAPID CITY

State

SD

Zip Code

57701-8928

FEC ID number of contributing
federal political committee.**C**Name of Employer
RAPID CITY MEDICAL CENTER

Occupation

GYNECOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2138

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JOSEPH B. BILLINGS, M.D.

Mailing Address 1285 ORANGE AVE.

City

WINTER PARK

State

FL

Zip Code

32789-4984

FEC ID number of contributing
federal political committee.**C**Name of Employer
JEWETT ORTHOPAEDIC CLINIC

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2140

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

KEVIN P. BLACK

Mailing Address 782 PINE TREE RD.

City

HUMMELSTOWN

State

PA

Zip Code

17036-8538

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1868

Amount of Each Receipt this Period

850.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. STEVEN L. BLAZAR, M.D.

Mailing Address 252 FREEMAN PKWY.

City

PROVIDENCE

State

RI

Zip Code

02906

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1869

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. CHARLES M. BLITZER, M.D.

Mailing Address 61 CANNEY RD.

City

DURHAM

State

NH

Zip Code

03824-3229

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOS MED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2159

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. ALEX B. BODENSTAB, M.D.

Mailing Address 105 FAWN LANE

City

CHADDS FORD

State

PA

Zip Code

19317-9172

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 1

Transaction ID: SA11.1749

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOSE C. BONILLA

Mailing Address 179 S OCEAN AVE

City

PATCHOGUE

State

NY

Zip Code

11772-3718

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1870

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. PETER M. BONUTTI, M.D.

Mailing Address P.O. BOX 1387

City

EFFINGHAM

State

IL

Zip Code

62401-1387

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2141

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. MICHAEL K. BOONE, M.D.

Mailing Address 5657 CORTINA

City

EL PASO

State

TX

Zip Code

79912-3442

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: SA11.1871

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ANDREW H. BOROM, M.D.

Mailing Address 3334 CAPITAL MEDICAL BLVD. STE. 40

City

TALLAHASSEE

State

FL

Zip Code

32308-8405

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: SA11.1872

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

BEVERLY F. BOUNDS

Mailing Address 14180 CENTRALIA RD.

City

BROOKSVILLE

State

FL

Zip Code

34614-2903

FEC ID number of contributing
federal political committee.**C**Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2044

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

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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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. TERRELL B. BOUNDS, JR., M.D.

Mailing Address 14180 CENTRALIA RD.

City

BROOKSVILLE

State

FL

Zip Code

34614-2903

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2045

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ERIC BOYDEN, M.D.

Mailing Address 1101 DARTMOUTH DR.

City

RENO

State

NV

Zip Code

89509-3292

FEC ID number of contributing
federal political committee.

C

Name of Employer
RENO ORTHOPAEDIC CLINIC

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2046

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MELBOURNE D. BOYNTON, M.D.

Mailing Address 90 BRIARWOOD LANE

City

RUTLAND

State

VT

Zip Code

05701-9790

FEC ID number of contributing
federal political committee.

C

Name of Employer
VERMONT ORTHOPAEDIC CLINIC

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2190

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

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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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

MRS. CAROLYN L. BREHM

Mailing Address 3023 DUMBARTON ST. NW

City

WASHINGTON

State

DC

Zip Code

20007-3306

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROCTER & GAMBEL

Occupation

VP, GLOBAL GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.2698

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. CHRISTOPHER M. BRIAN, M.D.

Mailing Address 660 GOLDEN RIDGE RD. STE. 250

City

GOLDEN

State

CO

Zip Code

80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer
PANORAMA ORTHOPEDICS & SP-
INE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2048

Amount of Each Receipt this Period

217.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ANDREW J. BRONSTEIN, M.D.

Mailing Address 200 LUXAIRE CT.

City

LAS VEGAS

State

NV

Zip Code

89144-4318

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2049

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3217.00

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 26 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. MARY L. BROWN, M.D.

Mailing Address 1285 ORANGE AVE.

City

WINTER PARK

State

FL

Zip Code

32789-4984

FEC ID number of contributing
federal political committee.

C

Name of Employer
JEWETT ORTHOPAEDIC CLINIC

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2050

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JEFFREY E. BUDOFF, M.D.

Mailing Address 4915 ELM ST.

City

BELLAIRE

State

TX

Zip Code

77401-2810

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2051

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

PATRICIA BUEHLER

Mailing Address 1122 FOXWOOD PL.

City

BEND

State

OR

Zip Code

97701-8606

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1874

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)
DR. CHARLES A. BUSH-JOSEPH, M.D.

Mailing Address 419 N. LINCOLN ST.

City State Zip Code
HINSDALE IL 60521-3444

FEC ID number of contributing
federal political committee.

C

Name of Employer
MIDWEST ORTHOPEDICS AT RU-
SH

Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2052

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
JOHN M. BUTLER

Mailing Address 885 CHESTNUT LAKE DR. NE.

City State Zip Code
MARIETTA GA 30068-2703

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEACHTREE ORTHOPAEDIC CLI-
NIC

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2053

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
EDWARD L. CAHILL

Mailing Address 8810 ALHAMBRA AVE.

City State Zip Code
STOCKTON CA 95212-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1877

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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
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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

MR. FRANK CALANDRA

Mailing Address 258 KAPPA DR.
P.O. BOX 111253

City State Zip Code
PITTSBURGH PA 15238-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
JENNAMAR CORP

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.2683

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

CRAIG D. CAMERON

Mailing Address 1700 MURCHISON STE. C

City State Zip Code
EL PASO TX 79902-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1878

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

S. TERRY CANALE

Mailing Address 1594 PEABODY ST.

City State Zip Code
MEMPHIS TN 38104-3833

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1881

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

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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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DAVID L. CANNON

Mailing Address 2839 FOX HILL CIR. E.

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1882

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. G. DAVID CASPER, M.D.

Mailing Address P.O. BOX 20545

City

OKLAHOMA CITY

State

OK

Zip Code

73156-0545

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2054

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. RAMONA CASTELLVI, M.D.

Mailing Address 5128 SAN JOSE

City

TAMPA

State

FL

Zip Code

33629-6415

FEC ID number of contributing
federal political committee.

C

Name of Employer
FOI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2153

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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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(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. MICHAEL J. CHAMPINE, M.D.

Mailing Address 2928 STANFORD AVE.

City

DALLAS

State

TX

Zip Code

75225-7801

FEC ID number of contributing
federal political committee.

C

Name of Employer

TEXAS ORTHOPAEDIC ASSOC.
LLP.

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2056

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. PAUL P. CHAO, M.D.

Mailing Address 1933 GREY EAGLE ST.

City

HENDERSON

State

NV

Zip Code

89074-0671

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2058

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. BOBBY CHHABRA, M.D.

Mailing Address 2108 PIPER WY.

City

KESWICK

State

VA

Zip Code

22947-9164

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF VA HEALTH

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	1

Transaction ID: SA11.2165

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. STEVEN C. CHOUNG, M.D.

Mailing Address 1285 ORANGE AVE.

City

WINTER PARK

State

FL

Zip Code

32789-4984

FEC ID number of contributing
federal political committee.

C

Name of Employer
JEWETT ORTHOPAEDIC CLINIC

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2059

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JAMES CHOW, M.D.

Mailing Address 3001 CAROLINE ST.

City

MT. VERNON

State

IL

Zip Code

62864-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer
ORTHOPAEDIC CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2164

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. WILLIAM G. CIMINO, M.D.

Mailing Address 1830 MERWINS LANE

City

FAIRFIELD

State

CT

Zip Code

06824-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ORTHOPEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2207

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. MICHAEL CLAIN

Mailing Address 6 GREENWICH OFFICE PARK

City

GREENWICH

State

CT

Zip Code

06831-5151

FEC ID number of contributing
federal political committee.

C

Name of Employer
ONS

Occupation
M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2206

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOSEPH W. CLARK, M.D.

Mailing Address 5710 MACON DR. SE.

City

HUNTSVILLE

State

AL

Zip Code

35802-1861

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE ORTHOPAEDIC CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2060

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. KEVIN COATES, M.D.

Mailing Address 8318 MIDDLE RUDDINGS DR.

City

LORTON

State

VA

Zip Code

22079-2781

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. ARMY

Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2150

Amount of Each Receipt this Period

300.00

CONTRIBUTION

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)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)
DR. KEVIN COATES, M.D.

Mailing Address 8318 MIDDLE RUDDINGS DR.

City State Zip Code
LORTON VA 22079-2781

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. ARMY

Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2151

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. SHELDON COHN, M.D.

Mailing Address 650 SOUTH ATLANTIC AVE.

City State Zip Code
VIRGINIA BEACH VA 23451-3616

FEC ID number of contributing
federal political committee.

C

Name of Employer
AOS

Occupation
M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2189

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. R. JEFFREY COLE

Mailing Address 386 MENDENHALL RD.

City State Zip Code
MEMPHIS TN 38117-4226

FEC ID number of contributing
federal political committee.

C

Name of Employer
ORTHOMEMPHIS

Occupation
ORTHOPAEDIC HAND SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2188

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

MARK R. COLVILLE

Mailing Address 2375 NW OVERTON ST.

City

PORTLAND

State

OR

Zip Code

97210-2928

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: SA11.1887

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. GEORGE R. COMPANIONI, M.D.

Mailing Address 13701 BRUCE B. DOWNS BLVD. STE. 11

City

TAMPA

State

FL

Zip Code

33613-4647

FEC ID number of contributing
federal political committee.**C**Name of Employer
TAMPA ORTHOPAEDIC CLINIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2061

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MARK CONKLIN, M.D.

Mailing Address 660 GOLDEN RIDGE RD. STE. 250

City

GOLDEN

State

CO

Zip Code

80401-9541

FEC ID number of contributing
federal political committee.**C**Name of Employer
PANORAMA ORTHOPEDICS & SP-
INE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2062

Amount of Each Receipt this Period

218.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

718.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. MICHAEL CONNAIR

Mailing Address 24 OLD HARTFORD TURNPIKE

City

HAMDEN

State

CT

Zip Code

06517-3522

FEC ID number of contributing
federal political committee.**C**Name of Employer
SELF-EMPLOYED

Occupation

ORTHOPEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: SA11.2201

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. FRANK A. CORDASCO, M.D.

Mailing Address 40 W. 77TH ST. APT. 5B

City

NEW YORK

State

NY

Zip Code

10024-5128

FEC ID number of contributing
federal political committee.**C**Name of Employer
HOSPITAL FOR SPECIAL SURG-
ERY

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11.2063

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

CHRISTOPHER COX

Mailing Address 2205 WINDSOR RD.

City

ALEXANDRIA

State

VA

Zip Code

22307-1019

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	1	1

Transaction ID: SA11.1740

Amount of Each Receipt this Period

7500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

8300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. IAN CRABB

Mailing Address 2725 S. 144TH ST.

City

OMAHA

State

NE

Zip Code

68144-5243

FEC ID number of contributing
federal political committee.

C

Name of Employer
ORTHOWEST

Occupation

ORTHOPEDIC SURGEON

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2187

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. CHARLES CRAIG, M.D.

Mailing Address 3 HAWTHORNE CT.

City

NEWTON

State

KS

Zip Code

67114-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer
PINNACLE ORTHOPAEDICS

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2146

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JOHN M. CRATES, M.D.

Mailing Address 5220 RUNNIN RIVER

City

PLANO

State

TX

Zip Code

75093-7557

FEC ID number of contributing
federal political committee.

C

Name of Employer
PLANO ORTHOPEDIC & SPORTS
MED. CTR.

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2064

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

MR. MIKE C. CREWS

Mailing Address 218 LANSBROOKE DR.

City

CHESTERFIELD

State

MO

Zip Code

63005-1612

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
EVP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	1

Transaction ID: SA11.2944

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

BARRY L. CROMER

Mailing Address 1700 MURCHISON STE. C

City

EL PASO

State

TX

Zip Code

79902-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: SA11.1889

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. THOMAS W. CURREY, M.D.

Mailing Address 3707 KINGS RD.

City

CHATTANOOGA

State

TN

Zip Code

37416-2014

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV. OF TN COLLEGEOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2065

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. JOSEPH CURTIS, M.D.

Mailing Address 6120 TIFFANY LANE

City

MONTGOMERY

State

AL

Zip Code

36117-4302

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERN ORTHOPEDIC SURGE-
ONS

Occupation

ORTHOPEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: SA11.2186

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JAMIE A. DALE, M.D.

Mailing Address 509 S. ATLANTIC AVE.

City

VIRGINIA BEACH

State

VA

Zip Code

23451-3614

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATLANTIC ORTHOPAEDIC SPEC-
IALISTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11.2066

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JOSEPH N. DANIEL, M.D.

Mailing Address 204 LIPPINCOTT AVE.

City

RIVERTON

State

NJ

Zip Code

08077-1220

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROTHMAN INSTITUTE

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11.2067

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. CHARLES M. DAVIS, III, M.D.

Mailing Address 216 N. HOERNERTOWN RD.

City

HUMMELSTOWN

State

PA

Zip Code

17036-9503

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: SA11.1893

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. CLINTON DAVIS, M.D.

Mailing Address 4600 4TH ST. N.

City

ST. PETERSBURG

State

FL

Zip Code

33703-3802

FEC ID number of contributing
federal political committee.**C**Name of Employer
ALL FLA ORTHOPEDICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	1

Transaction ID: SA11.2348

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. CARL A. DEIRMENGIAN, M.D.

Mailing Address 26 SPRINGTON POINTE DR.

City

NEWTOWN SQUARE

State

PA

Zip Code

19073-3930

FEC ID number of contributing
federal political committee.**C**Name of Employer
ROTHMAN INSTITUTE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2068

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

MR. NICHOLAS J. DEIULIIS

Mailing Address 761 LINDSAY RD.

City

CARNEGIE

State

PA

Zip Code

15106-3819

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	1

Transaction ID: SA11.2948

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. RONALD E. DELANOIS, M.D.

Mailing Address 6 BROOKFIELD GARTH

City

LUTHERVILLE

State

MD

Zip Code

21093-4700

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2069

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAMES M. DELAPLANE

Mailing Address 4421 45TH ST. NW.

City

WASHINGTON

State

DC

Zip Code

20016-2007

FEC ID number of contributing
federal political committee.

C

Name of Employer
DAVIS & HARMAN LLP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PARTNER

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	1

Transaction ID: SA11.2699

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 168

(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)

TFP-FOJB Committee

A.Full Name (Last, First, Middle Initial)
DR. PREMJIT DEOL, M.D.

Mailing Address 650 GOLDEN RD. STE. 250

City	State	Zip Code
GOLDEN	CO	80401

FEC ID number of contributing
federal political committee.

C

Name of Employer
PANORAMA ORTHOPEDICS & SP-
INEOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2070

Amount of Each Receipt this Period

217.00

CONTRIBUTION

B.Full Name (Last, First, Middle Initial)
DR. JEFFREY A. DEREN, M.D.

Mailing Address 1285 ORANGE AVE.

City	State	Zip Code
WINTER PARK	FL	32789-4984

FEC ID number of contributing
federal political committee.

C

Name of Employer
JEWETT ORTHOPAEDIC CLINICOccupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2071

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.Full Name (Last, First, Middle Initial)
DR. BHARAT M. DESAI, M.D.

Mailing Address 660 GOLDEN RIDGE RD. STE. 250

City	State	Zip Code
GOLDEN	CO	80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer
PANORAMA ORTHOPEDICS & SP-
INEOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2072

Amount of Each Receipt this Period

218.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

735.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

MICHAEL L. DI DONNA

Mailing Address 750 VIA MIRADA LN.

City

EL PASO

State

TX

Zip Code

79922-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1894

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JOHN M. DICKASON

Mailing Address 1700 MURCHISON STE. C

City

EL PASO

State

TX

Zip Code

79902-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1891

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. CLARK C. DUCHENE, M.D.

Mailing Address 5685 MAGIC CANYON RD.

City

RAPID CITY

State

SD

Zip Code

57702-4721

FEC ID number of contributing
federal political committee.

C

Name of Employer
BLACK HILLS ORTHOPEDIC &
SPINE CTR.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2074

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. MICHAEL J. DURAC

Mailing Address 1448 S. COLLEGE RD.

City

LAFAYETTE

State

LA

Zip Code

70503-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2205

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. STEVEN E. EAGER, M.D.

Mailing Address 4494 WINDING RIVER CIR.

City

STOCKTON

State

CA

Zip Code

95219-8258

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1895

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JOHN S. EARLY, M.D.

Mailing Address 3921 MARQUETTE ST.

City

DALLAS

State

TX

Zip Code

75225-5432

FEC ID number of contributing
federal political committee.

C

Name of Employer
TEXAS ORTHOPAEDIC ASSOC.
LLP.

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2077

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. STEPHEN G. ECKRICH, M.D.

Mailing Address 5511 SHOOTING STAR TRL.

City

RAPID CITY

State

SD

Zip Code

57702-8867

FEC ID number of contributing
federal political committee.

C

Name of Employer
BLACK HILLS ORTHOPEDIC &
SPINE CTR.

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2078

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. STEPHEN ESSES, M.D.

Mailing Address 8834 STABLE CREST BLVD.

City

HOUSTON

State

TX

Zip Code

77024-7034

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2166

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MARK E. FAHEY, M.D.

Mailing Address 3334 CAPITAL MEDICAL BLVD. STE. 40

City

TALLAHASSEE

State

FL

Zip Code

32308-8405

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1897

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 168

(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

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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

MICHAEL A. FALLON

Mailing Address 1700 MURCHISON STE. C

City

EL PASO

State

TX

Zip Code

79902-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: SA11.1898

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

CLYDE A. FARRIS

Mailing Address 444 MARYLHURST DR.

City

WEST LINN

State

OR

Zip Code

97068-1849

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: SA11.1899

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. J. RANDALL FEIKES, M.D.

Mailing Address 9312 CANYON CLASSIC

City

LAS VEGAS

State

NV

Zip Code

89144-0917

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDIOVASCULAR SURGERY AS-
SOC.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	1

Transaction ID: SA11.2154

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. JOHN M. FENLIN, M.D.

Mailing Address 945 LAFAYETTE
RD.

City	State	Zip Code
BRYN MAWR	PA	19010-1915

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROTHMAN INSTITUTEOccupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	1	1

Transaction ID: SA11.1762

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

SHAWN M. FIGARI

Mailing Address 3650 LAUREL ST.

City	State	Zip Code
BEAUMONT	TX	77707-2216

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Transaction ID: SA11.1900

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAMES C. FORREST, III

Mailing Address 3 COLBERT LN.

City	State	Zip Code
PITTSBURGH	PA	15215-1509

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROSEBUD MINING COMPANYOccupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	3	/	2	0	1	1

Transaction ID: SA11.2684

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

MRS. TRACY L. FORREST

Mailing Address 3 COLBERT LN.

City

PITTSBURGH

State

PA

Zip Code

15215-1509

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.2704

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. W. STANLEY FOSTER, M.D.

Mailing Address 108 VALERIE DR.

City

LAYFAYETTE

State

LA

Zip Code

70508-6008

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2167

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. DOUGLAS FOULK, M.D.

Mailing Address 660 GOLDEN RIDGE RD. STE. 250

City

GOLDEN

State

CO

Zip Code

80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer
PANORAMA ORTHOPEDICS & SP-
INE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2079

Amount of Each Receipt this Period

217.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3217.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. MARK A. FRANKLE, M.D.

Mailing Address 13020 TELECOM PKWY. N.

City

TAMPA

State

FL

Zip Code

33637-0925

FEC ID number of contributing
federal political committee.

C

Name of Employer
FLORIDA ORTHOPAEDIC INSTI-
TUTE

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2080

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

CLAY E. FREDERICK

Mailing Address 803 PIONEER DR.

City

SILVERTON

State

OR

Zip Code

97381-8725

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: SA11.1901

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ROBERT W. FREDERICK, M.D.

Mailing Address 435 SPRING MILL RD.

City

VILLANOVA

State

PA

Zip Code

19085-1925

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROTHMAN INSTITUTE

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	1

Transaction ID: SA11.1765

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 168

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. MITCHELL FREEDMAN, M.D.

Mailing Address 1109 MELROSE AVE.

City

MELROSE PARK

State

PA

Zip Code

19027-3017

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2081

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. BARBARA G. FRIEMAN, M.D.

Mailing Address 1518 YOUNGSFORD RD.

City

GLADWYNE

State

PA

Zip Code

19035-1234

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: SA11.1903

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. THOMAS FRIERMOOD, M.D.

Mailing Address 660 GOLDEN RIDGE RD. STE. 250

City

GOLDEN

State

CO

Zip Code

80401-9541

FEC ID number of contributing
federal political committee.**C**Name of Employer
PANORAMA ORTHOPEDICS & SP-
INE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2082

Amount of Each Receipt this Period

218.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1218.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. ANTHONY D. FROGAMENI, M.D.

Mailing Address 7887 OLD SYCAMORE LN.

City

SYLVANIA

State

OH

Zip Code

43560-4434

FEC ID number of contributing
federal political committee.

C

Name of Employer
TOLEDO ORTHOPAEDIC SURGEON-
NS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2083

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. STUART E. FROMM, M.D.

Mailing Address 3224 TAHOE PEAK PL.

City

RAPID CITY

State

SD

Zip Code

57702-5229

FEC ID number of contributing
federal political committee.

C

Name of Employer
BLACK HILLS ORTHOPEDIC &
SPINE CTR.

Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2084

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. KIM FURRY, M.D.

Mailing Address 41 RIO VISTA CIR.

City

DURANGO

State

CO

Zip Code

81301-4343

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1905

Amount of Each Receipt this Period

300.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

MR. JOHN P. GARCIA

Mailing Address 1504 FITZGERALD CT.

City

GREENSBURG

State

PA

Zip Code

15601-9074

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	3	/	2	0	1	1

Transaction ID: SA11.2705

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. GRANT GARLICK, M.D.

Mailing Address 13020 N. TELECOM PKWY.

City

TAMPA

State

FL

Zip Code

33637-0925

FEC ID number of contributing
federal political committee.**C**Name of Employer
FLORIDA ORTHOPAEDIC INSTI-
TUTE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11.2086

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. CHARLES L. GETZ, M.D.

Mailing Address 810 ELLIS AVE.

City

NEWTOWN SQUARE

State

PA

Zip Code

19073-3906

FEC ID number of contributing
federal political committee.**C**Name of Employer
ROTHMAN INSTITUTE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	1	1

Transaction ID: SA11.1761

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

TONY GHISELLI

Mailing Address 227 MONTEGO BAY DR.

City

EL PASO

State

TX

Zip Code

79912-4411

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1908

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. WILFORD K. GIBSON, M.D.

Mailing Address 4003 ARROWHEAD POINT CT.

City

VIRGINIA BEACH

State

VA

Zip Code

23455-4452

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATLANTIC ORTHOPAEDIC SPEC-
IALISTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2185

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. WAYNE M. GOLDSTEIN

Mailing Address 2887 LEXINGTON LN.

City

HIGHLAND PARK

State

IL

Zip Code

60035-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer
IBJI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11.2681

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)
DR. JULIO GONZALEZ, M.D.

Mailing Address 217 BAYSIDE DR.

City State Zip Code
VENICE FL 34285-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer
ORTHOPAEDIC CENTER OF VEN-
ICE, P.L.

Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 1

Transaction ID: SA11.1748

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. CHARLES GOTTLOB, M.D.

Mailing Address 660 GOLDEN RIDGE RD. STE. 250

City State Zip Code
GOLDEN CO 80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer
PANORAMA ORTHOPEDICS & SP-
INE

Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2087

Amount of Each Receipt this Period

217.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. FREDERICK H. GRAEFE

Mailing Address 319 CONSTITUTION AVENUE, NE

City State Zip Code
WASHINGTON DC 20002-5913

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 1

Transaction ID: SA11.1738

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3217.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. E. JAMES GREENWALD, M.D.

Mailing Address 10000 DRYDEN DR.

City

RENO

State

NV

Zip Code

89511-9521

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPECIALTY HEALTH

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2088

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JAMES GRIFFIN, M.D.

Mailing Address 4802 S. 109TH E AVE.

City

TULSA

State

OK

Zip Code

74146-5822

FEC ID number of contributing
federal political committee.

C

Name of Employer
TULSA BONE & JOINT

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2184

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ANUJ GUPTA, M.D.

Mailing Address 4615 E. CONWAY DR. NW.

City

ATLANTA

State

GA

Zip Code

30327-3534

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEACHTREE ORTHOPAEDIC CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2090

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. KENNETH A. GUSTKE, M.D.

Mailing Address 13020 TELECOM PKWY. N.

City

TAMPA

State

FL

Zip Code

33637-0925

FEC ID number of contributing
federal political committee.

C

Name of Employer
FLORIDA ORTHOPAEDIC INSTI-
TUTE

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2091

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. DANIEL K. GUY, M.D.

Mailing Address 630 COUNTRY CLUB RD.

City

LAGRANGE

State

GA

Zip Code

30240-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERN ORTHOPAEDICS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2092

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. AARON GUYER, M.D.

Mailing Address 3334 CAPITAL MEDICAL BLVD. STE. 40

City

TALLAHASSEE

State

FL

Zip Code

32308-8405

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: SA11.1909

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. CAMILO GUZMAN, M.D.

Mailing Address 1221 VISTA HILLS DR.

City

LAKELAND

State

FL

Zip Code

33813-5642

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2093

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ROBERT J. HAGAN, M.D.

Mailing Address 2105 SUMMERTIME TRAIL

City

LAFAYETTE

State

IN

Zip Code

47909-3790

FEC ID number of contributing
federal political committee.

C

Name of Employer
LAFAYETTE ORTHOPAEDIC CLI-
NIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2094

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. LAWRENCE S. HALPERIN, M.D.

Mailing Address 408 SPRING VALLEY LANE

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32714-5828

FEC ID number of contributing
federal political committee.

C

Name of Employer
ORLANDO ORTHOPEDIC CENTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

SURGEON

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	1

Transaction ID: SA11.2183

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 168

(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)

TFP-FOJB Committee

A.Full Name (Last, First, Middle Initial)
DR. PATRICK J. HALPIN, M.D.

Mailing Address P.O. BOX 368

City
OLYMPIAState
WAZip Code
98507-0368FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	1

Transaction ID: SA11.1747

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.Full Name (Last, First, Middle Initial)
DR. THOMAS L. HALTOM, M.D.

Mailing Address 2926 ASHEBROOKE DR. NE.

City
MARIETTAState
GAZip Code
30068-2303FEC ID number of contributing
federal political committee.**C**Name of Employer
RESURGENS ORTHOPAEDICS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2095

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.Full Name (Last, First, Middle Initial)
JAMES W. HARKESS

Mailing Address 9566 FOX HILL CIR. S.

City
GERMANTOWNState
TNZip Code
38139-6829FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: SA11.1912

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

MR. WESLEY HARRIS

Mailing Address 4286 OLD NEW ENGLAND RD.

City

ALLISON PARK

State

PA

Zip Code

15101-1534

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.2706

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. BRYAN D. HARTOG, M.D.

Mailing Address 7745 CINNAMON RIDGE DR.

City

RAPID CITY

State

SD

Zip Code

57702-4778

FEC ID number of contributing
federal political committee.

C

Name of Employer
BLACK HILLS ORTHOPEDIC &
SPINE CTR.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2096

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. J. BRTT HARVEY

Mailing Address 34 VIRGINIA LN.

City

CANONSBURG

State

PA

Zip Code

15317-5802

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.2947

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. ROBERT K. HECK, JR., M.D.

Mailing Address 4938 BARFIELD RD.

City

MEMPHIS

State

TN

Zip Code

38117-2704

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: SA11.1913

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. KEITH A. HEIRER, M.D.

Mailing Address 6408 RIVERHILL DR.

City

PLANO

State

TX

Zip Code

75024-6080

FEC ID number of contributing
federal political committee.

C

Name of Employer
METROCREST ORTHOPEDICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2097

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JOHN G. HELLER, M.D.

Mailing Address 1818 CEDAR CANYON DR. NE.

City

ATLANTA

State

GA

Zip Code

30345-4024

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMORY UNIV. DEPT. ORTHOPA-
EDIC SURGERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2099

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

LAURA F. HELLER

Mailing Address 1818 CEDAR CANYON DR. NE.

City

ATLANTA

State

GA

Zip Code

30345-4024

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARTS & TECHNOLOGY ACADEMY

Occupation
TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2098

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ALAN S. HILIBRAND, M.D.

Mailing Address 225 NORTH LATCHES LN.

City

MERION STATION

State

PA

Zip Code

19066-1726

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROTHMAN INSTITUTE

Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: SA11.1768

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. KEITH HILL, M.D.

Mailing Address 90 AVE. OF THE OAKS

City

BEAUMONT

State

TX

Zip Code

77707-1888

FEC ID number of contributing
federal political committee.

C

Name of Employer
BEAUMONT BONE & JOINT

Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2101

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. RONALD W. HILLOCK, M.D.

Mailing Address 4755 SAND HAWK CT.

City

LAS VEGAS

State

NV

Zip Code

89129-5350

FEC ID number of contributing
federal political committee.

C

Name of Employer
DESERT ORTHOPAEDIC CLINIC

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2102

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. EDWARD S. HOMAN, M.D.

Mailing Address 329 ST. AUGUSTINE AVE.

City

TAMPA

State

FL

Zip Code

33617-7229

FEC ID number of contributing
federal political committee.

C

Name of Employer
USF MEDICAL SCHOOL

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2168

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. D. HOPES, M.D.

Mailing Address 8 BENT TREE

City

SAVANNAH

State

GA

Zip Code

31411-3019

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2103

Amount of Each Receipt this Period

300.00

CONTRIBUTION

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)
for 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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. WILLIAM J. HOZACK, M.D.

Mailing Address 2100 CYPRESS ST.

City

PHILADELPHIA

State

PA

Zip Code

19103-6508

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROTHMAN INSTITUTE

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: SA11.1757

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MARK C. HUBBARD

Mailing Address 6 CHERISH DR.

City

CAMP HILL

State

PA

Zip Code

17011-1024

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1916

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. SHEPARD R. HURWITZ, M.D.

Mailing Address 203 MONTCLAIR WAY

City

CHAPEL HILL

State

NC

Zip Code

27516-7005

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMERICAN BEACO ORTHOPAEDIC
SURGERY

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1851

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

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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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. HANK HUTCHINSON

Mailing Address 3334 CAPITAL MEDICAL BLVD. STE. 40

City

TALLAHASSEE

State

FL

Zip Code

32308-8405

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1917

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. PATRICK M. HUTTON, M.D.

Mailing Address 2610 HOLLY POINT RD. W.

City

ORANGE PARK

State

FL

Zip Code

32073-5406

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1918

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. OMER A. ILAHI, M.D.

Mailing Address 3671 DEL MONTE

City

HOUSTON

State

TX

Zip Code

77019-3015

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 1

Transaction ID: SA11.1750

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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)
for 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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)
DR. ROBERT Q. INGRAHAM, JR., M.D.

Mailing Address 6808 PRESTWICK RD.

City State Zip Code
RAPID CITY SD 57702-9562

FEC ID number of contributing
federal political committee.

C

Name of Employer
BLACK HILLS NEUROSURGERY &
SPINE

Occupation
NEUROSURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2104

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. GENE ISABELL, JR., M.D.

Mailing Address 4365 BROWNSTONE DR.

City State Zip Code
BEAUMONT TX 77706-7468

FEC ID number of contributing
federal political committee.

C

Name of Employer
BEAUMONT BONE & JOINT

Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2169

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. MARK ISAKOWITZ

Mailing Address 3198 POND MIST WAY

City State Zip Code
OAK HILL VA 20171-1905

FEC ID number of contributing
federal political committee.

C

Name of Employer
FIERCE, ISAKOWITZ & BLALO-
CK

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 1

Transaction ID: SA11.1737

Amount of Each Receipt this Period

7500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

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

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

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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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. JUHA I. JAAKKOLA, M.D.

Mailing Address 67 W. BLUFF DR.

City

SAVANNAH

State

GA

Zip Code

31406-7547

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2106

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MICHAEL V. JABLONSKI, M.D.

Mailing Address 1285 ORANGE AVE.

City

WINTER PARK

State

FL

Zip Code

32789-4984

FEC ID number of contributing
federal political committee.

C

Name of Employer
JEWETT ORTHOPAEDIC CLINIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2108

Amount of Each Receipt this Period

400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. EDWARD JACKSON, III, M.D.

Mailing Address 3334 CAPITAL MEDICAL BLVD. STE. 40

City

TALLAHASSEE

State

FL

Zip Code

32308-8405

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1921

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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)
for 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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

JOHN S. JACKSON

Mailing Address 1700 MURCHISON STE. C

City

EL PASO

State

TX

Zip Code

79902-2931

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Transaction ID: SA11.1922

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOSHUA J. JACOBS, M.D.

Mailing Address 2407 POMONA LN.

City

WILMETTE

State

IL

Zip Code

60091-2277

FEC ID number of contributing
federal political committee.**C**Name of Employer
MIDWEST ORTHOPAEDICS AT
RUSH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	1	1

Transaction ID: SA11.1752

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. FLOYD R. JAGGEARS, M.D.

Mailing Address 3334 CAPITAL MEDICAL BLVD. STE. 40

City

TALLAHASSEE

State

FL

Zip Code

32308-8405

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Transaction ID: SA11.1923

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. RAEBURN JENKINS, M.D.

Mailing Address 660 GOLDEN RIDGE RD.

City

GOLDEN

State

CO

Zip Code

80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer

PANORAMA ORTHOPEDICS & SP-
INE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11.2109

Amount of Each Receipt this Period

217.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. KYLE J. JERAY, M.D.

Mailing Address 100 WEST EARLE ST.

City

GREENVILLE

State

SC

Zip Code

29609-5512

FEC ID number of contributing
federal political committee.

C

Name of Employer

GREENVILLE HOSPITAL SYSTEM

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: SA11.2163

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MATTHEW L. JIMENEZ, M.D.

Mailing Address 104 LONGMEADOW RD.

City

WINNETKA

State

IL

Zip Code

60093-3500

FEC ID number of contributing
federal political committee.

C

Name of Employer

ILLINOIS BONE & JOINT INS-
T.

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	1	1

Transaction ID: SA11.1769

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1717.00

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 68 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. JAMES T. JOHNSON, M.D.

Mailing Address 660 GOLDEN RIDGE RD.

City

GOLDEN

State

CO

Zip Code

80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer

PANORAMA ORTHOPEDICS & SP-
INE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2110

Amount of Each Receipt this Period

217.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. WAYNE A. JOHNSON, M.D.

Mailing Address 8212 STONEBRIDGE CIR.

City

LAWTON

State

OK

Zip Code

73505-4136

FEC ID number of contributing
federal political committee.

C

Name of Employer

PREMIUM ORTHOPAEDICS

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2111

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ENNIS B. JORDAN, M.D.

Mailing Address 2941 AUGUSTA DR.

City

LAS VEGAS

State

NV

Zip Code

89109-1547

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2112

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

967.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. FRANK R. JOSEPH, M.D.

Mailing Address 1605 BRANDON HALL DR.

City

ATLANTA

State

GA

Zip Code

30350-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer
RESURGENS ORTHOPAEDICS

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2113

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. PAUL J. JULIANO, M.D.

Mailing Address 1611 BROOKLINE DR.

City

HUMMELSTOWN

State

PA

Zip Code

17036-8991

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1927

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MICHAEL W. KADRMAS, M.D.

Mailing Address 14129 HACKER LOOP

City

RAPID CITY

State

SD

Zip Code

57702-7303

FEC ID number of contributing
federal political committee.

C

Name of Employer
BLACK HILLS ORTHOPEDIC &
SPINE CTR.

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2114

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. KIRK A. KAISER, M.D.

Mailing Address 555 N. ARLINGTON AVE.

City

RENO

State

NV

Zip Code

89503-4723

FEC ID number of contributing
federal political committee.

C

Name of Employer
RENO ORTHOPAEDIC CLINIC

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	1

Transaction ID: SA11.2155

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JACK J. KAUP

Mailing Address 8580 KIT PEAK RD.

City

RAPID CITY

State

SD

Zip Code

57702-9121

FEC ID number of contributing
federal political committee.

C

Name of Employer
BLACK HILLS SURGICAL HOSP-
ITAL, LLP

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2115

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ALAN T. KAWAGUCHI

Mailing Address 5121 DOVERTON DR.

City

STOCKTON

State

CA

Zip Code

95219-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: SA11.1928

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

TIMOTHY L. KEENEN

Mailing Address 19260 SW. 65TH AVE. STE. 270

City

TUALATIN

State

OR

Zip Code

97062-5701

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1929

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. FRANK B. KELLY, M.D.

Mailing Address 1600 FORSYTH ST.

City

MACON

State

GA

Zip Code

31201-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
FORSYTH ST. ORTHOPAEDICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2117

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

THOMAS C. KENNEDY

Mailing Address 1106 PECKS CANYON RD.

City

YAKIMA

State

WA

Zip Code

98908-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1931

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. HARPAL S. KHANUJA, M.D.

Mailing Address 14023 GREENCROFT LN.

City

COCKEYSVILLE

State

MD

Zip Code

21030-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2118

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT P. KING

Mailing Address 113 GOLDEN EAGLE DR.

City

VENETIA

State

PA

Zip Code

15367-1457

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.2949

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MARIA D. KLEIN

Mailing Address 920 CHERRY HILL LN.

City

EL PASO

State

TX

Zip Code

79912-3327

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1936

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

MICHAEL C. KOESTER

Mailing Address 3032 ASHLEY LOOP

City

EUGENE

State

OR

Zip Code

97405-1761

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Transaction ID: SA11.1935

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JASON KOH, M.D.

Mailing Address 1028 PAWNEE

City

WILMETTE

State

IL

Zip Code

60091-1347

FEC ID number of contributing
federal political committee.**C**Name of Employer
NORTHSHORE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

M.D.

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: SA11.2199

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. RICHARD KONSENS, M.D.

Mailing Address 1285 ORANGE AVE.

City

WINTER PARK

State

FL

Zip Code

32789-4984

FEC ID number of contributing
federal political committee.**C**Name of Employer
JEWETT ORTHOPAEDIC CLINIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11.2120

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

MR. TOM C. KOROLOGOS

Mailing Address 3150 S. ST. NW.
2A

City	State	Zip Code
WASHINGTON	DC	20007-4433

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	1

Transaction ID: SA11.2943

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ROBERT C. KRAMER, M.D.

Mailing Address 18 OAKLEIGH BLVD.

City	State	Zip Code
BAUMONT	TX	77706-7634

FEC ID number of contributing
federal political committee.

C

Name of Employer
BEAUMONT BONE & JOINT INS-
T.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼
Occupation
SURGEON

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	1

Transaction ID: SA11.2156

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. EDWARD D. KRATOVIL

Mailing Address 3300 N. VERMONT ST.

City	State	Zip Code
ARLINGTON	VA	22207-4469

FEC ID number of contributing
federal political committee.

C

Name of Employer
GLOBAL PUBLIC STRATEGIES
LLC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼
Occupation
CONSULTANT

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	1

Transaction ID: SA11.3431

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. KENNETH A. KRUMINS, M.D.

Mailing Address 1285 ORANGE AVE.

City

WINTER PARK

State

FL

Zip Code

32789-4984

FEC ID number of contributing
federal political committee.**C**Name of Employer
JEWETT ORTHOPAEDIC CLINIC

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2490

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ASHKAN LAHJI, M.D.

Mailing Address 9 BOHLER POINT NW.

City

ATLANTA

State

GA

Zip Code

30327-1109

FEC ID number of contributing
federal political committee.**C**Name of Employer
PEACHTREE ORTHOPAEDIC CLINIC

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2488

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MICHAEL T. LAIRD, M.D.

Mailing Address 730 BEAR CANYON LN.

City

ARROYO GRANDE

State

CA

Zip Code

93420-7134

FEC ID number of contributing
federal political committee.**C**Name of Employer
CENTRAL COAST ORTHOPAEDICS

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	1

Transaction ID: SA11.1770

Amount of Each Receipt this Period

1600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. PETER N. LAMMENS, M.D.

Mailing Address 660 GOLDEN RIDGE RD.

City

GOLDEN

State

CO

Zip Code

80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer

PANORAMA ORTHOPEDICS & SP-
INE

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2491

Amount of Each Receipt this Period

218.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. DAVID G. LAVELLE, M.D.

Mailing Address 2957 MALLARD LN.

City

GERMANTOWN

State

TN

Zip Code

38138-7679

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: SA11.1937

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ANH LE

Mailing Address 3650 GLENEAGLES DR.

City

STOCKTON

State

CA

Zip Code

95219-1824

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: SA11.1938

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1218.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. DANIEL D. LEE, M.D.

Mailing Address 2650 N. TENAYA

City

LAS VEGAS

State

NV

Zip Code

89128-1102

FEC ID number of contributing
federal political committee.**C**Name of Employer
NEVADA ORTHOPEDICS AND SP-
INE CENTER

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11.2493

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

RANDALL J. LEWIS

Mailing Address 5631 BENT BRANCH RD.

City

BETHESDA

State

MD

Zip Code

20816-1049

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Transaction ID: SA11.1941

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. EUGENE LIBBY, M.D.

Mailing Address 12 DRY BROOK TRL.

City

HENDERSON

State

NV

Zip Code

89052-6631

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11.2494

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)
DR. DAVID LIONBERGER, SR. M.D.

Mailing Address 1701 HERMAN

City State Zip Code
HOUSTON TX 77004-7452

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2170

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. RICHARD M. LITTLE, M.D.

Mailing Address P.O. BOX 1313

City State Zip Code
SPEARFISH SD 57783-7313

FEC ID number of contributing
federal political committee.

C

Name of Employer
REGIONAL ORTHOPEDICS

Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2496

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. XIN N. LIU, M.D.

Mailing Address 495 MELROSE HEIGHTS ST.

City State Zip Code
HENDERSON NV 89052-2631

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2497

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. PETER LOOBY

Mailing Address 5021 S. OLD YANKTON PL.

City

SIOUX FALLS

State

SD

Zip Code

57108-2637

FEC ID number of contributing
federal political committee.**C**Name of Employer
ORTHOPEDIC INSTITUTE

Occupation

ORTHOPEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: SA11.2198

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. PETER LOPEZ, M.D.

Mailing Address 956 HEMINGWAY CIRCLE

City

TAMPA

State

FL

Zip Code

33602-5980

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: SA11.2197

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. LONNIE E. LOUTZENHEISER, M.D.

Mailing Address 660 GOLDEN RIDGE RD.
STE. 250

City

GOLDEN

State

CO

Zip Code

80401-9541

FEC ID number of contributing
federal political committee.**C**Name of Employer
PANORAMA ORTHOPEDICS & SP-
INE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11.2498

Amount of Each Receipt this Period

217.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1217.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. GREGORY LUNDEEN

Mailing Address 555 N. ARLINGTON AVE.

City

RENO

State

NV

Zip Code

89503-4723

FEC ID number of contributing
federal political committee.

C

Name of Employer
RENO ORTHOPAEDIC CLINIC

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	1

Transaction ID: SA11.2204

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. DOUGLAS W. LUNDY, M.D.

Mailing Address 1368 WYNBROOK TRACE

City

MABLETON

State

GA

Zip Code

30126-7608

FEC ID number of contributing
federal political committee.

C

Name of Employer
RESURGENS

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	1

Transaction ID: SA11.2161

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. STEVEN T. LYONS, M.D.

Mailing Address 13020 TELECOM PKWY. N.

City

TAMPA

State

FL

Zip Code

33637-0925

FEC ID number of contributing
federal political committee.

C

Name of Employer
FLORIDA ORTHOPAEDIC INSTI-
TUTE

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2499

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. LYONS

Mailing Address 3203 WASHINGTON PIKE

City

BRIDGEVILLE

State

PA

Zip Code

15017-1459

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	1	1

Transaction ID: SA11.2951

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN C. MAHANEY, JR.

Mailing Address 50 W BROAD ST.
STE. 2020

City

COLUMBUS

State

OH

Zip Code

43215-5912

FEC ID number of contributing
federal political committee.

C

Name of Employer
OHIO COUNCIL OF RETAIL ME-
RCH.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

TRADE ASSN. LEADER

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	1

Transaction ID: SA11.3432

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. PETER J. MANDELL, MD

Mailing Address 55 BATES RD.

City

HILLSBOROUGH

State

CA

Zip Code

94010-7015

FEC ID number of contributing
federal political committee.

C

Name of Employer
PETER J. MANDELL, MD PC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: SA11.2176

Amount of Each Receipt this Period

7500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 82 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. JAMES B. MANNING, M.D.

Mailing Address 9728 VERLANE CT.

City

LAS VEGAS

State

NV

Zip Code

89145-8695

FEC ID number of contributing
federal political committee.

C

Name of Employer
BONE & JOINT SPECIALISTS

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2500

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DAVID J. MANSFIELD

Mailing Address 1700 MURCHISON STE. C

City

EL PASO

State

TX

Zip Code

79902-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1945

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

LYNDON E. MANSFIELD

Mailing Address 869 FOREST WILLOW

City

EL PASO

State

TX

Zip Code

79922-2907

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1946

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 83 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)
DR. STEVEN M. MARDJETKO, M.D.

Mailing Address 150 N. RIVERS RD.
STE. 100

City State Zip Code
DES PLAINES IL 60016-1272

FEC ID number of contributing
federal political committee.

C

Name of Employer
ILLINOIS BONE & JOINT INS-
T.

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: SA11.1771

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. A. LOUIS MARIOREZZI, M.D.

Mailing Address 216 E. SHORE RD.

City State Zip Code
JAMESTOWN RI 02835-1633

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1947

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. LOUIS J. MARIOREZZI, M.D.

Mailing Address 84 BAY VIEW DR.

City State Zip Code
JAMESTOWN RI 02835-1508

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 1

Transaction ID: SA11.2352

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

MICHAEL R. MARKS

Mailing Address 15 PARTRIDGE LN.

City

WESTON

State

CT

Zip Code

06883-2439

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Transaction ID: SA11.1948

Amount of Each Receipt this Period

750.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOEL M. MATTA, M.D.

Mailing Address 10088 VALLEY SPRING LN.

City

TOLUCA LAKE

State

CA

Zip Code

91602-2928

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

7400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	1	1

Transaction ID: SA11.1739

Amount of Each Receipt this Period

7400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. DANIELLE S. MAURER

Mailing Address 3611 6TH ST. S.

City

ARLINGTON

State

VA

Zip Code

22204-1617

FEC ID number of contributing
federal political committee.

C

Name of Employer
FIERCE, ISAKOWITZ & BLALO-
CK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

SENIOR VP, GOV. RELATIONS

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Transaction ID: SA11.1847

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 85 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

CHARLES M. MAY

Mailing Address 909 RED FOX RD.

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32714-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer
JEWETT ORTHOPAEDIC CLINIC

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2502

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

WILLIAM MAY

Mailing Address 6185 MAGIC CANYON RD.

City

RAPID CITY

State

SD

Zip Code

57702-4796

FEC ID number of contributing
federal political committee.

C

Name of Employer
BLACK HILLS SURGICAL HOSP-
ITAL, LLP

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2503

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MITCH MCBETH

Mailing Address 736 COEUR DALENE CIR.

City

EL PASO

State

TX

Zip Code

79922-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1949

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)
DR. LELAND C. MCCLUSKEY, M.D.

Mailing Address 1910 HILTON AVE.

City State Zip Code
COLUMBUS GA 31906-1543

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST. FRANCIS ORTHOPAEDIC
INSTITUTE

Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2504

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
KIM E. MCCONN

Mailing Address 11938 DREXEL HILL DR.

City State Zip Code
HOUSTON TX 77077-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHWEST ORTHOPEDIC GROU-
P, LLP

Occupation
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2506

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. JOHN W. MCCUTCHEN, M.D.

Mailing Address 1285 ORANGE AVE.

City State Zip Code
WINTER PARK FL 32789-4984

FEC ID number of contributing
federal political committee.

C

Name of Employer
JEWETT ORTHOPAEDIC CLINIC

Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2507

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. PATRICK J. MCNAIR, M.D.

Mailing Address 660 GOLDEN RIDGE RD.

City

GOLDEN

State

CO

Zip Code

80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer
PANORAMA ORTHOPEDICS & SP-
INE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2468

Amount of Each Receipt this Period

218.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. STEPHEN MCOLLAM, M.D.

Mailing Address 4563 POWERS FERRY RD.

City

ATLANTA

State

GA

Zip Code

30327-3424

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2505

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. PETER L. MEEHAN, M.D.

Mailing Address 1740 MARLBOROUGH DR.

City

ATLANTA

State

GA

Zip Code

30350-4507

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2469

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

968.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 168

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. MICHAEL J. MEHNERT, M.D.

Mailing Address 19 SOMERS AVE.

City

LINWOOD

State

NJ

Zip Code

08221-1606

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROTHMAN INSTITUTE

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11.2470

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. GREGORY A. MENCIO, M.D.

Mailing Address 906 RIVERBEND RD.

City

NASHVILLE

State

TN

Zip Code

37221-4370

FEC ID number of contributing
federal political committee.

C

Name of Employer
VANDERBELT UNIVERSITY

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: SA11.2175

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

WILLIAM M. MIHALKO

Mailing Address 8974 BRIDGE FOREST DR.

City

GERMANTOWN

State

TN

Zip Code

38138-8462

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Transaction ID: SA11.1956

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. MARK F. MILLS, M.D.

Mailing Address 660 GOLDEN RIDGE RD.

City

GOLDEN

State

CO

Zip Code

80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer
PANORAMA ORTHOPEDICS & SP-
INE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2471

Amount of Each Receipt this Period

218.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. CRAIG M. MINTZER, M.D.

Mailing Address 1285 ORANGE AVE.

City

WINTER PARK

State

FL

Zip Code

32789-4984

FEC ID number of contributing
federal political committee.

C

Name of Employer
JEWETT ORTHOPAEDIC CLINIC

Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2472

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

FRANKLIN E. MIRRE

Mailing Address 351 ELMGROVE AVE.

City

PROVIDENCE

State

RI

Zip Code

02906-4251

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1958

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

768.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 90 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

AMER J. MIRZA

Mailing Address 3883 TAMARACK LN.

City

LAKE OSWEGO

State

OR

Zip Code

97035-1845

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1959

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

GREGORY R. MISENHIMER, M.D.

Mailing Address 2150 TRAWOOD A 150

City

EL PASO

State

TX

Zip Code

79935-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1960

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DAVID MITCHELL

Mailing Address 109 WHITES MILL WY.

City

SPARTANBURG

State

SC

Zip Code

29307-1777

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1957

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)
MATTHEW MITCHELL

Mailing Address 3903 OTTER

City State Zip Code
CASPER WY 82604-4458

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1961

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. MICHAEL MONROE

Mailing Address 220 S. ROYAL ASCOT DR.

City State Zip Code
LAS VEGAS NV 89144-4310

FEC ID number of contributing
federal political committee.

C

Name of Employer
ORTHOPAEDIC SPECIALISTS
OF NEVADA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2196

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. MICHAEL MONT

Mailing Address 3 GRENADIER CT.

City State Zip Code
OWINGS MILLS MD 21117-3013

FEC ID number of contributing
federal political committee.

C

Name of Employer
SINAI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPEDIC SURGEON

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2178

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. JAMES B. MONTGOMERY, M.D.

Mailing Address 7115 GREENVILLE AVE.
STE. 310

City

DALLAS

State

TX

Zip Code

75231-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer

TEXAS ORTHOPAEDIC ASSOC.
LLP.

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2473

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. LUKE MORTIMER, M.D.

Mailing Address 6712 CARNOUSTIE CT.

City

RAPID CITY

State

SD

Zip Code

57702-9542

FEC ID number of contributing
federal political committee.

C

Name of Employer

BLACK HILLS ORTHOPEDIC &
SPINE CTR.

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2474

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DAVID P. MOSS

Mailing Address 6140 31ST PL. NW.

City

WASHINGTON

State

DC

Zip Code

20015-1502

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: SA11.1964

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

MR. JOHN J. MOTLEY, III

Mailing Address 3140 ABERFOYLE PL. NW

City

WASHINGTON

State

DC

Zip Code

20015-2352

FEC ID number of contributing
federal political committee.**C**Name of Employer
POLICY SOLUTIONSOccupation
PRINCIPAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	1

Transaction ID: SA11.3433

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MICHAEL J. MROCHEK

Mailing Address 5624 CORY DR.

City

EL PASO

State

TX

Zip Code

79932-3012

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Transaction ID: SA11.1963

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

GARY T. MURATA

Mailing Address 9051 E. HARNEY LN.

City

LODI

State

CA

Zip Code

95240-9432

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Transaction ID: SA11.1967

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)
DR. ROGER MURKEN, M.D.

Mailing Address 660 GOLDEN RIDGE RD.

City State Zip Code
GOLDEN CO 80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer
PANORAMA ORTHOPEDICS & SP-
INE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2475

Amount of Each Receipt this Period

217.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. CHARLES P. MURPHY, M.D.

Mailing Address 440 RVE. DE LA RIVIERE

City State Zip Code
KENNER LA 70065

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2152

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. RONALD NAVARRO

Mailing Address 18 WIDELoop RD.

City State Zip Code
ROLLING HILLS CA 90274-5234

FEC ID number of contributing
federal political committee.

C

Name of Employer
SCPMG

Occupation
M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2203

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

717.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 95 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. ROBERT S. NEFF, M.D.

Mailing Address 1110 WYTHE LN.

City

VIRGINIA BEACH

State

VA

Zip Code

23451-3814

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATLANTIC ORTHOPAEDIC SPEC-
IALISTS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2477

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

ROBERT S. NICHOLS

Mailing Address 102 EAST MELROSE ST.

City

CHEVY CHASE

State

MD

Zip Code

20815-3304

FEC ID number of contributing
federal political committee.

C

Name of Employer
FINANCIAL SERVICES FORUM

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 1

Transaction ID: SA11.2353

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. LOWELL T. NIEBAUM, M.D.

Mailing Address 2800 E. DESERT INN RD.
STE. 100

City

LAS VEGAS

State

NV

Zip Code

89121-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer
DESERT ORTHOPAEDIC CLINIC

Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2478

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. JOHN W. NOBLE, JR., M.D.

Mailing Address 3955 S. BLUE SAGE

City

LAKE CHARLES

State

LA

Zip Code

70605-0188

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTER FOR ORTHOPAEDICS

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2479

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. CHARLES C. NOFSINGER, M.D.

Mailing Address 22947 COLLRIDGE DR.

City

LAND O LAKES

State

FL

Zip Code

34639-4077

FEC ID number of contributing
federal political committee.

C

Name of Employer
USF

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2480

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JOHN C. NORDT, M.D.

Mailing Address 3580 ROYAL PALM AVE.

City

MIAMI

State

FL

Zip Code

33133-6225

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2157

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. BRENT C. NOSSAMAN, M.D.

Mailing Address 4802 S. 109TH EAST AVE.

City

TULSA

State

OK

Zip Code

74146-5822

FEC ID number of contributing
federal political committee.

C

Name of Employer
TULSA BONE & JOINT

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2481

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOHN M. OLSEWSKI, M.D.

Mailing Address 135 BRAMBLE BROOK RD.

City

ARDSLEY

State

NY

Zip Code

10502-2206

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2171

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. TIMOTHY J. OMARA, M.D.

Mailing Address 4400 BITTERROOT RD.

City

RENO

State

NV

Zip Code

89519-1670

FEC ID number of contributing
federal political committee.

C

Name of Employer
RENO ORTHOPAEDIC CLINIC

Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2482

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. ALVIN C. ONG, M.D.

Mailing Address 204 BALFOUR AVE.

City

LINWOOD

State

NJ

Zip Code

08221-2353

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROTHMAN INSTITUTE

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	1

Transaction ID: SA11.1767

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ROBERT M. ORFALY, M.D.

Mailing Address 13593 STEAMSIDE DR.

City

LAKE OSWEGO

State

OR

Zip Code

97035-1386

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: SA11.1973

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. FABIO OROZCO, M.D.

Mailing Address 220 BERKSHIRE AVE.

City

LINWOOD

State

NJ

Zip Code

08221-2311

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROTHMAN INSTITUTE

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	1

Transaction ID: SA11.1764

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

TODD B. ORVALD

Mailing Address 11502 ZIER RD.

City

YAKIMA

State

WA

Zip Code

98908-9227

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Transaction ID: SA11.1975

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

B. TABOR OWEN, JR.

Mailing Address 6500 MAY CREEK

City

MEMPHIS

State

TN

Zip Code

38119-6529

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Transaction ID: SA11.2015

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ANDREW J. PALAFOX

Mailing Address 1700 MURCHISON STE. C

City

EL PASO

State

TX

Zip Code

79902-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Transaction ID: SA11.1978

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. LEW W. PAPENDICK, M.D.

Mailing Address 8681 DREAMSCAPE RD.

City

RAPID CITY

State

SD

Zip Code

57702

FEC ID number of contributing
federal political committee.

C

Name of Employer
BLACK HILLS ORTHOPEDICS

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 1

Transaction ID: SA11.1778

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

THOMAS M. PARK, M.D.

Mailing Address 3334 CAPITAL MEDICAL BLVD. STE. 40

City

TALLAHASSEE

State

FL

Zip Code

32308-8405

FEC ID number of contributing
federal political committee.

C

Name of Employer
FEDERAL PACA

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1977

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. BRIAN PARSLEY, M.D.

Mailing Address 302 PINE SHADOWS DR.

City

HOUSTON

State

TX

Zip Code

77056-1319

FEC ID number of contributing
federal political committee.

C

Name of Employer
BAYLOR COLLEGE OF MEDICINE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2195

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. JAVAD PARVIZI, M.D.

Mailing Address 245 MAPLE HILL RD

City

GLADWYNE

State

PA

Zip Code

19035-1307

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROTHMAN INSTITUTE

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: SA11.1760

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. SCOTT O. PASCHAL, M.D.

Mailing Address 3816 AMHERST

City

DALLAS

State

TX

Zip Code

75225-7104

FEC ID number of contributing
federal political committee.

C

Name of Employer
TEXAS ORTHOPAEDIC ASSOC.
LLP.

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2483

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ROBERT M. PATEK, M.D.

Mailing Address 1390 GETTYSBURG RD.

City

LONG GROVE

State

IL

Zip Code

60047-5074

FEC ID number of contributing
federal political committee.

C

Name of Employer
ILLINOIS BONE & JOINT INS-
T.

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: SA11.1772

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

ASHIT C. PATEL

Mailing Address 9612 NE. 38TH ST.

City

KIRKLAND

State

WA

Zip Code

98033-7893

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Transaction ID: SA11.1979

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. NIMESH PATEL, M.D.

Mailing Address 660 GOLDEN RIDGE RD.

City

GOLDEN

State

CO

Zip Code

80401-9541

FEC ID number of contributing
federal political committee.**C**Name of Employer
PANORAMA ORTHOPEDICS & SP-
INE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11.2484

Amount of Each Receipt this Period

217.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MATTHEW D. PEPE, M.D.

Mailing Address 1631 WOODLYNNE BLVD.

City

LINWOOD

State

NJ

Zip Code

08221-2239

FEC ID number of contributing
federal political committee.**C**Name of Employer
ROTHMAN INSTITUTE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	1	1

Transaction ID: SA11.1759

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1467.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 103 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)
EDWARD A. PEREZ

Mailing Address 2385 WOOD BRIDGE CV.

City State Zip Code
MEMPHIS TN 38119-7642

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1980

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. NICHOLAS POLIFRONI, M.D.

Mailing Address 40 CROSS ST.

City State Zip Code
NORWALK CT 06851-4647

FEC ID number of contributing
federal political committee.

C

Name of Employer
COASTAL ORTHOPAEDICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2158

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. SHEVIN POLLYDORE, M.D.

Mailing Address 651 HEARDS FERRY RD.

City State Zip Code
ATLANTA GA 30328-4722

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEACHTREE ORTHOPAEDIC CLINIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2487

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. RAVI K. PONNAPPAN, M.D.

Mailing Address 209 ARLINGTON AVE.

City

LINWOOD

State

NJ

Zip Code

08221-2350

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROTHMAN INSTITUTE

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2446

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. CHARLES T. PRICE

Mailing Address 1009 GREENTREE DR.

City

WINTER PARK

State

FL

Zip Code

32789-2706

FEC ID number of contributing
federal political committee.

C

Name of Employer
ORLANDO HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2202

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

SCOTT A. PROTZMAN

Mailing Address 1700 MURCHISON STE. C

City

EL PASO

State

TX

Zip Code

79902-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1987

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. JAMES J. PURTILL, M.D.

Mailing Address 651 DARBY PAOLI RD.

City

VILLANOVA

State

PA

Zip Code

19085-1007

FEC ID number of contributing
federal political committee.**C**Name of Employer
ROTHMAN INSTITUTE

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	1

Transaction ID: SA11.1776

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. THOMAS J. PUSCHAK, M.D.

Mailing Address 660 GOLDEN RIDGE RD.

City

GOLDEN

State

CO

Zip Code

80401-9541

FEC ID number of contributing
federal political committee.**C**Name of Employer
PANORAMA ORTHOPEDICS & SP-
INE

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2447

Amount of Each Receipt this Period

218.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. LEIGH ANN PUSEY

Mailing Address 1119 ALEXANDRIA AVENUE

City

ALEXANDRIA

State

VA

Zip Code

22308-1015

FEC ID number of contributing
federal political committee.**C**Name of Employer
AMERICAN INSURANCE ASSOCI-
ATION

Occupation

PRESIDENT & CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	1

Transaction ID: SA11.1736

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3718.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

MR. ANDREW F. PUZDER

Mailing Address 570 MEADOW WOOD LN.

City

MONTECITO

State

CA

Zip Code

93108-2027

FEC ID number of contributing
federal political committee.

C

Name of Employer
CKE RESTAURANTS INCOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	3	/	2	0	1	1

Transaction ID: SA11.2702

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MARIO QUESNDA, M.D.

Mailing Address 6455 KOLA CT NW

City

ALBUQUERQUE

State

NM

Zip Code

87120-4285

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	1	1

Transaction ID: SA11.2677

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ROBERT QUIN, M.D.

Mailing Address 44 CEDAR HILL PL. NE.

City

ALBUQUERQUE

State

NM

Zip Code

87122-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF NEW MEXICOOccupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11.2448

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 168

(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)

TFP-FOJB Committee

A.Full Name (Last, First, Middle Initial)
DR. STEVEN M. RAIKIN, M.D.

Mailing Address 221 MERION RD.

City	State	Zip Code
MERION STATION	PA	19066-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROTHMAN INSTITUTEOccupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	1

Transaction ID: SA11.1756

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.Full Name (Last, First, Middle Initial)
DR. ABDI RAISI, M.D.Mailing Address 4525 DEAN MARTIN DR.
UNIT 3212

City	State	Zip Code
LAS VEGAS	NV	89103-8122

FEC ID number of contributing
federal political committee.

C

Name of Employer
DESERT ORTHOPEDIC CLINICOccupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2449

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.Full Name (Last, First, Middle Initial)
DR. MATTHEW L. RAMSEY, M.D.

Mailing Address 626 BARON DEKALB RD.

City	State	Zip Code
WAYNE	PA	19087-1302

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROTHMAN INSTITUTEOccupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	1

Transaction ID: SA11.1754

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. FRED REDFERN, M.D.

Mailing Address 2218 CHATSWORTH CT.

City

HENDERSON

State

NV

Zip Code

89074-5309

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11.2451

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. STUART RICE, M.D.

Mailing Address 2300 SKYLINE RANCH RD.

City

RAPID CITY

State

SD

Zip Code

57701-8944

FEC ID number of contributing
federal political committee.

C

Name of Employer
BLACK HILLS NEUROSURGERY &
SPINE

Occupation

NEUROSURGEON

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11.2452

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. PETER D. RICH

Mailing Address P.O. BOX 1610

City

MIDDLEBURG

State

VA

Zip Code

20118-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
RICH FEVER GROUP

Occupation

CONSULTANT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	3	/	2	0	1	1

Transaction ID: SA11.2685

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 109 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

MR. P. JEROME RICHEY

Mailing Address 99 INGLEWOOD DR.

City

PITTSBURGH

State

PA

Zip Code

15228-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.2950

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. STEPHEN RIDGEWAY, M.D.

Mailing Address 56 RIDGELAND DR.

City

GREENVILLE

State

SC

Zip Code

29601-3015

FEC ID number of contributing
federal political committee.

C

Name of Employer
PIEDMONT ORTHOPAEDIC ASSO-
C.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2453

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JEFFREY A. RIHN, M.D.

Mailing Address 121 BROOKE FARM RD.

City

WAYNE

State

PA

Zip Code

19087-4765

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROTHMAN INSTITUTE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2454

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. WAGDY RIZK

Mailing Address 7955 DORAL DR.

City

BEAUMONT

State

TX

Zip Code

77707-5446

FEC ID number of contributing
federal political committee.

C

Name of Employer
BBJI

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: SA11.2200

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. WILLIAM J. ROBB, III, M.D.

Mailing Address 23 INDIAN HILL RD.

City

WINNETKA

State

IL

Zip Code

60093-3940

FEC ID number of contributing
federal political committee.

C

Name of Employer
ILLINOIS BONE & JOINT INS-
T.

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	1	1

Transaction ID: SA11.1773

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MITCHEL ROBINSON, M.D.

Mailing Address 660 GOLDEN RIDGE RD.
STE. 250

City

GOLDEN

State

CO

Zip Code

80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer
PANORAMA ORTHOPEDICS & SP-
INE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11.2455

Amount of Each Receipt this Period

217.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1517.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 111 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. WALTER G. ROBINSON, M.D.

Mailing Address 660 GOLDEN RIDGE RD.

City

GOLDEN

State

CO

Zip Code

80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer
PANORAMA ORTHOPEDICS & SP-
INE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2456

Amount of Each Receipt this Period

217.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JANET M. ROBISON, M.D.

Mailing Address 1285 ORANGE AVE.

City

WINTER PARK

State

FL

Zip Code

32789-4984

FEC ID number of contributing
federal political committee.

C

Name of Employer
JEWETT ORTHOPAEDIC CLINIC

Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2457

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. STEPHEN W. RODRIGUE, M.D.

Mailing Address 26 ARBORSIDE DR.

City

FALMOUTH

State

ME

Zip Code

04105-1442

FEC ID number of contributing
federal political committee.

C

Name of Employer
FALMOUTH ORTHOPAEDIC CENT-
ER

Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2458

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1017.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

GARRISON A. ROLLE, M.D.

Mailing Address 3334 CAPITAL MEDICAL BLVD. STE. 40

City

TALLAHASSEE

State

FL

Zip Code

32308-8405

FEC ID number of contributing
federal political committee.**C**Name of Employer
FEDERAL PACA

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Transaction ID: SA11.1991

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. GERALD W. ROTHACKER, JR., M.D.

Mailing Address 817 WOODFIELD DR.

City

LITITZ

State

PA

Zip Code

17543-8377

FEC ID number of contributing
federal political committee.**C**Name of Employer
ORTHOPEDIC ASSOCIATES OF
LANCASTER

Occupation

ORTHOPEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: SA11.2194

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. RICHARD H. ROTHMAN, M.D.

Mailing Address 925 CHESTNUT ST.
FL. 5

City

PHILADELPHIA

State

PA

Zip Code

19107-4206

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	1	1

Transaction ID: SA11.1755

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 113 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)
DR. EDMUND ROWLAND, M.D.

Mailing Address 660 GOLDEN RIDGE RD.

City State Zip Code
GOLDEN CO 80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer
PANORAMA ORTHOPEDICS & SP-
INE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2459

Amount of Each Receipt this Period

217.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MATTHEW I. RUDLOFF

Mailing Address 356 FOUNTAIN LAKE DR.

City State Zip Code
MEMPHIS TN 38120-1836

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1992

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
THOMAS A. RUSSELL

Mailing Address 240 LAGRANGE CREEK DR.

City State Zip Code
EADS TN 38028-8014

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1993

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

767.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 114 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)
DR. CESAR SAENZ, M.D.

Mailing Address 40169TH ST.
APT. 610

City State Zip Code
MIAMI FL 33141

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2461

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JOSEPH M. SAGGESE

Mailing Address TEN SHERRY HILL LN.

City State Zip Code
MANHASSET NY 11030-3221

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.3434

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. JOHN P. SALVO, M.D.

Mailing Address 29 RADCLIFFE DR.

City State Zip Code
VOORHEES NJ 08043-3733

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROTHMAN INSTITUTE

Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2462

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 115 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

ROBERT H. SANDMEIER

Mailing Address 2038 NW. 127TH PL.

City

PORTLAND

State

OR

Zip Code

97229-8552

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1994

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES A. SARTUCCI

Mailing Address 10116 LIMESTONE CT.

City

POTOMAC

State

MD

Zip Code

20854-3945

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.3435

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. AKHILESH SASTRY, M.D.

Mailing Address 25 WASHINGTON RD.

City

RYE

State

NH

Zip Code

03870-2439

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC DOCTOR

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2463

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 168

(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)

TFP-FOJB Committee

A.Full Name (Last, First, Middle Initial)
DR. TIMOTHY G. SCHACHERER, M.D.Mailing Address 8210 WALNUT HILL LN.
STE 130City State Zip Code
DALLAS TX 75231-4418FEC ID number of contributing
federal political committee.**C**Name of Employer
TEXAS ORTHOPAEDIC ASSOC.Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11.2464

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.Full Name (Last, First, Middle Initial)
DR. ROBERT R. SCHEINBERG, M.D.

Mailing Address 6338 PRESTONSHIRE LN.

City State Zip Code
DALLAS TX 75225-2111FEC ID number of contributing
federal political committee.**C**Name of Employer
TEXAS ORTHOPAEDIC ASSOC.
LLP.Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11.2465

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.Full Name (Last, First, Middle Initial)
DAVID L. SCHLACTUS

Mailing Address 30417 SW. HEATER RD.

City State Zip Code
SHERWOOD OR 97140-5056FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Transaction ID: SA11.1997

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 168

(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)

TFP-FOJB Committee

A.Full Name (Last, First, Middle Initial)
DR. RAND L. SCHLEUSENER, M.D.

Mailing Address 13389 BONE PATH

City	State	Zip Code
RAPID CITY	SD	57702-6215

FEC ID number of contributing
federal political committee.**C**Name of Employer
BLACK HILLS ORTHOPEDIC &
SPINE CTR.Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2432

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.Full Name (Last, First, Middle Initial)
HARRY W. SCHMALTZ

Mailing Address P.O. BOX 702

City	State	Zip Code
WAVERLY	PA	18471-0702

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: SA11.1998

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.Full Name (Last, First, Middle Initial)
DR. TODD A. SCHMIDT, M.D.

Mailing Address 2865 LAKE PARK DR.

City	State	Zip Code
JONESBORO	GA	30236-4133

FEC ID number of contributing
federal political committee.**C**Name of Employer
SOUTHERN ORTHOPAEDIC SPEC-
IALISTSOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2433

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. HOWARD L. SCHUELE, M.D.

Mailing Address 32 WINSTON DR.

City

BELLEAIR

State

FL

Zip Code

33756-1646

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2406

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JOHN P. SCHUTTE, M.D.

Mailing Address 1448 S. COLLEGE RD.

City

LAFAYETTE

State

LA

Zip Code

70503-2920

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2419

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. EDWARD SEADE

Mailing Address 4601 DUSIK LN.

City

AUSTIN

State

TX

Zip Code

78746-7369

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2193

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. WAYNE J. SEBASTIANELLI, M.D.

Mailing Address 251 MEADOW LARK LN.

City

BOALSBURG

State

PA

Zip Code

16827-1804

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: SA11.2000

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MATTHEW SHAPIRO

Mailing Address 3946 BRAE BURN DR.

City

EUGENE

State

OR

Zip Code

97405-4973

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: SA11.2002

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. STEVEN L. SHAPIRO, M.D.

Mailing Address 18 CAPTAINS CROSSING

City

SAVANNAH

State

GA

Zip Code

31411-2104

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2421

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 120 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

MICHAEL SHEERIN

Mailing Address 8 ANNAPOLIS DR.

City

MARLTON

State

NJ

Zip Code

08053-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROTHMAN INSTITUTE

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2422

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

PAUL S. SHERBONDY

Mailing Address 507 BEAUMONT DR.

City

STATE COLLEGE

State

PA

Zip Code

16801-8311

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.2003

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. NAOMI SHIELDS

Mailing Address 2910 N. FOX POINTE CIR.

City

WICHITA

State

KS

Zip Code

67226-2164

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADVANCED ORTHOPAEDIC ASSO-
CIATES

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2192

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

ROBERT M. SHIPMAN

Mailing Address 2792 MILLSTONE PLANTATION RD.

City

TALLAHASSEE

State

FL

Zip Code

32312-3880

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.2004

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. RICHARD L. SHURE, M.D.

Mailing Address 1285 ORANGE AVE.

City

WINTER PARK

State

FL

Zip Code

32789-4984

FEC ID number of contributing
federal political committee.

C

Name of Employer
JEWETT ORTHOPAEDIC CLINIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2423

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ERIC E. SIDES

Mailing Address 1700 MURCHISON STE. C

City

EL PASO

State

TX

Zip Code

79902-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.2005

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 122 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. DANIEL H. SILCOX, M.D.

Mailing Address 725 TANGLEWOOD TRL.

City

ATLANTA

State

GA

Zip Code

30327-4523

FEC ID number of contributing
federal political committee.

C

Name of Employer

PEACHTREE ORTHOPAEDIC CLINIC

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2434

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

IRA J. SINGER

Mailing Address 22 INTERVALE RD.

City

PROVIDENCE

State

RI

Zip Code

02906-3734

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.2006

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. RICHA SINGH, M.D.

Mailing Address 401 N. WABASH AVE.
UNIT 67E.

City

CHICAGO

State

IL

Zip Code

60611-3893

FEC ID number of contributing
federal political committee.

C

Name of Employer

MIDWEST ORTHOPEDICS AT RU-SH

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2435

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. NEIL SKEA, M.D.

Mailing Address 3203 TAHOE PEAK PL.

City

RAPID CITY

State

SD

Zip Code

57702-5238

FEC ID number of contributing
federal political committee.

C

Name of Employer
RAPID CITY MEDICAL CENTER

Occupation

PODIATRIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11.2436

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. GREGORY S. SLAPPEY, M.D.

Mailing Address 139 FAIRWAY DR.

City

CARROLLTON

State

GA

Zip Code

30117-4134

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARROLLTON ORTHOPAEDIC CL-
INIC

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11.2437

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JOHN M. SMALL, M.D.

Mailing Address 13020 N. TELECOM PKWY.

City

TAMPA

State

FL

Zip Code

33637-0925

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	4	/	2	0	1	1

Transaction ID: SA11.2354

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 124 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. ERIC B. SMITH, M.D.

Mailing Address 348 MERION RD.

City

MERION STATION

State

PA

Zip Code

19066-1532

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROTHMAN INSTITUTE

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2438

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

LYLE S. SORENSEN

Mailing Address 4120 MERIDIAN AVE. N.

City

SEATTLE

State

WA

Zip Code

98103-8308

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.2010

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. DAVID T. SOWA, M.D.

Mailing Address 301 CENTER MEETING RD.

City

CENTREVILLE

State

DE

Zip Code

19807-1307

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1852

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. LANE D. SPERO, M.D.

Mailing Address 32 HOFFMANN RD.

City

CANTON

State

CT

Zip Code

06019-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer
LHOA

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2174

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ERIC J. STAHL, M.D.

Mailing Address 660 GOLDEN RIDGE RD.

City

GOLDEN

State

CO

Zip Code

80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer
PANORAMA ORTHOPEDICS & SP-
INE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2442

Amount of Each Receipt this Period

218.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DANIEL C. STATLER

Mailing Address 745 MUIRFIELD DR.

City

GREENSBURG

State

PA

Zip Code

15601-8949

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.2707

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3718.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. JACK R. STEEL, M.D.

Mailing Address 630 FERN ST.

City

HUNTINGTON

State

WV

Zip Code

25701-4807

FEC ID number of contributing
federal political committee.**C**Name of Employer
SCOTT ORTHOPEDIC CENTER

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2443

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. KRIS D. STOWERS, M.D.

Mailing Address 3334 CAPITAL MEDICAL BLVD. STE. 40

City

TALLAHASSEE

State

FL

Zip Code

32308-8405

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: SA11.2011

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. DOUGLAS J. STRAEHLEY, M.D.

Mailing Address 660 GOLDEN RIDGE RD.

City

GOLDEN

State

CO

Zip Code

80401-9541

FEC ID number of contributing
federal political committee.**C**Name of Employer
PANORAMA ORTHOPEDICS & SP-
INE

Occupation

PHYSIATRIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2445

Amount of Each Receipt this Period

218.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

718.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 127 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. BENJAMIN D. SUTKER, M.D.

Mailing Address 2 HIBERNIA RD.

City

SAVANNAH

State

GA

Zip Code

31411-1452

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHEASTERN ORTHOPEDIC
CENTER

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2408

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. VICTOR P. SVEC

Mailing Address 1914 WHITE BIRCH LN.

City

BELLEVILLE

State

IL

Zip Code

62226-7833

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.2701

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. G. MARK SYLVAIN, M.D.

Mailing Address 1050 RANCHO CIR.

City

LAS VEGAS

State

NV

Zip Code

89107-4623

FEC ID number of contributing
federal political committee.

C

Name of Employer
ORTHOPAEDICS SPECIALIST

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2409

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. REGINALD L. TALL, M.D.

Mailing Address 1285 ORANGE AVE.

City

WINTER PARK

State

FL

Zip Code

32789-4984

FEC ID number of contributing
federal political committee.

C

Name of Employer
JEWETT ORTHOPAEDIC CLINIC

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2410

Amount of Each Receipt this Period

400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

ROBERT TATSUM

Mailing Address 14167 TAYLORS CREST LN.

City

LAKE OSWEGO

State

OR

Zip Code

97035-1831

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.2013

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. DAVID TEMPLEMAN

Mailing Address 1180 TOUKAWA RD.

City

ORONO

State

MN

Zip Code

55356-9240

FEC ID number of contributing
federal political committee.

C

Name of Employer
HFCA

Occupation

ORTHO. TRAUMA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2172

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

RICHARD M. TEREK

Mailing Address 536 WAYLAND AVE.

City

PROVIDENCE

State

RI

Zip Code

02906-4723

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: SA11.2016

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. DAVID D. TEUSCHER, M.D.

Mailing Address 825 THOMAS RD.

City

BEUMONT

State

TX

Zip Code

77706-4618

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: SA11.2411

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. DAVID THOMPSON, M.D.

Mailing Address 650 THOMAS RD.

City

BEAUMONT

State

TX

Zip Code

77706-6416

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

ORTHOPEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	1

Transaction ID: SA11.2182

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 168

(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)

TFP-FOJB Committee

A.Full Name (Last, First, Middle Initial)
DR. WILLIAM H. THOMPSON, M.D.

Mailing Address 3334 CAPITAL MEDICAL BLVD. STE. 40

City	State	Zip Code
TALLAHASSEE	FL	32308-8405

FEC ID number of contributing
federal political committee.

C

Name of Employer
FEDERAL PACAOccupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Transaction ID: SA11.2017

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.Full Name (Last, First, Middle Initial)
DR. STEVEN J. THORNTON, M.D.

Mailing Address 10750 BUSHIRE DR.

City	State	Zip Code
DALLAS	TX	75229-5329

FEC ID number of contributing
federal political committee.

C

Name of Employer
TEPA ORTHOPAEDIC ASSOC.
LLP.Occupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11.2412

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.Full Name (Last, First, Middle Initial)
DR. CURTIS THORPE, M.D.

Mailing Address 4820 CHRISTINA LN.

City	State	Zip Code
BEAUMONT	TX	77706-7703

FEC ID number of contributing
federal political committee.

C

Name of Employer
BEAUMONT BONE & JOINTOccupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11.2413

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 131 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. THOMAS W. THROCKMORTON, M.D.

Mailing Address 4901 FAIRFIELD CIR.

City

MEMPHIS

State

TN

Zip Code

38117-4209

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.2018

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

PATRICK TLUSTOS

Mailing Address 3357 BROADMOOR DR.

City

RAPID CITY

State

SD

Zip Code

57702-5308

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHWESTERN ENGINEERING
CO.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2414

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. WILLIAM V. TOBEL, M.D.

Mailing Address 5 ISLEWORTH DR.

City

HENDERSON

State

NV

Zip Code

89052-6458

FEC ID number of contributing
federal political committee.

C

Name of Employer
PMAC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2405

Amount of Each Receipt this Period

300.00

CONTRIBUTION

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)
for 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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. JOHN R. TONGUE, M.D.

Mailing Address 930 SW. W. POINT RD.

City

LAKE OSWEGO

State

OR

Zip Code

97034-3748

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.2019

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

PATRICK TOY

Mailing Address 447 SHELLEY RENEE LN.

City

CORDOVA

State

TN

Zip Code

38018-4310

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.2020

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. BRADFORD S. TUCKER, M.D.

Mailing Address 220 CLIPPER DR.

City

OCEAN CITY

State

NJ

Zip Code

08226-1114

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROTHMAN INSTITUTE

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: SA11.1758

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

MR. CHARLES C. UNGUREAN

Mailing Address 2375 CAMBRIDGE RD.

City

COSHOCTON

State

OH

Zip Code

43812-9133

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.2700

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. RENNY UPPAL

Mailing Address 555 N. ARLINGTON AVE.

City

RENO

State

NV

Zip Code

89503-4723

FEC ID number of contributing
federal political committee.

C

Name of Employer
RENO ORTHOPAEDIC CLINIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ORTHOPAEDIC SURGEON

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2210

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

LUIS H. URREA

Mailing Address 1700 MURCHISON STE. C

City

EL PASO

State

TX

Zip Code

79902-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.2021

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 134 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)
DR. ROBERT E. URREA, M.D.

Mailing Address 6211 EDGEMERE STE. 1

City State Zip Code
EL PASO TX 79925-3413

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.2022

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. KATHERINE VADASDI, M.D.

Mailing Address 1 BENJAMIN ST.

City State Zip Code
OLD GREENWICH CT 06870-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer
ONS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2160

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. WILLIAM R. VANDIVER, M.D.

Mailing Address 709 W. HIGHWAY 243
STE. B

City State Zip Code
KAUFMAN TX 75142-1878

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2416

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. THOMAS VATER

Mailing Address 7200 W. CATHEDRAL ROCK DR.
SUITE 210City State Zip Code
LAS VEGAS NV 89128-1121FEC ID number of contributing
federal political committee.**C**Name of Employer
VATER SPINE SURGICAL ASSO-
C.Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2179

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. MICHAEL B. VESSELY, M.D.

Mailing Address 522 2ND ST.

City State Zip Code
LAKE OSWEGO OR 97034-3129FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.2023

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JAN C. VEST

Mailing Address 281 FOUNTAIN DR.

City State Zip Code
GLEN CARBON IL 62034-1389FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.2024

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

CARLOS O. VIESCA

Mailing Address 1700 MURCHISON STE. C

City

EL PASO

State

TX

Zip Code

79902-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.2025

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. PETER E. VONDERAU, M.D.

Mailing Address 7109 PRESTWICK RD.

City

RAPID CITY

State

SD

Zip Code

57702-9528

FEC ID number of contributing
federal political committee.

C

Name of Employer
REHAB DOCTORS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSIATRIST

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2417

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ANAND VORA

Mailing Address 1375 KURTIS LANE

City

LAKE FOREST

State

IL

Zip Code

60045-4306

FEC ID number of contributing
federal political committee.

C

Name of Employer
IBJT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PHYSICIAN

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11.2211

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

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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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DANIEL WALSH

Mailing Address 925 CHESTNUT ST.

City

PHILADELPHIA

State

PA

Zip Code

19107

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROTHMAN INSTITUTE

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2425

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ERIC F. WALSH, M.D.

Mailing Address 11 GEORGE ST.

City

BARRINGTON

State

RI

Zip Code

02806-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.2026

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JAMES WALTER, M.D.

Mailing Address 2053 REMINGTON LN.

City

FRISCO

State

TX

Zip Code

75034-7636

FEC ID number of contributing
federal political committee.

C

Name of Employer
TEXAS ORTHOPAEDIC ASSOC.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2424

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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)
for 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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. MICHAEL A. WASYLIK, M.D.

Mailing Address 10303 RECLINATA LN.

City

TAMPA

State

FL

Zip Code

33618-4434

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2426

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JOHN C. WEINLEIN, IV

Mailing Address 931 SPANISH TRAIL LN.

City

CORDOVA

State

TN

Zip Code

38018-2846

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.2029

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. STEVEN B. WERTHEIM, M.D.

Mailing Address 70 OLD STRATTON CHASE NW.

City

ATLANTA

State

GA

Zip Code

30328-3652

FEC ID number of contributing
federal political committee.

C

Name of Employer
RESURGONS

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11.2427

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. MICHAEL E. WEST, M.D.

Mailing Address 3512 TUSCANY DR.

City

PHILADELPHIA

State

PA

Zip Code

19145-5742

FEC ID number of contributing
federal political committee.**C**Name of Employer
ROTHMAN INSTITUTE

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	1	1

Transaction ID: SA11.1777

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

RICHARD S. WESTBROOK

Mailing Address 42 STRATFORD HALL CIR.

City

EL PASO

State

TX

Zip Code

79912-4150

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Transaction ID: SA11.2030

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

GERALD R. WILLIAMS, JR., M.D.

Mailing Address 859 LESLEY RD.

City

VILLANOVA

State

PA

Zip Code

19085-1117

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Transaction ID: SA11.2036

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. GERALD R. WILLIAMS, JR., M.D.

Mailing Address 859 LESLEY RD.

City

VILLANOVA

State

PA

Zip Code

19085-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROTHMAN INSTITUTE

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: SA11.1775

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. CHARLES H. WINGO, M.D.

Mailing Address 3334 CAPITAL MEDICAL BLVD. STE. 40

City

TALLAHASSEE

State

FL

Zip Code

32308-8405

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.2035

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ROLAND H. WINTER, M.D.

Mailing Address 5660 E. ACORN CT.

City

STOCKTON

State

CA

Zip Code

95212-2633

FEC ID number of contributing
federal political committee.

C

Name of Employer
FEDERAL PACA

Occupation

ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.2034

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. DOUGLAS WONG, M.D.

Mailing Address 660 GOLDON RIDGE RD.

City

GOLDEN

State

CO

Zip Code

80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer
PANORAMA ORTHOPEDICS & SP-
INEOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11.2429

Amount of Each Receipt this Period

217.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

GEORGE WOOD

Mailing Address 4515 WALNUT GROVE RD.

City

MEMPHIS

State

TN

Zip Code

38117-2449

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Transaction ID: SA11.2041

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. RICHARD WULFF, M.D.

Mailing Address 305 BAYSWATER CT.

City

LAS VEGAS

State

NV

Zip Code

89145-8667

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYEDOccupation
ORTHOPAEDIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: SA11.2430

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

967.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 168

(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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

DR. E. SCOTT YERGER, M.D.

Mailing Address 1448 SOUTH COLLEGE RD.

City

LAFAYETTE

State

LA

Zip Code

70503-2920

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: SA11.2212

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JUNG U. YOO

Mailing Address 2606 NW. LOVEJOY ST.

City

PORTLAND

State

OR

Zip Code

97210-2808

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	4	/	2	0	1	1

Transaction ID: SA11.2345

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DEANA YOUNG

Mailing Address 2 CASCADE LAKE

City

LAS VEGAS

State

NV

Zip Code

89148-2791

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: SA11.2173

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 168

(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)

TFP-FOJB Committee

A.Full Name (Last, First, Middle Initial)
FOREST COUNTY POTAWATOMI COMMUNITY

Mailing Address P.O. BOX 340

City	State	Zip Code
CRANDON	WI	54520-0340

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Transaction ID: SA11.1848

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Partner Attribution Requested

B.Full Name (Last, First, Middle Initial)
MONTEREY PENINSULA SURGERY CENTER, LLCMailing Address 966 CASS ST.
STE. 210

City	State	Zip Code
MONTEREY	CA	93940-4522

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	3	/	2	0	1	1

Transaction ID: SA11.2708

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SEE ATTRIBUTION BELOW

C.Full Name (Last, First, Middle Initial)
DR. JON BENNER, M.D.Mailing Address 966 CASS ST.
STE. 210

City	State	Zip Code
MONTEREY	CA	93940-4522

FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	3	/	2	0	1	1

Transaction ID: SA11.2710

Amount of Each Receipt this Period

250.00

CONTRIBUTION

[MEMO ITEM]
Partnership

SUBTOTAL of Receipts This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 144 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)
DR. MARK HOWARD, M.D.

Mailing Address 966 CASS ST.
STE. 210

City State Zip Code
MONTEREY CA 93940-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.2709

Amount of Each Receipt this Period

250.00

CONTRIBUTION

[MEMO ITEM]

Partnership

B.

Full Name (Last, First, Middle Initial)
DR. MICHAEL KLASSEN, M.D.

Mailing Address 966 CASS ST.
STE. 210

City State Zip Code
MONTEREY CA 93940-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.2712

Amount of Each Receipt this Period

1750.00

CONTRIBUTION

[MEMO ITEM]

Partnership

C.

Full Name (Last, First, Middle Initial)
MR. THOMAS D. WILSON

Mailing Address 966 CASS ST.
STE. 210

City State Zip Code
MONTEREY CA 93940-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.2711

Amount of Each Receipt this Period

250.00

CONTRIBUTION

[MEMO ITEM]

Partnership

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 145 / 168

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

ORTHOPEDIC SCIENCES LLC

Mailing Address 3020 OLD RANCH PKWY. STE. 325

City

SEAL BEACH

State

CA

Zip Code

90740-2765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1974

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Partner Attribution Requested

B.

Full Name (Last, First, Middle Initial)

PACIFIC RIM ORTHOPAEDIC SURGEONS LLC

Mailing Address 2979 SQUALICUM PKWY. STE. 203

City

BELLINGHAM

State

WA

Zip Code

98225-1811

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11.1976

Amount of Each Receipt this Period

400.00

CONTRIBUTION

Partner Attribution Requested

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

279800.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 168

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN GILL

Mailing Address P.O. BOX 25455

City

DALLAS

State

TX

Zip Code

75225-1455

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

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Transaction ID: SA11.1850

Amount of Each Receipt this Period

500.00

CONTRIBUTION

CONFIRMATION OF PERMISSIBLE FUNDS REQUESTED.

B.

Full Name (Last, First, Middle Initial)

AETNA INC PAC

Mailing Address 20 F ST. NW
STE. 350

City

WASHINGTON

State

DC

Zip Code

20001-6700

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

C00181826

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	1	1

Transaction ID: SA11.1741

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ALLIANCE COAL PAC

Mailing Address P.O. BOX 22027

City

TULSA

State

OK

Zip Code

74121-2027

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

C00330233

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	3	/	2	0	1	1

Transaction ID: SA11.2686

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

15500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 147 / 168

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF OTOLARYNGOLOGY- ENT PAC

Mailing Address 1650 DIAGONAL RD.

City State Zip Code
ALEXANDRIA VA 22314-2857

FEC ID number of contributing
federal political committee. **C** C00306449

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.2695

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF OPHTHALMOLOGY PAC

Mailing Address 1101 VERMONT AVE. NW.
STE. 700

City State Zip Code
WASHINGTON DC 20005-3526

FEC ID number of contributing
federal political committee. **C** C00196246

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.2696

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION PAC

Mailing Address 1891 PRESTON WHITE DR.

City State Zip Code
RESTON VA 20191-4326

FEC ID number of contributing
federal political committee. **C** C00343459

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.2691

Amount of Each Receipt this Period

7500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

27500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 148 / 168

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

AMERICAN INSURANCE ASSOCIATION PAC

Mailing Address 1130 CONNECTICUT AVE. NW
STE. 1000

City State Zip Code
WASHINGTON DC 20036-3910

FEC ID number of contributing
federal political committee.

C C00103143

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 1

Transaction ID: SA11.1742

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

AMERICAN MEAT INST. PAC

Mailing Address 1150 CONNECTICUT AVE. NW.
FL. 12

City State Zip Code
WASHINGTON DC 20036-4104

FEC ID number of contributing
federal political committee.

C C00024281

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 1

Transaction ID: SA11.2346

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

AMERICAN SOCIETY OF PENSION PROFESSIONALS & ACTUARIES PAC

Mailing Address 4245 N. FAIRFAX DR.
STE. 750

City State Zip Code
ARLINGTON VA 22203-1648

FEC ID number of contributing
federal political committee.

C C00333104

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.3441

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 149 / 168

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)
AMERICAN WATERWAYS OPERATORS PAC

Mailing Address 801 N. QUINCY ST.
STE. 200

City State Zip Code
ARLINGTON VA 22203-1708

FEC ID number of contributing
federal political committee. **C** C00034678

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.3440

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
AMO VOLUNTARY PAC

Mailing Address 2 W DIXIE HWY.

City State Zip Code
DANIA BEACH FL 33004-4312

FEC ID number of contributing
federal political committee. **C** C00027532

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.2693

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ARIZONA ORTHOPAEDIC SOCIETY PAC

Mailing Address 810 W. BETHANY HOME RD.

City State Zip Code
PHOENIX AZ 85013-1654

FEC ID number of contributing
federal political committee. **C** C00279836

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 1

Transaction ID: SA11.1779

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 168

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

BRAIN PAC AMERICAN ACADEMY OF NEUROLOGY PROFESSIONAL ASSOC.

Mailing Address 1080 MONTREAL AVE.

City

ST. PAUL

State

MN

Zip Code

55116-2386

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

C00435933

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	1

Transaction ID: SA11.2697

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

CAREMARK RX INC. PAC

Mailing Address 1300 I ST. NW
STE. 525 W.

City

WASHINGTON

State

DC

Zip Code

20005-3306

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

C00384818

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	1

Transaction ID: SA11.2347

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

CEI & CNX GAS PAC

Mailing Address 1000 CONSOL ENERGY DR.

City

CANONSBURG

State

PA

Zip Code

15317-6506

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

C00279331

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	1

Transaction ID: SA11.2946

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 151 / 168

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)
COALPAC

Mailing Address 101 CONSTITUTION AVE. NW
STE. 500 E.

City State Zip Code
WASHINGTON DC 20001-2133

FEC ID number of contributing
federal political committee.

C C00109819

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.2690

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
CONSUMER BANKERS ASSOCIATION PAC

Mailing Address 1000 WILSON BLVD.
STE 2500

City State Zip Code
ARLINGTON VA 22209-3909

FEC ID number of contributing
federal political committee.

C C00035535

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 1

Transaction ID: SA11.1746

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
CONSUMER HEALTHCARE PRODUCTS ASSOC. PAC

Mailing Address 900 19TH ST. NW.
STE. 700

City State Zip Code
WASHINGTON DC 20006-2127

FEC ID number of contributing
federal political committee.

C C00040584

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.3442

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

16000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 168

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)

TFP-FOJB Committee

A.Full Name (Last, First, Middle Initial)
CORINTHIAN COLLEGES INC. PACMailing Address 6 HUTTON CENTRE DR.
STE. 400City State Zip Code
SANTA ANA CA 92707-8762FEC ID number of contributing
federal political committee. **C** C00357640

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	1

Transaction ID: SA11.3443

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.Full Name (Last, First, Middle Initial)
CROWLEY MARITIME CORPORATION FEDERAL PAC

Mailing Address 9487 REGENCY SQ. BLVD.

City State Zip Code
JACKSONVILLE FL 32225-8183FEC ID number of contributing
federal political committee. **C** C00147231

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	1

Transaction ID: SA11.3439

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C.Full Name (Last, First, Middle Initial)
DELTA AIR LINES PACMailing Address 1212 NEW YORK AVE. NW
STE 200City State Zip Code
WASHINGTON DC 20005-6609FEC ID number of contributing
federal political committee. **C** C00104802

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	1

Transaction ID: SA11.1743

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 168

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)

TFP-FOJB Committee

A.Full Name (Last, First, Middle Initial)
GREAT LAKES DREDGE & DOCK COMPANY PAC

Mailing Address 2122 YORK RD.

City	State	Zip Code
OAK BROOK	IL	60523-1930

FEC ID number of contributing
federal political committee. **C** C00264937

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	1

Transaction ID: SA11.3444

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.Full Name (Last, First, Middle Initial)
HERBALIFE INTERNATIONAL PAC

Mailing Address 1800 CENTURY PARK E.

City	State	Zip Code
LOS ANGELES	CA	90067-1501

FEC ID number of contributing
federal political committee. **C** C00393298

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	1

Transaction ID: SA11.3438

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C.Full Name (Last, First, Middle Initial)
HORIZON LINES PACMailing Address 4064 COLONY RD.
STE. 200

City	State	Zip Code
CHARLOTTE	NC	28211-5108

FEC ID number of contributing
federal political committee. **C** C00385179Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	1

Transaction ID: SA11.3437

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 154 / 168

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)
MEDCO HEALTH PAC

Mailing Address 2350 KERNER BLVD.
STE. 250

City State Zip Code
SAN RAFAEL CA 94901-5596

FEC ID number of contributing
federal political committee. **C** C00384362

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 1

Transaction ID: SA11.1744

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MINEPAC

Mailing Address 101 CONSTITUTION AVE. NW
STE. 500 E.

City State Zip Code
WASHINGTON DC 20001-2133

FEC ID number of contributing
federal political committee. **C** C00304634

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.2687

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION PAC

Mailing Address 1300 17THST. N.
STE. 1752

City State Zip Code
ROSSLYN VA 22209-3801

FEC ID number of contributing
federal political committee. **C** C00331173

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.3445

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 155 / 168

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)
NATIONAL MULTI HOUSING COUNCIL PAC

Mailing Address 1850 M ST. NW.
STE. 540

City State Zip Code
WASHINGTON DC 20036-5816

FEC ID number of contributing
federal political committee. **C** C00130773

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.2694

Amount of Each Receipt this Period

7500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
NATIONAL PROPANE GAS ASSOCIATION PAC

Mailing Address 1150 17THST. NW.
STE. 310

City State Zip Code
WASHINGTON DC 20036-4623

FEC ID number of contributing
federal political committee. **C** C00079681

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.3446

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
OHIO COAL PAC

Mailing Address 17 S. HIGH ST. SUITE 215

City State Zip Code
COLUMBUS OH 43215-3413

FEC ID number of contributing
federal political committee. **C** C00381277

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.2689

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

19500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 156 / 168

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)
OVERSEAS SHIPHOLDING GROUP, INC. PAC

Mailing Address 666 THIRD AVE.

City State Zip Code
NEW YORK NY 10017-4011

FEC ID number of contributing
federal political committee. **C** C00411389

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.3447

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
PITNEY BOWES INC PAC

Mailing Address 1 ELMCROFT ROAD
MSC 63-20

City State Zip Code
STAMFORD CT 06926-0700

FEC ID number of contributing
federal political committee. **C** C00339499

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.2688

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
RJ REYNOLDS PAC

Mailing Address 401 N. MAIN ST.
P.O. BOX 718

City State Zip Code
WINSTON SALEM NC 27102-0718

FEC ID number of contributing
federal political committee. **C** C00042002

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 1

Transaction ID: SA11.2355

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 157 / 168

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

SEAFARERS PAC

Mailing Address 5201 AUTH WY.

City

CAMP SPRINGS

State

MD

Zip Code

20746-4211

FEC ID number of contributing
federal political committee.

C

C00004325

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.3436

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

SHIPBUILDERS COUNCIL OF AMERICA INC. PAC

Mailing Address 1455 F ST. NW.
STE. 225

City

WASHINGTON

State

DC

Zip Code

20002-5421

FEC ID number of contributing
federal political committee.

C

C00374355

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.3448

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

STINSON MORRISON HECKER PAC

Mailing Address 1201 WALNUT ST.
STE. 2900

City

KANSAS CITY

State

MO

Zip Code

64106-2178

FEC ID number of contributing
federal political committee.

C

C00459065

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11.2945

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 158 / 168

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

THE AMERICAN GAMING ASSOCIATION PAC

Mailing Address 1299 PENNSYLVANIA AVE. NW
STE. 1175

City State Zip Code
WASHINGTON DC 20004-2426

FEC ID number of contributing
federal political committee.

C C00309146

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: SA11.2692

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

THE SHAW GROUP INC. PAC

Mailing Address 1050 K ST. NW.
STE. 620

City State Zip Code
WASHINGTON DC 20001-4456

FEC ID number of contributing
federal political committee.

C C00104885

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: SA11.3449

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
TIME WARNER CABLE FEDERAL PAC

Mailing Address 901 F ST. NW
STE. 800

City State Zip Code
WASHINGTON DC 20004-1477

FEC ID number of contributing
federal political committee.

C C00431551

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 1

Transaction ID: SA11.1745

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 168

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

TRIANGLE ORTHOPAEDIC ASSOCIATES PA PAC INC.

Mailing Address 120 WILLIAM PENN PLAZA

City

DURHAM

State

NC

Zip Code

27704-2150

FEC ID number of contributing
federal political committee.**C** C00418582

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Transaction ID: SA11.1849

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

169000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 168

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<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)

TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE.

City

MCLEAN

State

VA

Zip Code

22101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	1

Transaction ID: SB15

Amount of Each Receipt this Period

245.00

VENDOR REFUND - BANK FEE

SUBTOTAL of Receipts This Page (optional)

245.00

TOTAL This Period (last page this line number only)

245.00

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
TFP-FOJB Committee

Full Name (Last, First, Middle Initial)
ACCURATE WORD LLC

06 / 03 / 2011

255.68

DISBURSEMENT SOLELY ON BEHALF OF JFC.

Full Name (Last, First, Middle Initial)
BIGHORN GOLF CLUB

MM / DD / YYYY

22787.82

Full Name (Last, First, Middle Initial)
CHAIN BRIDGE BANK

05 / 27 / 2011

250.00

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)
TFP-FOJB Committee

A. Full Name (Last, First, Middle Initial) CHAIN BRIDGE BANK	Transaction ID: SB21B.4 Date of Disbursement
Mailing Address 1445-A LAUGHLIN AVE.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 1 1</div> </div>
City MCLEAN State VA Zip Code 22101	Amount of Each Disbursement this Period
Purpose of Disbursement BANK FEE	<div> <div></div> <div>250.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) CHAIN BRIDGE BANK	Transaction ID: SB21B.5 Date of Disbursement
Mailing Address 1445-A LAUGHLIN AVE.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 1 / 2 0 1 1</div> </div>
City MCLEAN State VA Zip Code 22101	Amount of Each Disbursement this Period
Purpose of Disbursement BANK FEE	<div> <div></div> <div>45.25</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CHARLIE PALMER STEAK	Transaction ID: SB21B.6 Date of Disbursement
Mailing Address 101 CONSTITUTION AVE. #150	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 1 / 2 0 1 1</div> </div>
City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period
Purpose of Disbursement CATERING	<div> <div></div> <div>4356.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4651.25

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
TFP-FOJB Committee

FEC Schedule B (Form 3X) (Revised 02/2003)

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 164 / 168

<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)
TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)
ELAVON

Mailing Address ONE CONCOURSE PKWY. STE. 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.9

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

1617.88

B.

Full Name (Last, First, Middle Initial)
EPIPHANY PRODUCTIONS

Mailing Address 104 HUME AVE.

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.11

Date of Disbursement

05 / 04 / 2011

Amount of Each Disbursement this Period

4517.63

C.

Full Name (Last, First, Middle Initial)
EPIPHANY PRODUCTIONS

Mailing Address 104 HUME AVE.

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12

Date of Disbursement

05 / 25 / 2011

Amount of Each Disbursement this Period

9546.57

SUBTOTAL of Disbursements This Page (optional)

15682.08

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 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)
TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)
EPIPHANY PRODUCTIONS

Mailing Address 104 HUME AVE.

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.13

Date of Disbursement

06 / 06 / 2011

Amount of Each Disbursement this Period

6176.11

B.

Full Name (Last, First, Middle Initial)
EPIPHANY PRODUCTIONS

Mailing Address 104 HUME AVE.

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14

Date of Disbursement

06 / 06 / 2011

Amount of Each Disbursement this Period

6287.08

C.

Full Name (Last, First, Middle Initial)
EQUINOX

Mailing Address 818 CONNECTICUT AVE. NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
CATERING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.15

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

6324.14

SUBTOTAL of Disbursements This Page (optional)

18787.33

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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FOR LINE NUMBER:
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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)
TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)
JW MARRIOTT HOTEL

Mailing Address 1331 PENNSYLVANIA AVE. NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
FACILITY RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.16

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

B.

Full Name (Last, First, Middle Initial)
LA QUINTA RESORT & CLUB

Mailing Address 49-499 EISENHOWER DR.

City LA QUINTA State CA Zip Code 92253

Purpose of Disbursement
FACILITY RENTAL/CATERING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.17

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6482.87

C.

Full Name (Last, First, Middle Initial)
MOBY DICK AIRWAYS LTD.

Mailing Address 23800 WIND SOCK DR.

City STERLING State VA Zip Code 20166

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.18

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5950.00

SUBTOTAL of Disbursements This Page (optional)

16432.87

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 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)
TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST ST. SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.19

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2704.97

B.

Full Name (Last, First, Middle Initial)

VIPS CATERING

Mailing Address 1750 PENNSYLVANIA AVE. NW

City
WASHINGTON

State
DC

Zip Code
20006

Purpose of Disbursement
CATERING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.20

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1245.48

SUBTOTAL of Disbursements This Page (optional)

3950.45

TOTAL This Period (last page this line number only)

87297.48

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)
TFP-FOJB Committee

A.

Full Name (Last, First, Middle Initial)

THE FREEDOM PROJECT

Mailing Address 631-B PENNSYLVANIA AVE. SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
TRANSFER OF NET JFC PROCEEDS

Candidate Name
THE FREEDOM PROJECT

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB22.2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

162803.19

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN BOEHNER

Mailing Address 7908 CINCINNATI DAYTON RD., STE. I

City WEST CHESTER State OH Zip Code 45069

Purpose of Disbursement
TRANSFER OF NET JFC PROCEEDS

Candidate Name
JOHN BOEHNER

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 08

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB22.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

162803.19

SUBTOTAL of Disbursements This Page (optional)

325606.38

TOTAL This Period (last page this line number only)

325606.38